



SUMMARY OF CLINICAL PRACTICUM HOURS HEARING INSTRUMENT PRACTITIONER (HIP) PROGRAM (AF-17)

1. A minimum of 660 hours total supervised **CLINICAL PRACTICUM HOURS** required. These hours, obtained after completion of the applicant's HIP program, must include:
 - a. Minimum of 330 hours under **CONSTANT** supervision
 - b. Minimum of 230 hours under **CLOSE** supervision
 - c. Minimum of 100 hours under **GENERAL** supervision

HIP INTERN INFORMATION

Surname:	First Name:	Middle Name (if any):

RHIP SUPERVISOR INFORMATION

Surname:	First Name:	Registration #:



SECTION 1	SUBSECTION	CHECKLIST	COMPLETED (Initials)
ASSESSMENT	Case History	<input type="checkbox"/> Case history <input type="checkbox"/> Audiometric equipment set-up	<div style="border: 1px dashed black; padding: 2px; text-align: center;">Intern</div> <div style="border: 1px dashed black; padding: 2px; text-align: center;">Supervisor</div> <div style="border: 1px dashed black; padding: 2px; text-align: center;">YYY / MM / DD</div> <div style="border: 1px dashed black; padding: 2px; text-align: center;">Date</div>
	Audiometry	<input type="checkbox"/> Pure-tone audiometry <ul style="list-style-type: none"> <input type="checkbox"/> Air-conduction audiometry using insert earphones <input type="checkbox"/> Air-conduction audiometry with headphones <input type="checkbox"/> Bone-conduction audiometry <input type="checkbox"/> Speech audiometry ¹ <ul style="list-style-type: none"> <input type="checkbox"/> Using recorded speech <input type="checkbox"/> Using monitored live voice <input type="checkbox"/> Masking <ul style="list-style-type: none"> <input type="checkbox"/> Pure tones (air & bone) <input type="checkbox"/> Speech <input type="checkbox"/> Soundfield audiometry ² <input type="checkbox"/> Tolerance testing <ul style="list-style-type: none"> <input type="checkbox"/> Frequency-specific <input type="checkbox"/> Speech 	<div style="border: 1px dashed black; padding: 2px; text-align: center;">Intern</div> <div style="border: 1px dashed black; padding: 2px; text-align: center;">Supervisor</div> <div style="border: 1px dashed black; padding: 2px; text-align: center;">YYY / MM / DD</div> <div style="border: 1px dashed black; padding: 2px; text-align: center;">Date</div>



¹ Speech audiometry includes, minimally, Speech Reception Threshold (SRT) testing, Word Recognition testing, and Most Comfortable Listening (MCL) level assessment

² Given that many clinics do not have Soundfield testing capabilities, the HIP Intern can demonstrate this skill verbally (i.e., be able to explain the rationale for such testing and give descriptions of test set up and administration).

SECTION 1	SUBSECTION	CHECKLIST	COMPLETED (Initials)
ASSESSMENT	Documentation	<input type="checkbox"/> Documentation of case notes	
		<input type="checkbox"/> Documentation of client contacts	Intern
		<input type="checkbox"/> Documentation of treatment plan	Supervisor
		<input type="checkbox"/> Third-party documentation	YYY / MM / DD
			Date

SECTION 2	SUBSECTION	CHECKLIST	COMPLETED (Initials)
EARMOLD IMPRESSIONS, RED FLAGS, & TYMPANOMETRY	Earmold Impressions	<input type="checkbox"/> Otoscopy	
		<input type="checkbox"/> Hygiene	Intern
		<input type="checkbox"/> Materials & Equipment	Supervisor
		<input type="checkbox"/> Earmold impression procedures & safety	YYY / MM / DD
			Date



SECTION 2	SUBSECTION	CHECKLIST	COMPLETED (Initials)
EARMOLD IMPRESSIONS, RED FLAGS, & TYMPANOMETRY	Red Flags	<input type="checkbox"/> Contraindications	Intern
		<input type="checkbox"/> Referral protocols	Supervisor
		<input type="checkbox"/> Red flags	YYY / MM / DD
			Date
	Tympanometry	<input type="checkbox"/> Performance of tympanometry	Intern
		<input type="checkbox"/> Identification of tympanograms	Supervisor
		<input type="checkbox"/> Interpretation of tympanograms	YYY / MM / DD
			Date



SECTION 3	SUBSECTION	CHECKLIST	COMPLETED (Initials)
TREATMENT PLANNING, HEARING INSTRUMENT SELECTION, FITTING, FOLLOW-UP, OUTCOME MEASURES, & VERIFICATION	Treatment Planning	<input type="checkbox"/> Referral for red flags or other reasons	
		<input type="checkbox"/> Pre-counselling on benefits / limitations of amplification	Intern
		<input type="checkbox"/> Monitoring hearing in lieu of amplification	Supervisor
		<input type="checkbox"/> Assistive listening devices	YYY / MM / DD
	Hearing Instrument Selection	<input type="checkbox"/> Appropriate selection of hearing instruments	
		<input type="checkbox"/> Prescriptive targets	Intern
		<input type="checkbox"/> Clinical documentation, informed / implied consent	Supervisor
			YYY / MM / DD
	Hearing Instrument Fitting & Follow-up	<input type="checkbox"/> Hearing instrument fitting procedures	
		<input type="checkbox"/> Adjustments & modifications	Intern
		<input type="checkbox"/> Client counselling	
		<input type="checkbox"/> Follow-up care plan	Supervisor
<input type="checkbox"/> Clinical documentation & sales agreements		YYY / MM / DD	
		Date	



CONSTANT Supervision Hours Completed:	
CLOSE Supervision Hours Completed:	
GENERAL Supervision Hours Completed:	
<i>TOTAL Hours Completed:</i>	

YYY / MM / DD	YYY / MM / DD
Practicum Commencement Date	Practicum Completion Date

<i>HIP Intern's Signature</i>	<i>RHIP Supervisor's Signature</i>
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