



## 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"/> Air-conduction audiometry using insert earphones	
		<input type="checkbox"/> Air-conduction audiometry with headphones <sup>1</sup>	
		<input type="checkbox"/> Bone-conduction audiometry	
		<input type="checkbox"/> Speech audiometry <sup>2</sup>	
<input type="checkbox"/> Using recorded speech			
<input type="checkbox"/> Using monitored live voice			
<input type="checkbox"/> Masking			
<input type="checkbox"/> Pure tones (air & bone)			
<input type="checkbox"/> Speech			
<input type="checkbox"/> Soundfield audiometry <sup>3</sup>			
<input type="checkbox"/> Tolerance testing			
<input type="checkbox"/> Frequency-specific			
<input type="checkbox"/> Speech			
		RHIP (Conditional) Registrant	
		Supervisor	
		YYY / MM / DD	Date



<sup>1</sup> Given that many clinics do not have headphone testing capabilities, the Conditional RHIP/HIP Intern can demonstrate this skill verbally if they have obtained headphone testing experience in a previous setting (i.e. In an academic environment, where they have gained experience in making modifications to masking formulas to accommodate the transducer use and have gained proficiency in headphone placement techniques).

<sup>2</sup> Speech audiometry includes, minimally, Speech Reception Threshold (SRT) testing, Word Recognition testing, and Most Comfortable Listening (MCL) level assessment.

<sup>3</sup> 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	RHIP (Conditional) Registrant
		<input type="checkbox"/> Referral protocols	Supervisor
		<input type="checkbox"/> Red flags	YYY / MM / DD Date
		Tympanometry	<input type="checkbox"/> Performance of tympanometry
	<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	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	Supervisor
<input type="checkbox"/> Implications for maximizing client benefit			
<input type="checkbox"/> Simulated Real-Ear Measures (REM)			
<input type="checkbox"/> Open-fit considerations	YYY / MM / DD		
<input type="checkbox"/> Interpretation of REM	Date		



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

YYY / MM / DD	YYY / MM / DD
<b>Practicum Commencement Date</b>	<b>Practicum Completion Date</b>

<b><i>RHIP (Conditional) registrant's Signature</i></b>	<b><i>RHIP (Conditional) Practicum Supervisor's Signature</i></b>