State Committee of Examiners in the Fitting and Dispensing of Hearing Instruments

Mail Code: MC1982 • PO Box 149347 • Austin, Texas 78714-9347
Phone: (512) 834-6784 • Fax: (512) 834-6677
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Website: www.dshs.state.tx.us/fitters

EXAMINATION ELIGIBILITY PACKET

2015 PRACTICAL EXAMINATION DATES & ELIGIBILITY REQUIREMENTS

Approved Application or Temporary Extension Deadline	Date Examination Eligibility Letter Mailed	Examination Payment & Practicum Hours Deadline	Test Date
October 24, 2015	November 7, 2014	December 12, 2014	January 21-23, 2015
February 13, 2015	February 27, 2015	April 3, 2015	May 13-15, 2015
July 3, 2015	July 17, 2015	August 14, 2015	September 23-25, 2015

Dear Supervisor and Trainee:

The State Committee of Examiners in the Fitting and Dispensing of Hearing Instruments has prepared the following EXAMINATION ELIGIBILITY PACKET to help you better prepare for the examination eligibility process. This Eligibility Packet is subject to change and revisions will be posted on the Committee's website (address listed above). When studying for a practical examination please use the most current copy.

To be approved to take the examination, you must:

- Apply for and receive a Temporary Training Permit.

To be scheduled for the examination, YOU MUST:

- Receive your examination eligibility letter.
- Make sure your examination payment and eligibility letter is received by the examination deadline. The mailing instructions for the examination payment will be included with your examination eligibility letter. **NOTE: FEES ARE NON-REFUNDABLE AND ARE NOT TRANSFERABLE**.
- Complete the required supervised practicum hours.
- **SUBMIT THE SUPERVISED PRACTICUM HOURS AFFIDAVIT** (page 4) and **SUPPORTING SUPERVISED PRACTICUM HOURS LOG(S)** (pages 6-15) to the Committee office **ON OR BEFORE THE EXAMINATION PAYMENT DEADLINE (see above)**. NOTE: You may fax these documents to our office using the enclosed fax cover sheet, see page 3.

NOTE: NO EXCEPTIONS TO THE DEADLINE WILL BE MADE.

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STATE COMMITTEE OF EXAMINERS IN THE FITTING AND DISPENSING OF HEARING INSTRUMENTS

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Cover Page for Facsimile Transmission

Date/Time:

To: **FITTING & DISPENSING COMMITTEE**

Facsimile No.: **512.834.6677**

Regarding: **COMPLETION OF SUPERVISED PRACTICUM HOURS**

From:

Pages: (Including this Cover Sheet)

Please fax my <u>Examination Eligibility Letter</u> to the attention of (your or your supervisor's name)

_____

At (your/his/her fax # including area code)

(_____)_____

(Please do not put the committee's fax number.)

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SUPERVISED PRACTICUM HOURS AFFIDAVIT

I do hereby certify that I have completed the 160 hours of directly supervised practicum in accordance with 22 TAC §141.8(8) and I have read and understand the examination procedures as presented in the examination eligibility packet and the examination study guide.

_____
(Temporary Training Permit Holder Name & Permit #)

_____ _____
Signature of Temporary Training Permit Holder Date

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IMPORTANT NOTICE REGARDING SUPERVISION

(a) Temporary training permit.

(1) The training period begins on the date of the issuance of the temporary permit.

(2) The committee shall issue a temporary training permit to an applicant who meets the requirements of the Act, §402.251.

(3) The temporary training must be done under the supervision of an individual who holds a valid license to fit and dispense hearing instruments under Texas Occupations Code, Chapter 401 or 402, other than an individual licensed under §401.311 or §401.312. A supervisor licensed under Texas Occupations Code, Chapter 401, shall comply with all provisions of Texas Occupations Code, Chapter 402, and this chapter that relate to the supervision and training of a temporary permit holder. A supervisor licensed under Texas Occupations Code, Chapter 402, shall comply with all provisions of the Act and this chapter.

(4) A person shall obtain a temporary training permit prior to beginning the supervision.

(5) A temporary training permit holder shall maintain a valid temporary training permit during his or her supervised practicum experience.

(6) The supervisor must submit a written notification of termination of supervision to the committee and the temporary training permit holder within 10 days of cessation of supervision. The committee notification of termination of supervision shall include:

(A) the name and permit number of the temporary training permit holder, and the name, license number, and signature of the supervisor;

(B) a statement that supervision has terminated;

(C) the reason for termination;

(D) the date of termination of supervision; and

(E) a statement indicating whether the supervisor and the temporary training permit holder have complied with the requirements of Texas Occupations Code, Chapter 402 (Act), and this chapter.

