College of Speech and Hearing Health Professionals of British Columbia

PROPOSED HIP INTERN PRACTICUM SUPERVISOR (FORM 8)

INTRODUCTION

Pursuant to section 82 of the College Bylaws, **applicants must first secure a practicum supervisor to be accepted as a HIP Intern**. Applicants must make their own arrangements to secure a supervisor and own, or have access to, the minimum equipment for the practice of the profession as required by the Registration Committee.

An applicant must be in the same location as his or her supervisor for the required practicum training. Practicum hours will commence at the acceptance date of the HIP Intern's application with the College and must be completed within twelve months.

Finally, applicants must have successfully completed a recognized diploma course in hearing instrument dispensing approved by the College's Registration Committee (see *Approved Education Programs* (POL-R-01). All course work must be completed before beginning a period of supervised practicum training.

Mail, fax, or email the completed form to:

College of Speech and Hearing Health Professionals of BC
900 – 200 Granville Street, Vancouver, BC V6C 1S4
Fax: 604-357-1185 Email: enquiries@cshbc.ca

APPLICANT INFORMATION

Last name	First name	Middle name

Date of Birth	Last 4 digits of Social Insurance Number (SIN)[1]			
YYYY / MM / DD				

Other Names, Aliases (if any) (e.g., Maiden Name, Birth Name, Previous Married Name)

Last name (Other)	First name (Other)	Middle name (Other)

Address Information

[1] *NOTE: This information is required by IHS for the ILE Written Exam booking.*

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College of Speech and Hearing Health Professionals of British Columbia

Apt / Suite	Street	Postal Code
City / Town	Province	Country

Phone	(___)___-____
Primary Email	
Alternate Email	

NOTE: A HIP Intern practicum supervisor must be a Registered Hearing Instrument Practitioner (RHIP) in good standing in British Columbia for at least two years and may not supervise more than two interns at any one time. A supervisor must provide the necessary clinical setting to students if they are to sign-off on HIP Intern Declarations and Work Plan objectives.

PROPOSED PRACTICUM SUPERVISOR INFORMATION

Supervisor 1 Name	
Place of Work	**Registration Number**

	YYYY / MM / DD
Supervisor 1 Signature	***Date***

Supervisor 2 Name (if applicable)	
Place of Work	**Registration Number**

	YYYY / MM / DD
Supervisor 2 Signature	***Date***

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I attest that I own, or have access to, the required minimum equipment for the practice of the profession.	
	YYYY / MM / DD
Applicant Signature	***Date***

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