



Scott Walker, Governor
Dave Ross, Secretary

HEARING AND SPEECH EXAMINING BOARD
Room 121C, 1400 E. Washington Avenue, Madison
Contact: Brittany Lewin (608) 266-2112
January 13, 2014

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions of the Board.

AGENDA

1:00 P.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-4)

B. Approval of Minutes from October 14, 2013 (5-6)

C. Election of Board Officers and Appointment of Liaisons – Discussion and Action (7-14)

D. Administrative Updates

- 1) Staff Updates
- 2) New Board Members

E. Education and Examination Matters – Discussion and Consideration

- 1) International Licensing Exam (15-82)

F. Legislative and Administrative Rule Matters – Discussion and Consideration

- 1) HAS 6.10 Relating to Temporary Licenses (83-87)

G. Credentialing Matters – Discussion and Consideration

- 1) Supervisor Responsibilities for Clinicians and Licensing Requirements (87-88)

H. Practice Matters – Discussion and Consideration

- 1) Ear Candling (89-90)

I. Items Added After Preparation of Agenda

- 1) Introductions, Announcements and Recognition
- 2) Presentations of Petition(s) for Summary Suspension
- 3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 4) Presentation of Final Decisions
- 5) Disciplinary Matters
- 6) Executive Director Matters
- 7) Education and Examination Matters
- 8) Credentialing Matters
- 9) Class 1 Hearing(s)
- 10) Practice Matters
- 11) Legislation/Administrative Rule Matters
- 12) Liaison Report(s)
- 13) Informational Item(s)
- 14) Speaking Engagement(s), Travel or Public Relation Request(s)

J. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.)

K. Presentation and Deliberation on Proposed Stipulations, Final Decisions and Orders by the Division of Legal Services and Compliance (DLSC)

- 1) 12 HAD 010, James J. Gillis (91-96)
 - o Case Advisor – Peter Zellmer

L. DLSC Matters

- 1) Case Status Report (97-98)
- 2) Case Closing(s)

M. Deliberation of Items Received After Preparation of the Agenda

- 1) Disciplinary Matters
- 2) Education and Examination Matters
- 3) Credentialing Matters
- 4) Class 1 Hearings
- 5) Monitoring Matters
- 6) Professional Assistance Procedure (PAP) Matters
- 7) Petition(s) for Summary Suspensions
- 8) Petition(s) for Extension of Time
- 9) Proposed Stipulations, Final Decisions and Orders
- 10) Administrative Warnings
- 11) Proposed Decisions
- 12) Matters Relating to Costs
- 13) Motions
- 14) Petitions for Rehearing
- 15) Case Closings
- 16) Appearances from Requests Received or Renewed
- 17) License Ratification

N. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

ADJOURNMENT

Page intentionally left blank

**HEARING AND SPEECH EXAMINING BOARD
MEETING MINUTES
OCTOBER 14, 2013**

- PRESENT:** Okie Allen, Samuel Gubbels, Doreen Jensen, Steven Klapperich, Thomas Sather, Patricia Willis, and Peter Zellmer
- EXCUSED:** Edward Korabic
- STAFF:** Angela Hellenbrand, Executive Director; Joshua Archiquette, Bureau Assistant; Matt Guidry, Bureau Assistant and other Department Staff

CALL TO ORDER

Steven Klapperich, Chair, called the meeting to order at 1:05 p.m. A quorum of seven (7) was confirmed.

ADOPTION OF AGENDA

- MOTION:** Doreen Jensen moved, seconded by Thomas Sather, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES

- MOTION:** Doreen Jensen moved, seconded by Patricia Willis, to approve the minutes of July 8, 2013 as published. Motion carried unanimously.

CLOSED SESSION

- MOTION:** Peter Zellmer moved, seconded by Patricia Willis, to invite Scott Larson and Barb Johnson to sit in during closed session. Scott Larson and Barb Johnson are non-voting members. Motion carried unanimously.

MOTION: Samuel Gubbels moved, seconded by Peter Zellmer, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.; consider licensure or certification of individuals (s. 19.85(1)(a), Stats.); to consider closing disciplinary investigation with administrative warning (s. 19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and, to confer with legal counsel (s. 19.85(1)(g), Stats.). Steven Klapperich, Chair; read the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Steven Klapperich – yes; Okie Allen – yes; Thomas Sather – yes; Patricia Willis – yes; Peter Zellmer – yes; Samuel Gubbels – yes; and Doreen Jensen – yes. Motion carried unanimously.

The Board convened to Closed Session at 2:13 p.m.

RECONVENE TO OPEN SESSION

MOTION: Okie Allen moved, seconded by Peter Zellmer, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 3:21 p.m.

PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS

MOTION: Peter Zellmer moved, seconded by Doreen Jensen, to adopt the Findings of Fact, Conclusions of Law, Order and Stipulation in the matter of disciplinary proceedings against Katherine A. Walker (13 HAD 003). Motion carried unanimously.

CREDENTIALING MATTERS

MOTION: Okie Allen moved, seconded by Peter Zellmer, to approve Jody L. Bannach's application to sit for the examination and for temporary licensure, once all other requirements have been met. Motion carried unanimously.

EXAMINATION RATIFICATION

MOTION: Thomas Sather moved, seconded by Samuel Gubbels, to ratify the Examination Scores. Motion carried unanimously.

ADJOURNMENT

MOTION: Okie Allen moved, seconded by Peter Zellmer, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 3:24 p.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Brittany Lewin Executive Director		2) Date When Request Submitted: 1/2/14 Items will be considered late if submitted after 12:00 p.m. and less than: ■ 8 work days before the meeting	
3) Name of Board, Committee, Council, Sections: Hearing and Speech Examining Board			
4) Meeting Date: 1/13/14	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Election of Board Officers and Appointment of Liaisons – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Election of Board Officers (Chair, Vice-Chair and Secretary) and appointment of liaisons.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Ashley Horton Department Monitor Division of Legal Services and Compliance		2) Date When Request Submitted: December 20, 2013 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections:			
4) Meeting Date:	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Monitoring: Appointment of Monitoring Liaison and Delegated Authority Motion	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: 1. Appointment of 2014 Monitoring Liaison 2. Delegated Authority Motion: <i>“_____ moved, seconded by _____ to adopt/reject the Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor document as presented in today’s agenda packet.”</i>			
11) Authorization <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  </div> <div style="width: 30%; text-align: center;"> December 20, 2013 </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Signature of person making this request</div> <div style="width: 20%; text-align: center;">Date</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Supervisor (if required)</div> <div style="width: 20%; text-align: center;">Date</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</div> <div style="width: 20%; text-align: center;">Date</div> </div>			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor

The Monitoring Liaison is a board designee who works with department monitors to enforce the Board's orders as explained below.

Current Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board:

1. Grant a temporary reduction in random drug screen frequency upon Respondent's request if he/she is unemployed and is otherwise compliant with Board order. The Department Monitor will draft an order and sign on behalf of the Liaison. The temporary reduction will be in effect until Respondent secures employment in the profession.
2. Grant a stay of suspension if Respondent is eligible per the Board order. The Department Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board order. The Department Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board approval. The Department Monitor will notify Respondent of the Liaison's decision.
5. Grant a maximum 90-day extension, if warranted and requested in writing by Respondent, to complete Board-ordered CE, pay proceeding costs, and/or pay forfeitures upon Respondent's request.

