

REPORT OF COMPLETED TRAINING FOR AN ASSISTANT IN AUDIOLOGY

Assistant: _____ License #: _____

Supervisor: _____ License #: _____

CLINICAL ASSISTING EXPERIENCE HOURS:

I, the supervisor, certify that I have provided 100%, direct line of sight supervision of the job-specific competency-based training that is required of the assistant in audiology, and that the assistant named above is able to perform all tasks competently for which the assistant has been trained.

I, the supervisor, certify the licensed assistant worked solely with my assigned cases under 100% direct line-of-sight supervision.

Training areas	# of hours trained	Check if competency achieved
Basic audiology screening procedures (pure tone screening, otoacoustic emissions screening, immittance screening, or screening ear canal status with an otoscope)		
Maintaining clinical records		
Preparing clinical materials		
Perform preventative maintenance checks and safety checks of equipment		
Biologic and electroacoustic calibration of audiometric equipment		
Hearing aid and earmold maintenance		
Electrode placement and patient preparation		
Case history and/or self-assessment forms		
Play audiometry, visual reinforcement audiometry, and picture-pointing speech audiometry		
Assisting in the evaluation of difficult-to-test patients		
Test room preparation		
<u>Additional training in areas not excluded in 741.84 below (Attach additional sheet if required):</u>		

NOTE: §741.84 Requirements of an Assistant in Audiology License

(l) The board may audit a random sampling of licensed assistants for compliance with this section and §741.44 of this title (relating to Requirements, Duties, and Responsibilities of Supervisors).

For the Supervisor in Audiology:

- I certify that I trained this assistant in accordance with 22 T.A.C., §741.84 of the board Rules, and I followed the agreement stated in the Supervisory Responsibility Statement. Yes No
- I certify that I have maintained supervision logs and I am aware that I may be randomly audited, as per §741.84 Yes No
(Please note logs are submitted only if you are selected for supervision audit.)
- I certify that this licensed assistant has successfully completed the specified training with 100%, direct, line of sight supervised training. Yes No
- **This licensed assistant has successfully completed the specified training.** (If, no, please submit reason on separate paper.)
 Yes No

Supervising Audiologist

Date

Licensed Audiology Assistant

Date