

Complete forms must be submitted by the sponsor through email at [MQA.HearingAid@flhealth.gov](mailto:MQA.HearingAid@flhealth.gov), fax at (850) 413-6982, or mail at:

Board of Hearing Aid Specialists  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3257



## Board of Hearing Aid Specialists Training Program Sponsor Report Form

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### Sponsor must complete and submit both pages of this form

Pursuant to Rule 64B6-8, Florida Administrative Code (F.A.C.), the sponsor must complete and mail this form to the board office within 30 days after the end of the reporting period or date of termination. Until the board has received this form, the trainee will not receive credit for weeks worked, or be allowed to sit for the examination.

#### Select report type:

*If the trainee is transferring to another sponsor, this falls under termination.*

Final Report

Termination Report

If applicable, provide the date the supervision of trainee was terminated or will terminate: \_\_\_\_\_  
MM/DD/YYYY

### 1. TRAINEE INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number City State ZIP

Is address new? Yes No

Work Telephone Number: \_\_\_\_\_ Trainee Program Number: \_\_\_\_\_

### 2. REPORTING/TERMINATING SPONSOR INFORMATION

Sponsor Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street and Number City State ZIP

Telephone Number: \_\_\_\_\_ Sponsor License Number: \_\_\_\_\_

### 3. TRAINING OBJECTIVES

A. List the educational and training objectives, pursuant to Rule 64B6-8.003(3), F.A.C.:

\_\_\_\_\_  
\_\_\_\_\_

B. List hours set by the sponsor for the trainee, pursuant to Rule 64B6-8.003(3), F.A.C.:

\_\_\_\_\_



Name: \_\_\_\_\_

**4. TRAINING INFORMATION**

Program dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
 MM/DD/YYYY MM/DD/YYYY

Total number of training **weeks** completed: \_\_\_\_\_

**Check the type of training received during this program and the number of training hours received, pursuant to Rule 64B6-8.003(3), F.A.C.**

✓	Required Training Subject Areas	# of Training Hours
	Part II, chapter 484, Florida Statutes, and Rule 64B6, F.A.C.	
	Physics of Sound	
	Anatomy of the Outer, Middle and Inner Ear	
	<b>Hearing Disorders:</b>	
	Conductive Hearing Loss: Diseases of the Ear	
	Sensori-Neural Hearing Loss	
	Mixed Hearing Loss	
	Central Deafness Hearing Loss	
	Psychological Hearing Loss	
	Criteria for Medical Referral	
	Pure Tone Audiometry	
	Masking and its Application when utilized with Pure Tone Audiometry: Rationals; Methods; Techniques	
	Speech Audiometry	
	Masking and its Application when utilized with Speech Audiometry	
	Sound Field Testing	
	Audiogram Analysis and Interpretation	
	Proper Ear/Ears Selection; Hearing Instrument Selection: (Evaluating Fitting Criteria)	
	Cros/Bi-Cros: Rationale and its Application	
	Prescription Hearing Aid Measurements	
	Interpretation of Hearing Instruments Specification Data	
	Impression Technique	
	Earmolds; Shell Design; and their Effect on Frequency Response	
	Types of Hearing Instruments; Major Components; Function	
	Clients Counseling and Delivery as it pertains to prescription Hearing Aid usage and care for optimum performance	

Trainee Name: \_\_\_\_\_ Trainee Program Number: \_\_\_\_\_

Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 MM/DD/YYYY

Sponsor Name: \_\_\_\_\_ Sponsor License Number: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 MM/DD/YYYY