



Paul R. LePage

Governor

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Board of Speech, Audiology and Hearing**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

Anne L. Head

Commissioner

**VERIFICATION OF TRAINEE PRACTICUM FORM**

<b>Trainee Data</b> (To be completed in full by Trainee)		
Name:	License Number:	
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:	Home Telephone:	
Place of Employment During Training Period:		

<b>Supervisor Data</b> (To be completed in full by the Supervisor)		
Name of Licensee:	License Number:	
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:	Home Telephone:	
Name of Business:		
Work Address:		
City:	State:	Zip Code:



PRINTED ON RECYCLED PAPER

**Verification of Trainee Practicum Form**  
**Page 2 of 2**

**Training Program Check List**

As the licensed supervisor, I attest that the following skills, procedures and knowledge areas have been covered during the training program (initial in space provided):

- \_\_\_\_\_ Pure-tone air conduction, bone conduction, and speech audiometry with both recorded and live speech
- \_\_\_\_\_ Masking
- \_\_\_\_\_ Hearing instrument fittings with actual consumers
- \_\_\_\_\_ Hearing instrument evaluation including acceptable hearing instrument verification procedures
- \_\_\_\_\_ Earmold orientation types, uses and terminology
- \_\_\_\_\_ Earmold impressions and otoscopic examinations of the ear
- \_\_\_\_\_ Troubleshooting of defective hearing instruments
- \_\_\_\_\_ Case history with actual consumers
- \_\_\_\_\_ Study of the Maine law and rules relating to hearing aid dealing and fitting and rules of the Federal Drug Administration and Federal Trade Commission relating to the fitting and dispensing of hearing aids.

**Training Log**

**(To be completed in full by the Licensed Supervisor)**

The trainee must maintain a log, which is signed by both the trainee and the licensed supervisor. **This log should be submitted your request for an examination or upon request from the Board.**

Dates the Licensed Trainee was Under Your Supervision: From: \_\_\_\_\_ To: \_\_\_\_\_  
month/day/year month/day/year

**Affirmation**

I herby certify that the information given above is correct to the best of my knowledge. I further certify that the direct supervision of the trainee was done in accordance with Chapter 5 of Board Rules.

SIGNATURE OF LICENSED SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF TRAINEE: \_\_\_\_\_ DATE: \_\_\_\_\_