



PROPOSED RHIP (CONDITIONAL) PRACTICUM SUPERVISOR (FORM 8)

INTRODUCTION

Pursuant to sections 82 and 87 of the College Bylaws, **applicants seeking registration as a Registered Hearing Instrument Practitioner (RHIP) must first secure a practicum supervisor and be granted registration under the RHIP (Conditional) registration classification.** Applicants must make their own arrangements to secure a supervisor and own, or have access to, the minimum equipment for the practice of the profession as required by the Registration Committee.

A RHIP (Conditional) registrant must be in the same location as their practicum supervisor for the required practicum training, except for in the case of general supervision. Practicum hours may be counted towards a RHIP (Conditional) registrant’s practicum hours requirement as of the date the applicant was granted RHIP (Conditional) registration. RHIP (Conditional) requirements must be completed within two years of that date.

Finally, applicants must have successfully completed a recognized diploma course in hearing instrument dispensing approved by the College’s Registration Committee (see *Approved Education Programs* (POL-R-01). All course work must be completed before beginning a period of RHIP (Conditional) supervised practicum training.

Mail, fax, or email the completed form to:

College of Speech and Hearing Health Professionals of BC
900 – 200 Granville Street, Vancouver, BC V6C 1S4
Fax: 604-357-1185 Email: enquiries@cshbc.ca

APPLICANT INFORMATION

Last name	First name	Middle name			
Date of Birth	Last 4 digits of Social Insurance Number (SIN) ¹				
YYYY / MM / DD					
Other Names, Aliases (if any) (e.g., Maiden Name, Birth Name, Previous Married Name)					
Last name (Other)	First name (Other)	Middle name (Other)			

¹ **NOTE:** This information is required by IHS for the ILE Written Exam booking.



Address Information		
Apt / Suite	Street	Postal Code
City / Town	Province	Country
Phone	(---) --------	
Primary Email		
Alternate Email		

NOTE: To qualify as a RHIP (Conditional) practicum supervisor, the individual must be a Full registrant with the College as a RHIP, and in active practice for a minimum of 2 years. The supervisor must be free from any actual or apparent conflict of interest that may affect the registrant’s supervisory oversight of the RHIP (Conditional) registrant. This means that, *inter alia*, family members, friends, and employees are precluded from becoming a RHIP (Conditional) registrant’s practicum supervisor.

A RHIP (Conditional) practicum supervisor must provide a training setting that allows for practical experience with the relevant client population. RHIP (Conditional) registrant and their practicum supervisors must be located at the same place of business, with the exception noted under GENERAL supervision. See *Supervision (SOP-PRAC-07)* for definitions of the different categories of supervision.

PROPOSED PRACTICUM SUPERVISOR INFORMATION

Supervisor 1 Name	
Place of Work	Registration Number
	YYYY / MM / DD
Supervisor 1 Signature	Date



Supervisor 2 Name (if applicable)

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Place of Work

Registration Number

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	YYYY / MM / DD
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Supervisor 2 Signature

Date

I attest that I own, or have access to, the required minimum equipment for the practice of the profession.

	YYYY / MM / DD
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Applicant Signature

Date