Current Authorities Delegated to the Department Monitor

The Department Monitor may take the following actions on behalf of the Board, draft an order and sign:

1. Grant full reinstatement of licensure if CE is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
2. Suspend the license if Respondent has not completed Board-ordered CE and/or paid costs and forfeitures within the time specified by the Board order. The Department Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.

Clarification

1. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. (This is consistent with current practice.)

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Ashley Horton Department Monitor Division of Legal Services and Compliance		2) Date When Request Submitted: December 20, 2013 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 																
3) Name of Board, Committee, Council, Sections:																		
4) Meeting Date:	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Appointment of Professional Assistance Procedure (PAP) Liaison																
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:																
10) Describe the issue and action that should be addressed: Appointment of 2014 PAP Liaison - see <i>Wis. Admin. Code SPS ch. 7, attached, for Liaison duties</i>																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 10%; border: none;">11)</td> <td style="width: 60%; border: none; text-align: center;">  </td> <td style="width: 30%; border: none; text-align: center;"> Authorization </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none; text-align: center;"> December 20, 2013 </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;"> _____ Signature of person making this request </td> <td style="border: none; text-align: center;"> _____ Date </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;"> _____ Supervisor (if required) </td> <td style="border: none; text-align: center;"> _____ Date </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;"> _____ Executive Director signature (indicates approval to add post agenda deadline item to agenda) </td> <td style="border: none; text-align: center;"> _____ Date </td> </tr> </table>				11)		Authorization			December 20, 2013		_____ Signature of person making this request	_____ Date		_____ Supervisor (if required)	_____ Date		_____ Executive Director signature (indicates approval to add post agenda deadline item to agenda)	_____ Date
11)		Authorization																
		December 20, 2013																
	_____ Signature of person making this request	_____ Date																
	_____ Supervisor (if required)	_____ Date																
	_____ Executive Director signature (indicates approval to add post agenda deadline item to agenda)	_____ Date																
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.																		

Chapter SPS 7

PROFESSIONAL ASSISTANCE PROCEDURE

SPS 7.01	Authority and intent.	SPS 7.07	Intradepartmental referral.
SPS 7.02	Definitions.	SPS 7.08	Records.
SPS 7.03	Referral to and eligibility for the procedure.	SPS 7.09	Report.
SPS 7.04	Requirements for participation.	SPS 7.10	Applicability of procedures to direct licensing by the department.
SPS 7.05	Agreement for participation.	SPS 7.11	Approval of drug testing programs.
SPS 7.06	Standards for approval of treatment facilities or individual therapists.		

Note: Chapter RL 7 was renumbered chapter SPS 7 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671

SPS 7.01 Authority and intent. (1) The rules in this chapter are adopted pursuant to authority in ss. 15.08 (5) (b), 15.30, 146.82, 227.11 and 440.03, Stats.

(2) The intent of the department in adopting rules in this chapter is to protect the public from credential holders who are impaired by reason of their abuse of alcohol or other drugs by promoting early identification of chemically dependent professionals and encouraging rehabilitation. This goal will be advanced by providing an option that may be used in conjunction with the formal disciplinary process for qualified credential holders committed to their own recovery. This procedure is intended to apply when allegations are made that a credential holder has practiced a profession while impaired by alcohol or other drugs or whose ability to practice is impaired by alcohol or other drugs or when a credential holder contacts the department and requests to participate in the procedure. It may be used in conjunction with the formal disciplinary process in situations where allegations exist that a credential holder has committed misconduct, negligence or violations of law, other than practice while impaired by alcohol or other drugs. The procedure may then be utilized to promote early identification of chemically dependent professionals and encourage their rehabilitation. Finally, the department's procedure does not seek to diminish the prosecution of serious violations but rather it attempts to address the problem of alcohol and other drug abuse within the enforcement jurisdiction of the department.

(3) In administering this program, the department intends to encourage board members to share professional expertise so that all boards in the department have access to a range of professional expertise to handle problems involving impaired professionals.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. (2), Register, July, 1996, No. 487, eff. 8-1-96; CR 10-081: am. (2) Register December 2010 No. 660, eff. 1-1-11.

SPS 7.02 Definitions. In this chapter:

(1) "Board" means any board, examining board or affiliated credentialing board attached to the department.

(2) "Board liaison" means the board member designated by the board or the secretary or the secretary's designee as responsible for approving credential holders for the professional assistance procedure under s. SPS 7.03, for monitoring compliance with the requirements for participation under s. SPS 7.04, and for performing other responsibilities delegated to the board liaison under these rules.

(2a) "Coordinator" means a department employee who coordinates the professional assistance procedure.

(2b) "Credential holder" means a person holding any license, permit, certificate or registration granted by the department or any board. For purposes of this chapter, "credential holder" includes a person with a pending application for a credential for a period not to exceed one year from the date the application for the credential was submitted to the department.

(3) "Department" means the department of safety and professional services.

(4) "Division" means the division of enforcement in the department.

(5) "Informal complaint" means any written information submitted by any person to the division, department or any board which requests that a disciplinary proceeding be commenced against a credential holder or which alleges facts, which if true, warrant discipline. "Informal complaint" includes requests for disciplinary proceedings under s. 440.20, Stats.

(6) "Medical review officer" means a medical doctor or doctor of osteopathy who is a licensed physician and who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with an individual's medical history and any other relevant biomedical information.

(7) "Procedure" means the professional assistance procedure.

(8) "Program" means any entity approved by the department to provide the full scope of drug testing services for the department.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. (1), (2), (5), cr. (2a), (2b), r. (6), Register, July, 1996, No. 487, eff. 8-1-96; cr. (6) and (8), Register, January, 2001, No. 541, eff. 2-1-01; CR 10-081: am. (1) to (2b), (7) Register December 2010 No. 660, eff. 1-1-11; correction in (2), (3) made under s. 13.92 (4) (b) 6., 7., Register November 2011 No. 671.

SPS 7.03 Referral to and eligibility for the procedure.

(1) A credential holder who contacts the department and requests to participate in the procedure shall be referred to the board liaison and the coordinator for determination of acceptance into the procedure.

(2) A credential holder who has been referred to the procedure and considered for eligibility shall be provided with an application for participation.

(3) All informal complaints involving allegations of impairment due to alcohol or chemical dependency shall be screened and investigated pursuant to s. SPS 2.035. After investigation, informal complaints involving impairment may be referred to the procedure along with a summary of the investigative results in the form of a draft statement of conduct to be used as a basis for the statement of conduct under s. SPS 7.05 (1) (a) and considered for eligibility for the procedure or for formal disciplinary proceedings under ch. SPS 2. The credential holder shall be provided with a written explanation of the credential holder's options for resolution of the matter through participation in the procedure and of the formal disciplinary process pursuant to ch. SPS 2.

(4) Eligibility for the procedure shall be determined by the board liaison and coordinator who shall review all relevant materials including investigative results and the credential holder's application for participation. Eligibility shall be determined upon criteria developed by the coordinator in consultation with the disciplinary authority. The decision on eligibility shall be consistent with the purposes of these procedures as described in s. SPS 7.01 (2). Credential holders who have committed violations of law may be eligible for the procedure. The board liaison shall have

responsibility to make the determination of eligibility for the procedure.

