

Name:		Language of Completion:	
University:		Date of Graduation:	

*Hours to be rounded to nearest quarter hour.*

Activity	Assessment Identification 50 Hours Required		Intervention Management 100 Hours Required		Simulated Practice 50 Hours Maximum
Hearing Measurement	Adults	Children	Adults	Children	
Audiological Assessment	Adults	Children	Adults	Children	
Electrophysiological & Other Diagnostic Measurements	Adults	Children	Adults	Children	
Amplification	Adults	Children	Adults	Children	
Implantable Hearing Devices	Adults	Children	Adults	Children	
Calibration & Instrument Maintenance	Adults	Children	Adults	Children	
Auditory & Vestibular Disorders	Adults	Children	Adults	Children	
Tinnitus (Including Hyperacusis)	Adults	Children	Adults	Children	
Habilitation & Rehabilitation	Adults	Children	Adults	Children	
Special Populations (Elderly, Occupational Hearing Loss, etc.)	Adults	Children	Adults	Children	
<b>TOTAL HOURS</b>	Adults	Children	Adults	Children	
Speech-Language Pathology (20 Hours)					

Name of Clinical Coordinator:
Signature of Clinical Coordinator:
Email Address:
Date:

FOR OFFICE USE ONLY			
HOURS	REQUIRED	SUBMITTED	STANDARD MET
TOTAL	Minimum 350		
Assessment	Minimum 50		
Intervention	Minimum 100		
Children	Minimum 50		
Adults	Minimum 50		
SLP	Minimum 20		
Simulated	<b>Maximum 50</b>		

By typing your name here, you agree that your electronic signature is the legal equivalent of your physical signature on this document.