



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

Paul R. LePage
Governor

Anne L. Head
Director

Exam Notification October 2013

Please be advised that the Board of Speech, Audiology and Hearing has scheduled the next practical and written examinations for October 21, 2013 and October 22, 2013 respectively.

Qualified candidates should complete a Request for Examination Form and submit it to the Board with the required documentation and fee. It is recommended that the required documentation and fee arrive in this Office as soon as possible, but no later than **October 3, 2013**.

If you have any questions, you are encouraged to contact the Office.



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OFFICE PHONE: (207)624-8626

TTY USERS CALL MAINE RELAY 711
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE

FAX: (207)624-8637



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REQUEST FOR EXAMINATION

Exams are given twice yearly at the Department of Professional and Financial Regulation, Gardiner Annex, 76 Northern Avenue, Gardiner, Maine.

Please circle the appropriate examination date(s), fill in the information requested below and return this form to the Board with:

- a completed Verification of Trainee Practicum Form (unless previously submitted);
- a log documenting no less than seven hundred and fifty (750) hours of training (unless previously submitted);
- a check made payable to NIHIS for the appropriate fee; and
- an Accommodation Request Form (if applicable),

Once you are scheduled for the examination(s), an admission notice(s) will be mailed to you indicating the date, time and specific location of the examination(s).

Written Exam

The written examination is based upon information in the Distance Learning for Professionals in Hearing Health Sciences, published by the National Institute for Hearing Instruments Studies, Education Division of International Institute for Hearing Instrument Studies

In addition, students must read the material that is indicated for each lesson in the required textbooks.

Exam Dates	Registration & Payment Deadline	Fee (payable to NIHIS)
10/22/2013	10/3/2013	\$95.00 or \$130 for both written & practical

Practical Exam

The practical examination is based upon the information contained in the NIHIS Uniform Practical Examination Study Guide.

Exam Dates	Registration & Payment Deadline	Fee (payable to NIHIS)
10/21/2013	10/3/2013	\$50.00 or \$130 for both written & practical

Name of Applicant:		
Mailing Address:		
City:	State:	Zip Code:
Telephone:	Fax:	E-mail:

OFFICE PHONE: (207)624-8626



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ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission. **Please note:** Some accommodation requests may require additional documentation (see next page).

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (include area code): _____ Social Security Number: _____

Accommodations Requested for the _____ Examination.

Check all that apply:

- Accessible Testing Site
- Separate Testing Site
- Braille
- Large Print
- Tape
- Reader as Accommodation for Visual Impairment
- Scribe/Amanuensis as Accommodation for Visual or Motor Impairment
- Reader as Accommodation for Learning Disability
- Scribe/Amanuensis as Accommodation for Learning
- Sign Language Interpreter
- Extended Time
 - Time-and-a-half
 - Double time
 - More than double time (specify) _____
- Use of Computer or Other Adaptive Equipment (specify) _____
- Other: _____

SIGNATURE: _____ DATE: _____

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DOCUMENTATION OF DISABILITY NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____ in my capacity as a
(test applicant) (date)

(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following (check all that apply):

- Taped test
- Large print test
- Reader
- Scribe/amanuensis
- Extended time
 - Time-and-a-half
 - Double time
 - More that double time (please justify) _____
- Separate Testing Area
- Use of Computer or Other Adaptive Equipment (please specify) _____
- Other (please specify) _____

SIGNATURE: _____ TITLE: _____

DATE _____ LICENSE # (if applicable) _____





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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:

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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: _____