(5) The credential holder shall obtain a comprehensive assessment for chemical dependency from a treatment facility or individual therapist approved under s. [SPS 7.06](#). The credential holder shall arrange for the treatment facility or individual therapist to file a copy of its assessment with the board liaison or coordinator. The board liaison and the credential holder may agree to waive this requirement. The obtaining of the assessment shall not delay admission into the procedure.

(6) If a credential holder is determined to be ineligible for the procedure, the credential holder may be referred to the division for prosecution.

(7) A credential holder determined to be ineligible for the procedure by the board liaison or the department may, within 10 days of notice of the determination, request the credentialing authority to review the adverse determination.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. (2) to (6), Register, July, 1996, No. 487, eff. 8-1-96; CR 10-081: renum. (1) and (3) to (6) to be (3) to (7) and am. (3) to (6), cr. (1), am. (2) Register December 2010 No. 660, eff. 1-1-11; correction in (3), (4), (5) made under s. [13.92 \(4\) \(b\) 7., Stats., Register November 2011 No. 671.](#)

SPS 7.04 Requirements for participation. (1) A credential holder who participates in the procedure shall:

- (a) Sign an agreement for participation under s. [SPS 7.05](#).
- (b) Remain free of alcohol, controlled substances, and prescription drugs, unless prescribed for a valid medical purpose.
- (c) Timely enroll and participate in a program for the treatment of chemical dependency conducted by a facility or individual therapist approved pursuant to s. [SPS 7.06](#).
- (d) Comply with any treatment recommendations and work restrictions or conditions deemed necessary by the board liaison or department.
- (e) Submit random monitored physiological specimens for the purpose of screening for alcohol or controlled substances provided by a drug testing program approved by the department under s. [SPS 7.11](#), as required.
- (f) Execute releases valid under state and federal law to allow access to the credential holder's counseling, treatment and monitoring records.
- (g) Have the credential holder's supervising therapist and work supervisors file quarterly reports with the coordinator.
- (h) Notify the coordinator of any changes in the credential holder's employer within 5 days.
- (i) File quarterly reports documenting the credential holder's attendance at meetings of self-help groups such as alcoholics anonymous or narcotics anonymous.

(2) If the board liaison or department determines, based on consultation with the person authorized to provide treatment to the credential holder or monitor the credential holder's enrollment or participation in the procedure, or monitor any drug screening requirements or restrictions on employment under sub. (1), that a credential holder participating in the procedure has failed to meet any of the requirements set under sub. (1), the board liaison may refer the credential holder to the division. A failure to maintain abstinence is considered a relapse and shall be reviewed by the board liaison to determine whether the credential holder should be referred to the division. The board liaison may review the complete record in making this determination.

(3) If a credential holder violates the agreement and no referral to the division occurs, then a new admission under s. [SPS 7.05 \(1\) \(a\)](#) shall be obtained for relapses and for misconduct, negligence or violations of law which are substantial. If a new admission is not obtained, then a referral to the division by the coordinator shall occur.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. Register, July, 1996, No. 487, eff. 8-1-96; am. (1) (e), Register, January, 2001, No. 541, eff. 2-1-01; CR 10-081: am. (1) (e), (f), (2), (3) Register December 2010 No. 660, eff. 1-1-11;

correction in (1) (a), (c), (e), (3) made under s. [13.92 \(4\) \(b\) 7., Stats., Register November 2011 No. 671.](#)

SPS 7.05 Agreement for participation. (1) The agreement for participation in the procedure shall at a minimum include:

(a) A statement describing conduct the credential holder agrees occurred relating to participation in the procedure and an agreement that the statement may be used as evidence in any disciplinary proceeding under ch. [SPS 2](#).

(b) An acknowledgement by the credential holder of the need for treatment for chemical dependency;

(c) An agreement to participate at the credential holder's expense in an approved treatment regimen.

(d) An agreement to submit to random monitored drug screens provided by a drug testing program approved by the department under s. [SPS 7.11](#) at the credential holder's expense, if deemed necessary by the board liaison.

(e) An agreement to submit to practice restrictions at any time during the treatment regimen as deemed necessary by the board liaison.

(f) An agreement to furnish the coordinator with signed consents for release of information from treatment providers and employers authorizing the release of information to the coordinator and board liaison for the purpose of monitoring the credential holder's participation in the procedure.

(g) An agreement to authorize the board liaison or coordinator to release information described in pars. (a), (c) and (e), the fact that a credential holder has been dismissed under s. [SPS 7.07 \(3\) \(a\)](#) or violated terms of the agreement in s. [SPS 7.04 \(1\) \(b\) to \(e\)](#) and (h) concerning the credential holder's participation in the procedure to the employer, therapist or treatment facility identified by the credential holder and an agreement to authorize the coordinator to release the results of random monitored drug screens under par. (d) to the therapist identified by the credential holder.

(h) An agreement to participate in the procedure for a period of time as established by the board.

(2) The board liaison may include additional requirements for an individual credential holder, if the circumstances of the informal complaint or the credential holder's condition warrant additional safeguards.

(3) The board or board liaison may include a promise of confidentiality that all or certain records shall remain closed and not available for public inspection and copying. Any promise is subject to s. [SPS 7.08](#) and ends upon a referral to the division. Information and records may be made available to staff within the department on an as-needed basis, to be determined by the coordinator.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. (1) (a) to (g) and (2), Register, July, 1996, No. 487, eff. 8-1-96; am. (1) (d), Register, January, 2001, No. 541, eff. 2-1-01; CR 10-081: am. (3) Register December 2010 No. 660, eff. 1-1-11; correction in (1) (a), (d), (g), (3) made under s. [13.92 \(4\) \(b\) 7., Stats., Register November 2011 No. 671.](#)

SPS 7.06 Standards for approval of treatment facilities or individual therapists. (1) The board or board liaison shall approve a treatment facility designated by a credential holder for the purpose of participation in the procedure if:

(a) The facility is certified by appropriate national or state certification agencies.

(b) The treatment program focus at the facility is on the individual with drug and alcohol abuse problems.

(c) Facility treatment plans and protocols are available to the board liaison and coordinator.

(d) The facility, through the credential holder's supervising therapist, agrees to file reports as required, including quarterly progress reports and immediate reports if a credential holder withdraws from therapy, relapses, or is believed to be in an unsafe condition to practice.

(2) As an alternative to participation by means of a treatment facility, a credential holder may designate an individual therapist for the purpose of participation in the procedure. The board liaison shall approve an individual therapist who:

(a) Has credentials and experience determined by the board liaison to be in the credential holder's area of need.

(b) Agrees to perform an appropriate assessment of the credential holder's therapeutic needs and to establish and implement a comprehensive treatment regimen for the credential holder.

(c) Forwards copies of the therapist's treatment regimen and office protocols to the coordinator.

(d) Agrees to file reports as required to the coordinator, including quarterly progress reports and immediate reports if a credential holder withdraws from therapy, relapses, or is believed to be in an unsafe condition to practice.

(3) If a board liaison does not approve a treatment facility or therapist as requested by the credential holder, the credential holder may, within 10 days of notice of the determination, request the board to review the board liaison's adverse determination.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. Register, July, 1996, No. 487, eff. 8-1-96; r. (1) (d) and (2) (d), renum. (1) (e) and (2) (e) to be (1) (d) and (2) (d) and am., Register, January, 2001, No. 541, eff. 2-1-01.

SPS 7.07 Intradepartmental referral. (2) The division may refer individuals named in informal complaints to the board liaison for acceptance into the procedure.