(7) The temporary training permit holder shall give written notice to the executive director of the transfer of supervision within 10 working days of change in supervisor.

(8) A temporary training permit holder shall be required to have at least 160 hours of directly supervised practicum that shall include the following:

(A) 25 contact hours of pure tone air conduction, bone conduction, and speech audiometry with both recorded and live voice with 15 of the required hours being with actual clients;

(B) 10 contact hours of masking;

(C) 25 client hours of hearing instrument evaluation including sound field measurements with recorded and live voice;

(D) 20 contact hours of instrument fittings with actual consumers;

(E) 10 contact hours of earmold orientation types, uses, and terminology;

(F) 5 contact hours of earmold impressions and otoscopic examinations of the ear;

(G) 15 contact hours of troubleshooting of defective hearing instruments;

(H) 20 contact hours of case history with actual consumers;

(I) 10 contact hours of the laws governing the licensing of persons fitting and dispensing hearing instruments and Federal Food and Drug Administration and Federal Trade Commission regulations relating to the fitting and dispensing of hearing instruments;

(J) 20 hours of supplemental work in one or more of the areas described in subparagraphs (A) - (H) of this paragraph.

(9) On completion of the 160 hours of directly supervised practicum under paragraph (8) of this subsection, the Examination Eligibility Packet must be completed by the temporary permit holder and the supervisor(s) and contain the supervised practicum hours affidavit, and supervised practicum hours log(s), and notarized signatures of the temporary permit holder and the supervisor(s).

Applicant:

During the period of time that you are obtaining the 160 hours of direct supervised practicum, you must be in the physical presence of your **approved** supervisor while engaged in the fitting and dispensing of hearing instruments. Additionally, if you fail the examination, you must repeat the direct supervision required for the sections that were failed.

Supervisor:

During the period of time that the temporary training permit holder is obtaining the 160 hours of direct supervised practicum, the permit holder must be in your physical presence while engaged in the fitting and dispensing of hearing instruments. Additionally, if the trainee fails the examination, he/she must repeat the hours required for the sections that were failed.

PLEASE NOTE: EFFECTIVE OCTOBER 18, 2007, THE 160 HOURS SUPERVISED PRACTICUM HOURS LOG SHEETS AND AFFIDAVIT MUST BE RECEIVED IN THE COMMITTEE OFFICE PRIOR TO THE EXAMINATION PAYMENT DEADLINE. YOU WILL NOT BE SENT ANY EXAMINATION INFORMATION UNTIL THIS PAPERWORK HAS BEEN SENT TO THE COMMITTEE OFFICE. PLEASE SEE COVER PAGE FOR THESE DATES.

Temporary Training Permit Holder's Full Name & Permit #				
Committee Approved Supervisor Name & License #				
§141.8(a) Temporary training permit.(8)A temporary training permit holder shall be required to have at least 160 hours of directly supervised practicum that shall include the following: **(A) 25 Contact Hours of pure tone air conduction, bone conduction and speech audiometry with both recorded and live voice with 15 of the required hours being with actual clients:**				
Date	**Time (To & From)**	**Time Spent**	**Trainee's Initials**	**Supervisor's Initials**

Temporary Training Permit Holder's Full Name & Permit #				
Committee Approved Supervisor Name & License #				
§141.8(a) Temporary training permit.(8)A temporary training permit holder shall be required to have at least 160 hours of directly supervised practicum that shall include the following: **(B)10 Contact Hours of Masking:**				
Date	**Time (To & From)**	**Time Spent**	**Trainee's Initials**	**Supervisor's Initials**

Temporary Training Permit Holder's Full Name & Permit #				
Committee Approved Supervisor Name & License #				

§141.8(a) Temporary training permit.(8)A temporary training permit holder shall be required to have at least 160 hours of directly supervised practicum that shall include the following:

(C) 25 Client Hours of hearing instrument evaluation including field measurements with recorded and live voice:

Date	Time (To & From)	Time Spent	Trainee's Initials	Supervisor's Initials

Temporary Training Permit Holder's Full Name & Permit #				
Committee Approved Supervisor Name & License #				
§141.8(a) Temporary training permit.(8)A temporary training permit holder shall be required to have at least 160 hours of directly supervised practicum that shall include the following: **(D) 20 Contact Hours of instrument fittings with actual customers:**				
Date	**Time (To & From)**	**Time Spent**	**Trainee's Initials**	**Supervisor's Initials**
If table is full, please make a copy for additional hours.		Total Number of Hours		

