



SUMMARY OF RHIP (CONDITIONAL) PRACTICUM HOURS

A minimum of 660 hours total supervised CLINICAL PRACTICUM HOURS required. These hours, obtained after approval of RHIP (Conditional) registration, must include:

- a. Minimum of 330 hours under CONSTANT supervision
- b. Minimum of 230 hours under CLOSE supervision
- c. Minimum of 100 hours under GENERAL supervision

RHIP (CONDITIONAL) REGISTRANT INFORMATION

Surname:	First Name:	Middle Name (if any):

RHIP (CONDITIONAL) PRACTICUM SUPERVISOR INFORMATION

Surname:	First Name:	Registration #:



SECTION 1	SUBSECTION	CHECKLIST	COMPLETED (Initials)
ASSESSMENT	Case History	<input type="checkbox"/> Case history	RHIP (Conditional) Registrant
		<input type="checkbox"/> Audiometric equipment set-up	Supervisor
	Audiometry	<input type="checkbox"/> Pure-tone audiometry	Date
		<input type="checkbox"/> <i>Air-conduction audiometry using insert earphones</i>	YYYY / MM/DD
		<input type="checkbox"/> <i>Air-conduction audiometry with headphones¹</i>	RHIP (Conditional) Registrant
		<input type="checkbox"/> <i>Bone-conduction audiometry</i>	
		<input type="checkbox"/> Speech audiometry²	Supervisor
		<input type="checkbox"/> <i>Using recorded speech</i>	
		<input type="checkbox"/> <i>Using monitored live voice</i>	
		<input type="checkbox"/> Masking	YYYY/MM/DD
<input type="checkbox"/> <i>Pure tones (air & bone)</i>			
<input type="checkbox"/> <i>Speech</i>	Date		
<input type="checkbox"/> Soundfield audiometry³			
<input type="checkbox"/> Tolerance testing			
<input type="checkbox"/> <i>Frequency-specific</i>			
<input type="checkbox"/> <i>Speech</i>			

¹ Given that many clinics do not have headphone testing capabilities, the Conditional RHIP/HIP Intern can demonstrate this skill verbally if they have obtained headphone testing experience in a previous setting (i.e. In an academic environment, where they have gained experience in making modifications to masking formulas to accommodate the transducer use and have gained proficiency in headphone placement techniques.).



² Speech audiometry includes, **minimally, Speech Reception Threshold (SRT) testing, Word Recognition testing, and Most Comfortable Listening (MCL) level assessment.**

³ Given that many clinics do not have Soundfield testing capabilities, the Conditional RHIP/HIP Intern can demonstrate this skill verbally (i.e., be able to explain the rationale for such testing and give descriptions of test set up and administration).

SECTION 1	SUBSECTION	CHECKLIST	COMPLETED (Initials)
ASSESSMENT	Documentation	<input type="checkbox"/> Documentation of case notes <input type="checkbox"/> Documentation of client contacts <input type="checkbox"/> Documentation of treatment plan <input type="checkbox"/> Third-party documentation	
			RHIP (Conditional) Registrant
			Supervisor
			YYY / MM / DD
	Date		

SECTION 2	SUBSECTION	CHECKLIST	COMPLETED (Initials)
EARMOLD IMPRESSIONS, RED FLAGS, & TYMPANOMETRY	Earmold Impressions	<input type="checkbox"/> Otoscopy <input type="checkbox"/> Hygiene <input type="checkbox"/> Materials & Equipment <input type="checkbox"/> Earmold impression procedures & safety	
			RHIP (Conditional) Registrant
			Supervisor
			YYY / MM / DD
	Date		



SECTION 2	SUBSECTION	CHECKLIST	COMPLETED (Initials)
EARMOLD IMPRESSIONS, RED FLAGS, & TYMPANOMETRY	Red Flags	<input type="checkbox"/> Contraindications <input type="checkbox"/> Referral protocols <input type="checkbox"/> Red flags	
			RHIP (Conditional) Registrant
			Supervisor
	YYYY / MM / DD		
	Date		
	Tympanometry	<input type="checkbox"/> Performance of tympanometry <input type="checkbox"/> Identification of tympanograms <input type="checkbox"/> Interpretation of tympanograms	
			RHIP (Conditional) Registrant
			Supervisor
YYYY / MM / DD			
Date			



SECTION 3	SUBSECTION	CHECKLIST	COMPLETED (Initials)
TREATMENT PLANNING, HEARING INSTRUMENT SELECTION, FITTING, FOLLOW-UP, OUTCOME MEASURES, & VERIFICATION	Treatment Planning	<input type="checkbox"/> Referral for red flags or other reasons <input type="checkbox"/> Pre-counselling on benefits / limitations of amplification <input type="checkbox"/> Monitoring hearing in lieu of amplification <input type="checkbox"/> Assistive listening devices	
			RHIP (Conditional) Registrant
			Supervisor
			YYYY / MM / DD
	Hearing Instrument Selection	<input type="checkbox"/> Appropriate selection of hearing instruments <input type="checkbox"/> Prescriptive targets <input type="checkbox"/> Clinical documentation, informed / implied consent	
			RHIP (Conditional) Registrant
			Supervisor
	Hearing Instrument Fitting & Follow- up	<input type="checkbox"/> Hearing instrument fitting procedures <input type="checkbox"/> Adjustments & modifications <input type="checkbox"/> Client counselling <input type="checkbox"/> Follow-up care plan <input type="checkbox"/> Clinical documentation & sales agreements	
			RHIP (Conditional) Registrant
			Supervisor
			YYYY / MM / DD
			Date



SECTION 3	SUBSECTION	CHECKLIST	COMPLETED (Initials)
TREATMENT PLANNING, HEARING INSTRUMENT SELECTION, FITTING, FOLLOW-UP, OUTCOME MEASURES, & VERIFICATION	Outcomes Measures	<input type="checkbox"/> Subjective needs assessment <input type="checkbox"/> Types of outcome measurement tools <input type="checkbox"/> Applying outcome measurements	
			RHIP (Conditional) Registrant
			Supervisor
			YYY / MM / DD
	Verification	<input type="checkbox"/> Electroacoustic analysis <input type="checkbox"/> Real-ear probe microphone measurement procedures <input type="checkbox"/> Prescriptive formulas <input type="checkbox"/> Insertion gain methods <input type="checkbox"/> Speech mapping methods <input type="checkbox"/> Functional gain methods <input type="checkbox"/> Implications for maximizing client benefit <input type="checkbox"/> Simulated Real-Ear Measures (REM) <input type="checkbox"/> Open-fit considerations <input type="checkbox"/> Interpretation of REM	Date
			RHIP (Conditional) Registrant
			Supervisor
			YYY / MM / DD
			Date



CONSTANT Supervision Hours Completed:	
CLOSE Supervision Hours Completed:	
GENERAL Supervision Hours Completed:	
<i>TOTAL Hours Completed:</i>	

YYY / MM / DD	YYY / MM / DD
Practicum Commencement Date	Practicum Completion Date

<i>RHIP (Conditional) registrant's Signature</i>	<i>RHIP (Conditional) Practicum Supervisor's Signature</i>
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Updated: August 2024

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