(3) The board liaison may refer cases involving the following to the division for investigation or prosecution:

(a) Credential holders participating in the procedure who fail to meet the requirements of their rehabilitation program.

(b) Credential holders who apply and who are determined to be ineligible for the procedure where the board liaison is in possession of information indicating misconduct, negligence or a violation of law.

(c) Credential holders who do not complete an agreement for participation where the board liaison is in possession of information indicating misconduct, negligence or a violation of law.

(d) Credential holders initially referred by the division to the board liaison who fail to complete an agreement for participation.

(e) Credential holders who request early termination of an agreement for participation. In making the decision if a referral should occur, the board liaison shall consider whether the credential holder's therapist approves the early termination and whether this opinion is supported by a second therapist selected by the department who shall always be consulted and shall concur.

(4) The board liaison shall refer credential holders who relapse in the context of the work setting to the division for investigation and prosecution. A credential holder referred under this subsection who has not been dismissed from the procedure may continue to participate in the procedure.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. (1), (3) (a) to (d), Register, July, 1996, No. 487, eff. 8-1-96; CR 10-081: r. (1), am. (3) (a), (b), (c), cr. (3) (e), (4) Register December 2010 No. 660, eff. 1-1-11.

SPS 7.08 Records. (1) CUSTODIAN. All records relating to the procedure including applications for participation, agreements for participation and reports of participation shall be maintained in the custody of the department secretary or the secretary's designee.

(2) AVAILABILITY OF PROCEDURE RECORDS FOR PUBLIC INSPECTION. Any requests to inspect procedure records shall be made to the custodian. The custodian shall evaluate each request on a case by case basis using the applicable law relating to open records and giving appropriate weight to relevant factors in order to determine whether public interest in nondisclosure outweighs the public interest in access to the records, including the reputational interests of the credential holder, the importance of confidentiality to the functional integrity of the procedure, the existence of any promise of confidentiality, statutory or common law rules which

accord a status of confidentiality to the records and the likelihood that release of the records will impede an investigation. The fact of a credential holder's participation in the procedure and the status of that participation may be disclosed to credentialing authorities of other jurisdictions.

(3) TREATMENT RECORDS. Treatment records concerning individuals who are receiving or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence which are maintained by the department, by county departments under s. 51.42 or 51.437, Stats., and their staffs and by treatment facilities are confidential under s. 51.30, Stats., and shall not be made available for public inspection.

(4) PATIENT HEALTH CARE RECORDS. Patient health care records are confidential under s. 146.82, Stats., and shall not be made available to the public without the informed consent of the patient or of a person authorized by the patient or as provided under s. 146.82 (2), Stats.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. (2), Register, July, 1996, No. 487, eff. 8-1-96; CR 10-081: am. (2) Register December 2010 No. 660, eff. 1-1-11.

SPS 7.09 Report. The board liaison or coordinator shall report on the procedure to the board at least twice a year and if requested to do so by a board.

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. Register, July, 1996, No. 487, eff. 8-1-96.

SPS 7.10 Applicability of procedures to direct licensing by the department. This procedure may be used by the department in resolving complaints against persons licensed directly by the department if the department has authority to discipline the credential holder. In such cases, the department secretary shall have the authority and responsibility of the "board" as the term is used in the procedure and shall designate an employee to perform the responsibilities of the "board liaison."

History: Cr. Register, January, 1991, No. 421, eff. 2-1-91; am. Register, July, 1996, No. 487, eff. 8-1-96.

SPS 7.11 Approval of drug testing programs. The department shall approve drug testing programs for use by credential holders who participate in drug and alcohol monitoring programs pursuant to agreements between the department or boards and credential holders, or pursuant to disciplinary orders. To be approved as a drug testing program for the department, programs shall satisfactorily meet all of the following standards in the areas of program administration, collection site administration, laboratory requirements and reporting requirements:

(1) Program administration requirements are:

(a) The program shall enroll participants by setting up an account, establishing a method of payment and supplying pre-printed chain-of-custody forms.

(b) The program shall provide the participant with the address and phone number of the nearest collection sites and shall assist in locating a qualified collection site when traveling outside the local area.

(c) Random selection of days when participants shall provide specimens shall begin upon enrollment and the program shall notify designated department staff that selection has begun.

(d) The program shall maintain a nationwide toll-free access or an internet website that is operational 24 hours per day, 7 days per week to inform participants of when to provide specimens and is able to document the date and time of contacts by credential holders.

(e) The program shall maintain and make available to the department and treatment providers through an internet website data that are updated on a daily basis verifying the date and time each participant was notified after random selection to provide a specimen, the date, time and location each specimen was collected, the results of drug screen and whether or not the participant complied as directed.

(f) The program shall maintain internal and external quality of test results and other services.

(g) The program shall maintain the confidentiality of participants in accordance with s. 146.82, Stats.

(h) The program shall inform participants of the total cost for each drug screen including the cost for program administration, collection, transportation, analysis, reporting and confirmation. Total cost shall not include the services of a medical review officer.

(i) The program shall immediately report to the department if the program, laboratory or any collection site fails to comply with this section. The department may remove a program from the approved list if the program fails to comply with this section.

(j) The program shall make available to the department experts to support a test result for 5 years after the test results are released to the department.

(k) The program shall not sell or otherwise transfer or transmit names and other personal identification information of the participants to other persons or entities without permission from the department. The program shall not solicit from participants presently or formerly in the monitoring program or otherwise contact participants except for purposes consistent with administering the program and only with permission from the department.

(L) The program and laboratory shall not disclose to the participant or the public the specific drugs tested.

(2) Collection site administration requirements are:

(a) The program shall locate, train and monitor collection sites for compliance with the U.S. department of transportation collection protocol under 49 CFR 40.

(b) The program shall require delivery of specimens to the laboratory within 24 hours of collection.

(3) Laboratory requirements are:

(a) The program shall utilize a laboratory that is certified by the U.S. department of health and human services, substance abuse and mental health services administration under 49 CFR 40. If the laboratory has had adverse or corrective action, the department shall evaluate the laboratory's compliance on a case by case basis.

(b) The program shall utilize a laboratory capable of analyzing specimens for drugs specified by the department.

(c) Testing of specimens shall be initiated within 48 hours of pickup by courier.

(d) All positive drug screens shall be confirmed utilizing gas chromatography in combination with mass spectrometry, mass spectrometry, or another approved method.

(e) The laboratory shall allow department personnel to tour facilities where participant specimens are tested.

(4) The requirements for reporting of results are:

(a) The program shall provide results of each specimen to designated department personnel within 24 hours of processing.

(b) The program shall inform designated department personnel of confirmed positive test results on the same day the test results are confirmed or by the next business day if the results are confirmed after hours, on the weekend or on a state or federal holiday.

(c) The program shall fax, e-mail or electronically transmit laboratory copies of drug test results at the request of the department.

(d) The program shall provide a medical review officer upon request and at the expense of the participant, to review disputed positive test results.

(e) The program shall provide chain-of-custody transfer of disputed specimens to an approved independent laboratory for retesting at the request of the participant or the department.

History: Cr. Register, January, 2001, No. 541, eff. 2-1-01; CR 10-081: am. (1) (d), (e) Register December 2010 No. 660, eff. 1-1-11.

International Licensing Examination for Hearing Healthcare Professionals Agreement

This Agreement is made between International Hearing Society (“IHS”), located at 16880 Middlebelt Road, Suite 4, Livonia, Michigan 48154, and [STATE DEPT OF HEALTH] (“Agency”), located at [ADDRESS].

