



Janet T. Mills
Governor

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

Joan F. Cohen
Director

VERIFICATION OF TRAINEE PRACTICUM FORM

Trainee Data (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:		

Supervisor Data (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:

OFFICE PHONE: (207)624-8626



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TTY USERS CALL MAINE RELAY 711
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE
www.maine.gov/professionallicensing

FAX: (207)624-8637

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: _____