



SUMMARY OF RHIP (CONDITIONAL) PRACTICUM HOURS (AF-17)

1. A minimum of 660 hours total supervised **CLINICAL PRACTICUM HOURS** required. These hours, obtained after approval of RHIP (Conditional) registration, 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

RHIP (CONDITIONAL) REGISTRANT INFORMATION

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

RHIP (CONDITIONAL) PRACTICUM 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	RHIP (Conditional) Registrant
			Supervisor
			YYY / MM / DD Date
	Audiometry	<input type="checkbox"/> Pure-tone audiometry	
		<input type="checkbox"/> <i>Air-conduction audiometry using insert earphones</i>	
		<input type="checkbox"/> <i>Air-conduction audiometry with headphones</i>	
		<input type="checkbox"/> <i>Bone-conduction audiometry</i>	RHIP (Conditional) Registrant
		<input type="checkbox"/> Speech audiometry ¹	
		<input type="checkbox"/> <i>Using recorded speech</i>	
<input type="checkbox"/> <i>Using monitored live voice</i>	Supervisor		
<input type="checkbox"/> Masking			
<input type="checkbox"/> <i>Pure tones (air & bone)</i>			
<input type="checkbox"/> <i>Speech</i>	YYY / MM / DD		
<input type="checkbox"/> Soundfield audiometry ²			
<input type="checkbox"/> Tolerance testing			
<input type="checkbox"/> <i>Frequency-specific</i>			
<input type="checkbox"/> <i>Speech</i>	Date		



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 Conditional RHIP/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	RHIP (Conditional) Registrant
		<input type="checkbox"/> Documentation of treatment plan	
		<input type="checkbox"/> Third-party documentation	Supervisor
			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	RHIP (Conditional) Registrant
		<input type="checkbox"/> Materials & Equipment	
		<input type="checkbox"/> Earmold impression procedures & safety	Supervisor
			YYY / MM / DD
		Date	



SECTION 2	SUBSECTION	CHECKLIST	COMPLETED (Initials)
EARMOLD IMPRESSIONS, RED FLAGS, & TYMPANOMETRY	Red Flags	<input type="checkbox"/> Contraindications	
		<input type="checkbox"/> Referral protocols	RHIP (Conditional) Registrant
		<input type="checkbox"/> Red flags	Supervisor
			YYY / MM / DD
	Tympanometry	<input type="checkbox"/> Performance of tympanometry	
		<input type="checkbox"/> Identification of tympanograms	RHIP (Conditional) Registrant
		<input type="checkbox"/> Interpretation of tympanograms	Supervisor
			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	RHIP (Conditional) Registrant	
		<input type="checkbox"/> Pre-counselling on benefits / limitations of amplification		
		<input type="checkbox"/> Monitoring hearing in lieu of amplification	Supervisor	
		<input type="checkbox"/> Assistive listening devices	YYY / MM / DD	
			Date	
	Hearing Instrument Selection	<input type="checkbox"/> Appropriate selection of hearing instruments	RHIP (Conditional) Registrant	
		<input type="checkbox"/> Prescriptive targets		
		<input type="checkbox"/> Clinical documentation, informed / implied consent	Supervisor	
			YYY / MM / DD	
			Date	
	Hearing Instrument Fitting & Follow-up	<input type="checkbox"/> Hearing instrument fitting procedures		
		<input type="checkbox"/> Adjustments & modifications	RHIP (Conditional) Registrant	
<input type="checkbox"/> Client counselling				
<input type="checkbox"/> Follow-up care plan		Supervisor		
<input type="checkbox"/> Clinical documentation & sales agreements		YYY / MM / DD		
		Date		



SECTION 3	SUBSECTION	CHECKLIST	COMPLETED (Initials)
TREATMENT PLANNING, HEARING INSTRUMENT SELECTION, FITTING, FOLLOW-UP, OUTCOME MEASURES, & VERIFICATION	Outcomes Measures	<input type="checkbox"/> Subjective needs assessment	RHIP (Conditional) Registrant
		<input type="checkbox"/> Types of outcome measurement tools	
		<input type="checkbox"/> Applying outcome measurements	Supervisor
			YYY / MM / DD
	Verification	<input type="checkbox"/> Electroacoustic analysis	
		<input type="checkbox"/> Real-ear probe microphone measurement procedures	
		<input type="checkbox"/> Prescriptive formulas	RHIP (Conditional) Registrant
		<input type="checkbox"/> Insertion gain methods	
		<input type="checkbox"/> Speech mapping methods	
		<input type="checkbox"/> Functional gain methods	
		<input type="checkbox"/> Implications for maximizing client benefit	Supervisor
		<input type="checkbox"/> Simulated Real-Ear Measures (REM)	
		<input type="checkbox"/> Open-fit considerations	YYY / MM / DD
		<input type="checkbox"/> Interpretation of REM	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>RHIP (Conditional) registrant's Signature</i>	<i>RHIP (Conditional) Practicum Supervisor's Signature</i>