I. Background & Purpose

The Agency is responsible for the licensure and regulation of hearing healthcare professionals in [its state/province]. The Agency requires the use of an examination for the purpose of determining whether potential licensees have met minimal competency standards. Only the Agency has the authority to determine a candidate’s eligibility to be licensed.

The purpose of this Agreement is for the Agency to use IHS’s *International Licensing Examination for Hearing Healthcare Professionals* (“Examination”) as a licensure examination for hearing healthcare professionals. The Examination will be administered through a collaborative effort between the Agency and IHS, as set forth in this Agreement.

NOW, THEREFORE, in consideration of mutual promises and covenants set forth herein, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

II. Term

The term of this Agreement is for a period of five (5) years beginning October 1, 2013 through October 30, 2018.

III. Definitions

Examination – *International Licensing Examination for Hearing Healthcare Professionals*

Candidate – Individuals that are deemed eligible by the Agency to take the *International Licensing Examination for Hearing Healthcare Professionals*

IHS Candidate Roster – Form that contains the eligible test-takers’ contact information, that is sent by the Agency to IHS

Webassessor™ – Online skill assessment software that is used for Examination administration

Study Guide – Informational brochure and governing document of Examination administration

Score Report – Password-protected transmission of the Candidate’s Examination results

IV. Responsibilities of the Parties

- A. IHS and the Agency agree that the Study Guide is the governing document for the administration of the Examination.
- B. The Agency will determine each potential test-taker's eligibility prior to the Examination.
- C. The Agency will provide IHS with the eligible test-taker's ("Candidate") contact information on the IHS Candidate Roster via email to exam@ihinfo.org.
- D. IHS will send the Candidate an introduction email that includes the Study Guide and enables the Candidate to create an individual user account on Webassessor™.
- E. IHS will verify the Candidate's profile account on Webassessor™, which enables the Candidate to schedule his/her Examination and to submit the \$225.00 Examination fee.
- F. Following a Candidate's completion of the Examination, IHS will retrieve the Candidate's results from Webassessor™.
- G. IHS will then provide the Agency with a Score Report containing the Candidate's Examination results.
- H. The Agency will notify the Candidate of the Agency's pass/fail determination.

V. Miscellaneous Responsibilities

Special Accommodations

Candidates will be advised in the Study Guide to contact IHS regarding special testing accommodations for disabilities under the Americans with Disabilities Act. A Candidate must request special accommodations in writing before he/she schedules and pays for the Examination.

Rescheduling Appointments

1. A Candidate may reschedule his/her Examination appointment more than 3 business days before the appointment date at no charge, by logging into his/her user account on Webassessor™ and following the applicable on-line prompts.
2. A Candidate may reschedule his/her Examination appointment 3 to 1 business days before the appointment date by contacting IHS and submitting the \$75.00 rescheduling fee.
3. A Candidate may not reschedule his/her Examination appointment on the Examination date. This is considered a no-show, and the Candidate forfeits their Examination fee.

Cancellations

1. A Candidate may cancel his/her Examination appointment for a full refund of \$225.00 if the Candidate makes the cancellation through his/her user account on Webassessor™ more than 3 business days before the appointment date.
2. A Candidate may cancel his/her Examination appointment for a partial refund if the Candidate makes the cancellation 3 to 1 business days prior to the appointment date. The Candidate must contact IHS to make the cancellation and to receive a partial refund of \$150.00.
3. A Candidate may not cancel his/her Examination appointment on the Examination date. This is considered a no-show, and the Candidate forfeits their Examination fee

No-Shows

A Candidate who fails to appear for his/her scheduled Examination appointment will not receive a refund.

Security & Testing Incidents

Candidates are at all times to maintain a professional attitude toward other Candidates, proctors, and other personnel. Conduct that is, or results in, a violation of security or disrupts the administration of the Examination may result in immediate disqualification and ejection from the Examination. Such conduct includes, but is not limited to, cheating, failing to follow the proctor's instruction in the administration of the Examination, or otherwise compromising the security or integrity of the Examination. Copying or communicating Examination content is also prohibited.

IHS will notify the Agency of any known Examination security violations and if IHS has the ability, will provide the Agency with a recommended course of action.

Re-Takes

Candidates who fail the Examination may re-take it. The Agency will notify IHS on the IHS Candidate Roster of a candidate's eligibility to re-take the Examination, by indicating so in the "Re-Take" Column of the form. The Candidate must pay the Examination fee of \$225.00 upon scheduling the re-take Examination through Webassessor™.

Score Verifications

Candidates are directed to submit all inquiries to the Agency regarding the results of his/her Examination. There is no appeal process through IHS for challenging individual Examination questions or results. Score verification may be requested for a fee of \$150.00 per Examination. The requesting party will submit the Score Verification Request Form and the \$150.00 payment to the Agency. The Agency will then submit the Form and payment to IHS. IHS will conduct the score verification and will provide the results to the Agency. The Agency will determine the impact of the results of the score verification and will notify the Candidate of its final decision. The Agency makes the final determination of whether a Candidate passes or fails.

VI. Ownership

The Agency acknowledges and agrees that IHS owns all proprietary rights and interests, including, but not limited to, IHS copyright, trade secret, and/or patented information, as well as all Examination materials, including, but not limited to, the Study Guide, the Examination, items appearing on the Examination, and the answer key to the Examination.

VII. Exclusivity

This Agreement supersedes all previous contracts and constitutes the entire Agreement between the parties with respect to the subject matter of this Agreement. This Agreement may be signed in multiple counterparts and transmitted electronically, each of which is effective as an original.

VIII. Modification

This Agreement may only be modified by a signed written addendum.

IX. Termination

Either party may terminate this Agreement by giving thirty (30) days advance written notice to the other party.

X. Notices

All notices or other communications required or permitted to be given to a party to this Agreement regarding term and/or termination will be in writing and will be (a) personally delivered; (b) sent by registered or certified mail, postage prepaid, return receipt requested; or (c) sent by an overnight express courier service that provides written confirmation of delivery, to the applicable party:

IHS:

Professional Development Director
International Hearing Society
16880 Middlebelt Road, Suite 4
Livonia, Michigan 48154

AGENCY:

[INSERT ADDRESS OF AGENCY]

Each such notice or other communication will be deemed given, delivered, and received on its actual receipt, except if delivery is refused by the addressee, then it will be deemed given, delivered, and received on the date on which delivery is refused by the addressee.

Force Majeure

Failure by either party to perform its duties and obligations will be excused by unforeseeable circumstances beyond its reasonable control and not due to its negligence including, but not limited to, acts of nature, acts of terrorism, riots, labor disputes, fire, flood, explosion, and governmental prohibition. The non-declaring party may cancel this Agreement without penalty if performance does not resume within thirty (30) days of the declaration.

Indemnification and Liability

The Agency shall indemnify and hold harmless IHS, its officers, employees, and agents from any and all costs, demands, expenses, losses, claims, damages, liabilities, settlements, and judgments, including in-house and contracted attorney’s fees and expenses, arising out of: (a) any breach or violation by the Agency of any of its certifications, representations, warranties, covenants or agreements; (b) any actual or alleged death or injury to any person, damage to any property or any other damage or loss claimed to result in whole or in part from Agency’s negligent performance; or (c) any act, activity or omission of Agency or any of its officers, employees, or agents.

