



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
**BOARD OF SPEECH PATHOLOGISTS,
AUDIOLOGISTS AND HEARING AID DISPENSERS**
HEARING AID DISPENSER TRAINING PLAN

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

Instructions: These required subject areas are not all-inclusive but meant to ensure that the trainee is exposed to critical subjects and has the basic knowledge to practice as a Hearing Aid Dispenser. The training is intended to prepare trainees for the national examination. **Both you, as the trainee, and your supervisor must sign this Training Plan.**

- **The Board must receive the original, signed and notarized Plan mailed to address above before issuing a Temporary Hearing Aid Dispenser license.**
- You must have been issued the Temporary license **before** beginning your training. *Any training conducted before the Temporary license is issued will not count toward the six-month requirement.*
- The Board will authorize you to take the national examination only if you successfully complete this training in six *consecutive* months.
- **Use this form when submitting the Service Request to *Manage Affiliations*. Upload the completed document with your request in DELPROS.**

TRAINEE & SUPERVISOR INFORMATION

Trainee – Enter your Application ID: _____

1. Trainee Name: _____ Email: _____
2. Supervisor Name: _____ Delaware License: O___ - _____

TRAINING SETTING & PERIOD INFORMATION

3. Enter the following information about the facility where the training will take place:
Business Name: _____
Address: _____
4. Expected Supervisory Period: From (month/day/year): _____ To (month/day/year): _____

SUBJECTS TO BE COVERED IN EACH TWO-MONTH PERIOD - Check each box to attest to your understanding.

Months 1 and 2:

1. Otoscopic examination (e.g., importance of landmarks, visualization of tympanic membrane, cerumen, exotoses, etc.)
2. Hearing screenings, loudness discomfort measurements, speech thresholds and discrimination, air and bone conduction pure tone assessment and date recording
3. Routine instrument sterilization and universal precautions
4. Case history
5. Warning Signs Indicating the Need for Medical Attention
 - Visible congenital or traumatic deformity of the ear
 - History of active drainage from the ear within the previous 90 days
 - History of sudden or rapidly progressive hearing loss within the previous 90 days
 - Acute or chronic dizziness
 - Unilateral hearing loss of sudden or recent onset within the previous 90 days
 - Audiometric air-bone gap equal to or greater than 15 decibels at 500 hertz (hz), 1,000 hz, and 2,000 hz
 - Visible evidence of significant cerumen accumulation for a foreign body in the ear canal
 - Pain or discomfort in the ear

Months 3 and 4:

- 1. Basic hearing aid maintenance (e.g., replacing battery doors, cleaning mics and receivers, adjusting battery contacts, etc.)
- 2. Ear mold impressions techniques (e.g., visual inspection, otoblock use, syringing technique, etc.)
- 3. Counseling techniques (e.g. explaining results to clients, making appropriate recommendations, medical referral indicators, etc.)
- 4. Demonstrate understanding of hearing aid manufactures specifications
- 5. Electroacoustic analysis of hearing aids

Months 5 and 6:

- 1. Biologic and electroacoustic assessment of the audiometer
- 2. Real ear measurement (if employer has this capability)
- 3. Assist in fitting hearing aids

TRAINEE'S AFFIDAVIT

Being sworn and under oath, I acknowledge that I have read, understand, and agree to complete all training requirements listed above. I have verified that my supervisor holds a current Delaware Hearing Aid Dispenser or Audiologist license. I agree to abide by the Code of Ethics in the Board's Rules and Regulations.

Signature of Trainee/Applicant: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____.

Signature of Notary: _____

SEAL

My Commission Expires: _____

SUPERVISOR'S AFFIDAVIT

Being sworn and under oath, I verify that I currently hold an active Delaware Hearing Aid Dispenser or Audiology license and expect to at all times during the course of my supervision of the above-named trainee. I agree to conduct a formal evaluation of the trainee's progress and performance after each of the three two-month periods. I agree to submit proof of the above-named trainee's completion of all training requirements by submitting the *Supervisory Report* to the Board office at the end of the training period.

Signature of Supervisor: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____.

Signature of Notary: _____

SEAL

My Commission Expires: _____