SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH

Hearing Aid Temporary Permit (HTP) Report of Progress
Bureau of Health Facilities Licensing

General Information

HTP Name: _____ **Permit Number: HTP-** _____

HTP Sponsor Name: _____ **License Number: HAS-** _____

Report of Progress

Phase 1

The trainee has observed my procedures in case history, evaluating, interpreting, selection, impression, and delivery of hearing aids. Under my personal supervision and observation, the trainee can take the required history and evaluation, and together we will proceed with interpretation, selection, ear impression, and delivery of hearing aids.

_____ _____

Signature of Sponsor Date

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Phase 2

The trainee has an understanding of: basic physics of sound, anatomy and physiology of the ear and the function of hearing aids. The trainee is allowed to visit clients that have recently been fitted to re-evaluate them, as long as the purpose of the visit is not to sell hearing aids. The trainee has been instructed to explain to the client that his/her purpose is to gain experience and to compare his findings with his sponsors.

_____ _____

Signature of Sponsor Date

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Phase 3

The trainee has the following practical techniques:

1. Pure tone audiometry
   a. Air conduction testing
   b. Bone conduction testing.

2. Live voice or recorded speech
   a. Audiometry
   b. Speech reception threshold
   c. Discrimination testing

3. Masking when indicated

4. Recording and evaluation of audiogram and speech audiometry to determine proper selection and adaption of a hearing aid.

It is my opinion that the trainee is now qualified to take case history, evaluations and ear impressions independently, but the final interpretation and selection of instrument, along with fitting and delivery, will be done jointly by the trainee and myself.

_____ _____

Signature of Sponsor Date

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Report of Progress

Phase 4

The trainee has demonstrated knowledge and proficiency in each of the categories outlined in Section 202 of Regulation 60- 3. As his/her sponsor, I followed up within 15 days to verify that everything was done in accordance with Regulation 60-3. I attest that the trainee has been duly instructed and supervised and is knowledgeable of items listed in Section 202 of Regulation 60-3, The Practice of Selling and Fitting Hearing Aids.

_____ _____

Signature of Sponsor Date

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Annual Report of Progress

I attest that the trainee is qualified to take the examination for a Hearing Aid Specialist license in accordance with Regulation 60-3, The Practice of Selling and Fitting Hearing Aids,

Other comments:

_____

_____

_____

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_____

_____ _____

Signature of Sponsor Date

Hearing Aid Temporary Report of Progress
Instructions for Completing 0223-ENG-DPH

PURPOSE: This is an external form used by customers to apply for a health license or service regulated by Healthcare Quality.

AUDIENCE: DPH Customers.

INSTRUCTIONS: Customers will complete this application when applying for a healthcare facility or service regulated by Healthcare Quality. This application is to be used in conjunction with the facility's regulation.

OFFICE MECHANICS & FILING: The completed form will be stored on the Bureau of Operations Support's SharePoint Site / OneDrive. This form is maintained by retention schedule 16327 — Masterfiles. Once the 10-year retention period has been met and quality review has been completed, an ARM-11 destruction request should be submitted and approved prior to disposal of the original form.