IHS shall indemnify and hold harmless the Agency, its officers, employees, and agents from any and all costs, demands, expenses, losses, claims, damages, liabilities, settlements, and judgments, including in-house and contracted attorney’s fees and expenses, arising out of: (a) any breach or violation by IHS of any of its certifications, representations, warranties, covenants or agreements; (b) any actual or alleged death or injury to any person, damage to any property or any other damage or loss claimed to result in whole or in part from IHS’s negligent performance; or (c) any act, activity or omission of IHS or any of its officers, employees, or agents.

Compliance with the Law

The Agency, its employees, agents, and subcontractors shall comply with all applicable federal, state, and local laws, rules, ordinances, regulations, and orders in the performance of this Agreement.

Applicable Law

This Agreement shall be construed in accordance with and is subject to the laws and rules of the State of Michigan.

INTERNATIONAL HEARING SOCIETY

AGENCY

By: _____
Joy Wilkins
Director of Professional Development

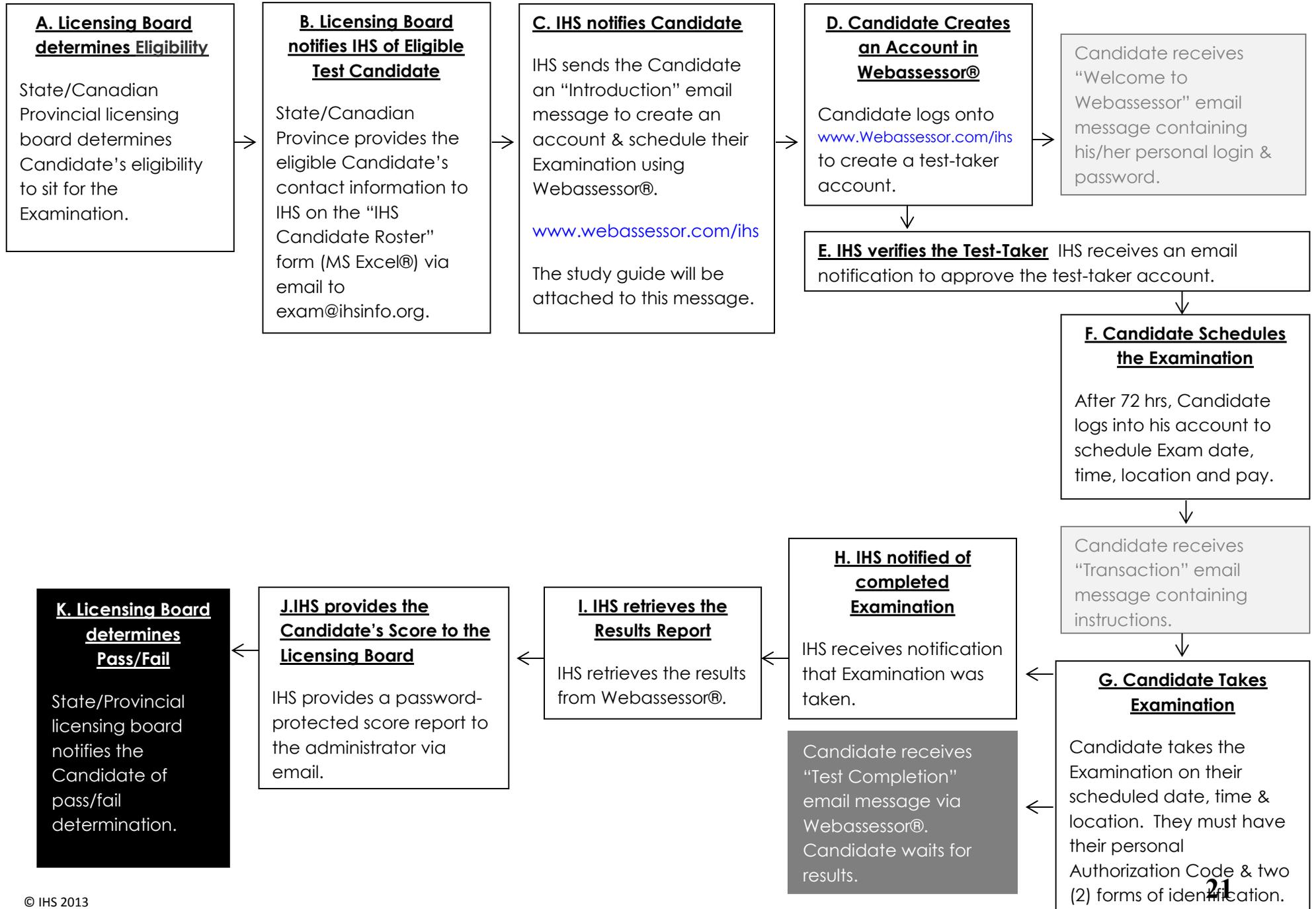
By: _____

Date: _____

Date: _____

FLOW CHART for the Computer-Based Examination International Licensing Examination for Hearing Healthcare Professionals

Final 8/1/13





FREQUENTLY ASKED QUESTIONS (FAQs)

for the new

International Licensing Exam for Hearing Healthcare Professionals

01/23/2013

- **What is the name of the new version of the licensing exam?**

The name is the "International Licensing Exam for Hearing Healthcare Professionals".

- **What is the "The International Licensing Examination for Hearing Healthcare Professionals"?**

The "The International Licensing Examination for Hearing Healthcare Professionals" is a proprietary exam which is owned and copyrighted by the International Hearing Society.

This examination is intended to provide one of many tools needed in a licensing process. It assists the state/provincial licensing body in their responsibility to identify entry-level professionals whose knowledge and clinical skills meet or exceed basic expected professional standards.

The International Hearing Society (IHS) subscribes to all US, Canadian and other international laws regarding testing policies, standards, and practices; including candidate rights to fair-testing, information accuracy and privacy, and the right-to-know and the right-to-appeal a pass/fail decision.

- **How does this test compare to previous versions of the test?**

Scores from the current test administration are not directly comparable to scores from previous versions of the test. IHS conducted a formal job analysis study and survey of professionals in the field in late 2010 in order to determine the knowledge, skills, and abilities currently required for safe and effective entry-level practice as a hearing healthcare professional. The current test is based on the results of these studies and reflects new skills and a different content balance than was contained in previous versions of the test (which was based on a job analysis study conducted in 1996). Because the content of the new and old versions of the test differs, the scores are not directly comparable. The content and difficulty of the new test, along with the definition of the minimally qualified candidate, were explicitly considered when determining the passing score of the new version of the test. IHS believes this passing score is rigorous and challenging and appropriately reflects the knowledge and skills required for licensure as a Hearing Aid Specialist.

- **How was this exam developed?**

This examination was developed by practicing professionals in the field of hearing instrument sciences. These individuals volunteered their time and expertise to this project under the guidance of a test development and psychometric services company.

During the development stages of this examination, a job-analysis survey was distributed to hearing aid dispensing professionals. From the survey data, a competency model was developed.

The “International Licensing Examination for Hearing Healthcare Professionals” consists of multiple-choice items. Questions from each competency area are included on the examination form. This requires candidates to answer questions from each of the competency areas. Please refer to the IHS competency model in the study guide.

- **What topics does this exam cover?**

This assessment is based on the new competency model (Exam Blueprint). The competency model identifies the competencies against which the candidate will be measured. It also indicates the weight (%) of each competency or group of competencies. The new competency model is located in the IHS study guide.

