





**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
<input type="checkbox"/>	Part II, chapter 484, Florida Statutes, and Rule 64B6, F.A.C.	
<input type="checkbox"/>	Physics of Sound	
<input type="checkbox"/>	Anatomy of the Outer, Middle and Inner Ear	
	<b>Hearing Disorders:</b>	
<input type="checkbox"/>	Conductive Hearing Loss: Diseases of the Ear	
<input type="checkbox"/>	Sensori-Neural Hearing Loss	
<input type="checkbox"/>	Mixed Hearing Loss	
<input type="checkbox"/>	Central Deafness Hearing Loss	
<input type="checkbox"/>	Psychological Hearing Loss	
<input type="checkbox"/>	Criteria for Medical Referral	
<input type="checkbox"/>	Pure Tone Audiometry	
<input type="checkbox"/>	Masking and its Application when utilized with Pure Tone Audiometry: Rationals; Methods; Techniques	
<input type="checkbox"/>	Speech Audiometry	
<input type="checkbox"/>	Masking and its Application when utilized with Speech Audiometry	
<input type="checkbox"/>	Sound Field Testing	
<input type="checkbox"/>	Audiogram Analysis and Interpretation	
<input type="checkbox"/>	Proper Ear/Ears Selection; Hearing Instrument Selection: (Evaluating Fitting Criteria)	
<input type="checkbox"/>	Cros/Bi-Cros: Rationale and its Application	
<input type="checkbox"/>	Prescription Hearing Aid Measurements	
<input type="checkbox"/>	Interpretation of Hearing Instruments Specification Data	
<input type="checkbox"/>	Impression Technique	
<input type="checkbox"/>	Earmolds; Shell Design; and their Effect on Frequency Response	
<input type="checkbox"/>	Types of Hearing Instruments; Major Components; Function	
<input type="checkbox"/>	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