



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, except for in the case of general supervision. Practicum hours will commence at the acceptance date of the HIP Intern's application with the College and must be completed within twelve months of that date.

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.**



Apt / Suite	Street	Postal Code
City / Town	Province	Country
Phone	(---) --- - ----	
Primary Email		
Alternate Email		

NOTE: To qualify as a HIP Intern supervisor, the individual must be a Full registrant with the College as a Registered Hearing Instrument Practitioner (RHIP), and in active practice for a minimum of 2 years. The supervisor must be free from any actual or apparent conflict of interest that may affect the registrant’s supervisory oversight of the HIP Intern. This means that, inter alia, family members, friends, and employees are precluded from becoming a HIP Intern’s supervisor.

A HIP Intern supervisor must provide a training setting that allows for practical experience with the relevant client population. HIP Intern supervisors and HIP Interns must be located at the same place of business, with the exception noted under GENERAL supervision. See *Supervision* (SOP-PRAC-07) for definitions of the different categories of supervision.

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

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