- **What textbooks and reference materials are recommended for the new assessment?**

1. IHS' Distance Learning for Professionals in Hearing Health Sciences self-study course (5th ed.)
2. *Hearing Instrument Science & Fitting Practices*. (2nd ed.) Livonia: International Hearing Society (1996)
3. *Introduction to Audiology* (11th ed). Martin, Frederick and John Clark. (2011). New York: Allyn & Bacon
Purchase online at www.pearsonhighered.com
4. *Introduction to the Auditory System*. (2005) Livonia: International Hearing Society
5. *Masking: Practical Applications of Masking Principles and Procedures* (3rd ed.) (1999) Livonia: International Hearing Society
6. *Outcome Measures & Troubleshooting*. (2003) Livonia: International Hearing Society
7. *Altering Behaviors: A Powerful Approach to Aural Rehabilitation*. (2004). Livonia: International Hearing Society
8. *Audioprosthology: Hearing Instrument Selection, Fitting, and Verification*. (2008) Livonia: International Hearing Society
9. *Digital Signal Processing for Hearing Aids*. (2006) Livonia: International Hearing Society
10. *Applied Hearing Aid Marketing*. (1992). Livonia: International Hearing Society
11. *Infection Control in the Audiology Clinic* (2nd edition). Bankaitis, A.U and Robert Kemp. (2005) Missouri: Oaktree Products
Purchase online at www.oaktreeproducts.com
12. *The Comprehensive Dictionary of Audiology*: Illustrated by Brad A. Stach, PhD
IHS textbooks are available for purchase at www.ihinfo.org

- **Where does the candidate take the new computer-based test?**

Kryterion, our test delivery provider, has a worldwide network of testing centers throughout the United States and Canada making it simple for test-takers to find a center near them. Testing centers: are monitored by certified proctors who are trained to monitor testing sessions with the highest level of attention to detail, utilize a multi-step authentication and validation process, and are equipped with professional testing rooms and designated sign-in areas. This freedom allows the

candidate to schedule to take the exam when and where it is convenient for him/her. For testing center locations, visit www.kryteriononline.com

- **Can our office be a testing center?**

To become a testing center, visit www.kryteriononline.com

- **What is the name of the computer-based testing tool?**

Webassessor is an online secured testing tool that allows IHS to create tests, manage Test-taker accounts, deliver online tests, and run robust reports in a highly secure and convenient environment.

- **Will the paper & pencil exam go away entirely or will we still be able to administer the exam as we currently do?**

IHS will continue to provide the paper & pencil version of the exam while simultaneously transitioning to the computer-based version of the exam. Eventually the paper & pencil exam will be eliminated from use.

- **What is the cost of the new computer-based exam?**

The price of the examination is \$225.00 USD. IHS will collect payment directly from the test-taker. The fee will be collected when an eligible test candidate schedules his/her exam using our online testing system. Licensing bodies will no longer be invoiced for the examinations. This will eliminate financial transactions between the licensing body and the International Hearing Society. In addition, the licensing body may or may not change any fees it collects directly from the candidate.

- **What is the cut-off date for the paper & pencil exam?**

We have not determined a cut-off date for the paper & pencil exam. This will be based on the ability to transition each licensing body, one-by-one to the computer testing delivery format.

- **What should our licensing board members be doing now?**

At this time, licensing bodies should be reviewing and changing administrative rules, if required. *IHS strongly suggests that your licensing body adopt IHS' recommended passing score (raw cut score) for this new examination.*

Many licensing boards currently require applicants to achieve a "passing score on the national exam". We recommend that all licensing bodies adopt such language to prevent the need to open regulations and/or statutes in the future to reflect subsequent changes in the examination process, and review related laws and rules to determine other necessary updates.

- **How do I order paper-and-pencil exams?**

1. *At least fourteen (14) days in advance* of the testing date, the licensing body administrator requests/orders exams from IHS.
2. Exam orders are accepted by phone or email to Carrie Pedersen (734) 522-7200 x 224 or via email cpedersen@ihsinfo.org
3. IHS accepts the exam order with the following required information:
 - # of beta exams (paper-and-pencil beta exam booklets)
 - Test date

- Email address for order acknowledgement
- Mailing address to ship the exam order to

4. *One (1) week before the test date, IHS ships the "Beta Exam Package" to the licensing body administrator/proctor and sends an email message to the administrator with the UPS tracking number, # of exam booklets and other important details.*

• **Which licensing bodies are currently using the IHS written licensing assessment?**

U. S. States:

1. Alabama*
2. Arizona
3. Arkansas
4. Connecticut
5. Delaware
6. Florida
7. Georgia
8. Hawaii
9. Idaho*
10. Illinois*
11. Indiana
12. Iowa
13. Kentucky
14. Louisiana
15. Maine*
16. Maryland
17. Massachusetts
18. Minnesota
19. Mississippi
20. Missouri
21. Montana*
22. Nebraska
23. Nevada*
24. New Hampshire*
25. New Jersey

26. New Mexico*
27. North Dakota
28. Ohio
29. Oklahoma
30. Oregon
31. Rhode Island
32. South Carolina*
33. South Dakota
34. Tennessee
35. Texas
36. Utah*
37. Virginia
38. Washington
39. Wyoming*

Canadian Provinces:

1. British Columbia – Canada
2. Manitoba – Canada
3. Nova Scotia – Canada
4. Ontario – Canada

*IHS practical exam

SCORE REPORTING FAQs

IHS Score Report - Sample

IHS International Hearing Society
16880 Middlebelt Rd., Ste. 4 • Livonia, MI 48154
p 734.522.7200 • f 734.522.0200
www.ihinfo.org

International Licensing Examination for Hearing Healthcare Professionals

SCORE REPORT

CANDIDATE INFORMATION

Candidate Information →

Name: Smith, John
Company: Hearing Aids 4 U
Address: 1234 Fellowship Road
Suite A
Royal Oak, Michigan 48073
Email: Smithhear@aol.com
Phone: (248) 236-3366
Test-Taker ID: 124003
Last 4-Digit #: 0352

EXAMINATION INFORMATION ←

Exam Information

Examination Name: International Licensing Examination for Hearing Healthcare Professionals
Examination Form: TF000002
Standards Set on: November 26, 2012
Test Date: 9/12/2012
Test Location: Michigan

CANDIDATE OVERALL PERFORMANCE	
IHS Recommended Passing Score:	54
IHS Recommended Passing % Score:	67.5%
Candidate Score:	52
Candidate % Score:	65.0%

Result → Ex. 52 / 80 = 65%

Important Information →

Based on the overall performance score, IHS recommends **Fail** ←

The International Hearing Society (IHS) recommends reporting only pass/fail decisions based on overall exam performance. In order to prevent confusion regarding passing, IHS recommends that licensing boards only report pass/fail decisions to candidates (as opposed to raw scores or percent correct scores). All inquiries regarding the status or results of this examination should be directed to the state/provincial licensing office, not to the International Hearing Society.

Report generated on 12/4/2012

© IHS

- **How will IHS provide results of the exam?**

IHS will provide the licensing body with a score report for each test-taker indicating his/her performance on the examination and IHS' recommended passing score (raw cut score). *IHS strongly suggests that your licensing body adopt IHS' recommended passing score for this new examination.*

- **What is a score report?**

A confidential report provided by IHS to the licensing body containing information that documents the candidate's test performance and recommended result.