Temporary Training Permit Holder's Full Name & Permit #				
Committee Approved Supervisor Name & License #				
§141.8(a) Temporary training permit.(8)A temporary training permit holder shall be required to have at least 160 hours of directly supervised practicum that shall include the following: **(E) 10 Contact Hours of ear mold orientation types, uses, and terminology:**				
Date	**Time (To & From)**	**Time Spent**	**Trainee's Initials**	**Supervisor's Initials**
If table is full, please make a copy for additional hours.		Total Number of Hours		

Temporary Training Permit Holder's Full Name & Permit #				
Committee Approved Supervisor Name & License #				
§141.8(a) Temporary training permit.(8)A temporary training permit holder shall be required to have at least 160 hours of directly supervised practicum that shall include the following: **(F) 5 Contact Hours of ear mold impressions and otoscopic examination of the ear:**				
Date	**Time (To & From)**	**Time Spent**	**Trainee's Initials**	**Supervisor's Initials**

Temporary Training Permit Holder's Full Name & Permit #				
Committee Approved Supervisor Name & License #				
§141.8(a) Temporary training permit.(8)A temporary training permit holder shall be required to have at least 160 hours of directly supervised practicum that shall include the following: **(G) 15 Contact Hours of troubleshooting of defective hearing instruments:**				
Date	**Time (To & From)**	**Time Spent**	**Trainee's Initials**	**Supervisor's Initials**
If table is full, please make a copy for additional hours.		Total Number of Hours		

Temporary Training Permit Holder's Full Name & Permit #				
Committee Approved Supervisor Name & License #				
§141.8(a) Temporary training permit.(8)A temporary training permit holder shall be required to have at least 160 hours of directly supervised practicum that shall include the following: **(H) 20 Contact Hours of case history with actual customers:**				
Date	**Time (To & From)**	**Time Spent**	**Trainee's Initials**	**Supervisor's Initials**
If table is full, please make a copy for additional hours.		Total Number of Hours		

Temporary Training Permit Holder's Full Name & Permit #				
Committee Approved Supervisor Name & License #				

§141.8(a) Temporary training permit.(8)A temporary training permit holder shall be required to have at least 160 hours of directly supervised practicum that shall include the following:

(I) 10 Contact Hours of the laws governing the licensing of persons fitting and dispensing hearing instruments and Federal Food and Drug Administration and Federal Trade Commission regulations relating to the fitting and dispensing of hearing instruments:

Date	Time (To & From)	Time Spent	Trainee's Initials	Supervisor's Initials

Temporary Training Permit Holder's Full Name & Permit #				
Committee Approved Supervisor Name & License #				
§141.8(a) Temporary training permit.(8)A temporary training permit holder shall be required to have at least 160 hours of directly supervised practicum that shall include the following: **(J) 20 Contact Hours of supplemental work in one or more of the areas described in subparagraphs (A)-(H) of this paragraph: (see pages 6-13 for this document.)**				
Date	**Time (To & From)**	**Time Spent**	**Trainee's Initials**	**Supervisor's Initials**

Request for Disability Accommodation

If you have a disability requiring appropriate accommodations in taking the state examination, be sure to complete this form along with the application. **In addition, please attach a statement on letterhead stationery from a professional who is familiar with your disability.** This statement must describe the disability for which you require accommodation.

1. Do you have any disability-related needs that we should be made aware of in order to provide appropriate accommodations for the examination? If the answer is yes, please specify.

   Disability

   _____

   _____

2. Have you had any prior accommodations for your disability in an examination setting? If you answer "yes", specify the type of accommodation. Have a professional familiar with your disability complete this information, if needed.

Disability	Type of Test Accommodation

3. If you have NOT had prior accommodation for a test, what do you feel would aid you in taking the examination? If you cannot answer this question by yourself, have a professional who knows your disability and the type of accommodation you need help answer this question. This professional could be a physician, psychologist, rehabilitation counselor, or other professional.

Disability	Type of Test Accommodation

Please sign and date the bottom of this form. Make sure the professional who helps you complete the form also signs and dates this form. **Be sure to submit a statement on letterhead stationery from a professional who is familiar with your disability.**

_____ _____
Signature (Applicant) Date

_____ _____
Signature (Professional) Date

Please fax to:

Attn: Fitting/Dispensing

(512) 834-6677