

HEARING AID DISPENSER TRAINEE WEEKLY ACCOUNTABILITY REPORT

Week dating from: _____ to: _____

Trainee: _____ Trainee License Number: _____

Supervisor: _____ Dispenser License Number: _____

Name of Firm/Business _____

Address of Firm/Business _____
Street/PO Box City State Zip

Location where trainee is working _____

Please list the amount of time spent this week conducting each of the following tasks. Also, list the amount of direct supervision (supervisor in the same room), as well as the amount of indirect supervision of each task. Remember that you will not conduct all of these tasks every week. Time should be recorded to the nearest 15 minute increment.

Reports are due to the Board every 90 days during the traineeship but may be submitted more frequently (e.g., weekly or monthly), per the supervisor's discretion.

Hearing Assessment Tests	Time	Supervisor Time Direct	Supervisor Time Indirect
Otoscopic Examination			
Case History			
Pure tone - Air Conduction			
Pure tone - Bone Conduction			
Pure tone Air/Bone conduction with masking			
Speech reception thresholds (SRT's)			
Speech recognition			
UCL's and MCL's			
Free Field - unaided			
Free Field - aided			
Counseling			
Total Time - page 1			
Total Direct Supervision - page 1			

Hearing Aid Fittings	Time	Supervisor Time Direct	Supervisor Time Indirect
Ear impressions			
BTE analog hearing aid			
BTE programmable analog hearing aid			
BTE digital hearing aid			
ITE analog hearing aid			
ITE programmable analog hearing aid			
ITE digital hearing aid			
CROS or Bi-CROS Aids			
Bone conduction aids			
Body Aid			
Fitting Verification (please list method)			
Counseling			
Total indirect Supervision - page 1			

Maintenance Services	Time	Supervisor Time Direct	Supervisor Time Indirect
Cleaning Hearing Aids			
Changing tubing			
Listening checks			
Filter and vent changing			
Earmold/Hearing Aid Modifications			
Assistive Devices	Time	Supervisor Time -Direct	Supervisor Time -Indirect
FM Systems			
Infrared Systems			
Telecaptioning devices			
Amplified Telephones			
TTY/TTD			
Total Time - pages 1 & 2			
Total Direct Supervision - pages 1 & 2			
Total Indirect Supervision - pages 1 & 2			

Hearing Aid Electroacoustic Analysis	Time	Supervisor Time Direct	Supervisor Time Indirect
SSPL90 Avg-Peak			
Gain-HF full on gain and peak gain			
Distortion			
Current drain			
MPO & gain curve			
Reference Test			
Tele-coil gain			
F1 & F2			

Trainings: (Please list title of training and dates. Additional pages may be needed)

Any additional comments regarding this week's activities may be added on a separate sheet of paper			

I have read the foregoing report and the supplemental attachments (if any) and I affirm the statements contained therein are true and accurate.

Trainee Signature _____
Date

Supervisor Statement
I certify that as supervisor, I am not delegating a professional responsibility to a person/trainee that I know or have reason to know, is not qualified by training, experience, license or certification to perform the delegated task. I have also read the foregoing report and the supplemental attachments (if any) and I affirm than the statements contained therein are true and accurate.

Supervisor Signature _____
Date