- **Is the score report secure?**

IHS protects the score report document with a password that is only given to the licensing body administrator.

- **Who decides if a candidate passed the exam?**

It is up to the state/provincial licensing body to determine if the test-taker passed or failed the written examination. *IHS strongly suggests that your licensing body adopt IHS' recommended passing score (raw cut score) for this new examination.*

- **How should the licensing body make a pass/fail decision?**

The "International Licensing Examination for Hearing Healthcare Professionals" was developed to make pass/fail decisions based on overall examination performance. IHS does not support pass/fail decisions based on section level performance.

This examination was developed to aid in licensure decisions for hearing healthcare professionals (e.g., competent or not competent as determined by pass/fail decision). The test was designed based on input from a formal job analysis study and survey of professionals in the field. The test content is organized into several sections (i.e., areas relevant for safe and effective practice). However, in order to balance accurate pass/fail decisions and reasonable test lengths, the test was not designed to provide diagnostic information at the section level as any performance measures reported at this level would be considered unreliable.

IHS strongly suggests that your licensing body adopt IHS' recommended passing score for this new examination.

- **What is IHS' recommended passing score?**

The International Hearing Society (IHS) recommends pass/fail decisions based on overall exam performance.

**IHS' recommended passing raw cut score is 54.
IHS' recommended passing percentage score is 67.5%.**

IHS and the licensing boards understand that the raw cut score can vary from form to form although the performance standard associated with the raw cut score remains constant. *IHS recommends that the licensing body simply report the candidate's result – either "pass" or "fail". In order to prevent confusion regarding passing scores when candidates take the test multiple times (using different forms), IHS recommends that licensing boards only report pass/fail decisions to candidates (as opposed to raw scores or percent correct scores).*

- **What is a cut score?**

The minimum score required to pass the test. A cut score can be expressed as a raw score, a percent score, or a scaled score. IHS used a modified Angoff standard setting study to determine the appropriate cut score for this first operational form. Cut scores for subsequent forms will be determined via a statistical equating process.

- **How was the passing score determined?**

The IHS recommended passing score was obtained through a systematic standard setting study. Standard setting is the process of defining the performance expectations of the minimally qualified candidate and translating that performance expectation into a passing score. IHS chose to use the yes/no variation of the Angoff standard setting method for this study. This methodology is widely accepted and has been well documented and researched within the testing industry; it is commonly used for determining passing scores for licensure programs.

The standard setting study was conducted with the input of an independent panel consisting of experienced, licensed Hearing Aid Specialists. The study was facilitated by an independent third party testing organization that has extensive experience with the methodology.

Ultimately, it is the responsibility of the licensing body to determine if a candidate has demonstrated sufficient competency to be eligible for a license. **Licensing bodies who apply passing scores different from those recommended by IHS will be responsible for the justification and defensibility of the decisions made using those passing scores.**

For more information on the standard setting methodology, refer to:

Impara, J. C., & Plake, B. S. (1997). An alternative approach to standard setting. *Journal of Educational Measurement, 34(4)*, 355-368.

Plake, B. S., & Cizek, G. J. (2011). Variations on a theme: The modified Angoff, extended Angoff, and yes/no standard setting methods. In G. J. Cizek (Ed.), *Setting Performance Standards: Foundations, Methods, and Innovations* (2nd ed., New York, NY: Routledge.

- **How many points were possible on this exam form?**

After initial analysis and review of the beta test results, a set of (80) test items was chosen to constitute the operational test form (as opposed to the original target of 90 items). The IHS recommended passing score is on a raw score (i.e., number correct) scale. The total possible is 80.

- **What information is on the score report?**

IHS will provide each licensing body with a score report that lists each candidate in the licensing board's jurisdiction who took the test, the candidate's overall raw score and the candidate's overall percentage score.

If the candidate score is at or above the cut score, the candidate passes the test. If the candidate score is below the cut score, the candidate fails the test. The licensing board is responsible for determining the pass/fail status of the candidate and for communicating the candidate's results.

IHS and the licensing boards understand that the raw cut score can vary from form to form although the performance standard associated with the raw cut score remains constant.

- **What is a candidate score?**

The score achieved by a candidate. Candidate scores are expressed as a raw score and percent score on the IHS Score Report.

The candidate score should be used to determine if the candidate passes or fails the test. According to IHS, if a candidate score is at or above the cut score, the candidate passes the test. If a candidate score is below the cut score, the candidate fails the test according to IHS.

- **What should the licensing body report to the candidate?**

IHS recommends reporting only pass/fail decisions based on overall exam performance. The IHS recommended passing score is on a raw score (i.e., number correct) scale. As IHS creates new operational forms, they may not be exactly the same difficulty as the current test form. If the difficulty of the form changes, keeping the exact same passing score would not be appropriate. We can use statistical methods (i.e., equating) to identify a passing score on the new form that conveys the same level of expectations as the passing score on the previous form. Therefore, the actual passing score may change, but the meaning of the passing score (i.e., the level of knowledge and skills required for a passing score) would remain the same.

IHS recommends that the licensing body simply report the candidate's result – either “pass” or “fail”. *In order to prevent confusion regarding passing scores when candidates take the test multiple times (using different forms), IHS recommends that licensing boards only report pass/fail decisions to candidates (as opposed to raw scores or percent correct scores).*

All test-taker inquiries regarding the results of the examination should be handled through you, the state/provincial licensing office, not to the International Hearing Society.

- **How do I answer questions about the new examination or a candidate's results?**

Licensing body administrators should do their best to answer questions about the examination BEFORE referring the candidate to IHS. **The pass/fail decision is that of the licensing body, not IHS.** IHS is not permitted to share performance information with candidates.

- **How is this exam scored?**

This exam utilizes dichotomous scoring, meaning the answer selections are either right or wrong (0,1). In our research we found this scoring method to not only be the standard for healthcare exams but for competency exams as a whole. There is legal precedence with dichotomous scoring that provides peace-of-mind for licensing bodies working with the issue of professional competency.

Test-takers earn one (1) point for getting the question correct. He/she earns zero (0) points for getting the question incorrect (wrong). There are a few questions on the exam form that request the selection of two answers. The candidate must select two (both) answer options *correctly* to earn the 1 point for the question. Please refer to the sample test questions in the study guide. **Test-takers receive a score based upon their performance on the eighty (80) item operational form.**

- **What is the Operational Form?**

After initial analysis and review of the beta test results, a set of eighty (80) test items were chosen to constitute the operational test form (as opposed to the original target of 90 items). This decision was made in order to provide a content balance most in keeping with the intended test blueprint and to improve the internal consistency of the form. This smaller operational item set will allow for the pilot testing of additional items (thus increasing the pool of items for future forms) while ensuring appropriate content coverage and maintaining the accuracy of pass/fail decisions.

- **When were the standards set?**

The standards for exam were set on November 26, 2012.

- **Can a candidate appeal his/her score?**

Any candidate may appeal a pass/fail decision with the state or provincial licensing body. Various rules and fees may apply.

- **What do I say when a candidate asks, “Why did I fail the exam?”**

1. Explain how the exam is scored. Refer to page 5 above.
2. Explain to the candidate that he/she must improve his knowledge in the ten (10) competency areas in the exam blueprint. Refer the candidate to the Study Guide.
 - a. First, point out the competency model, and the “% of Total Exam”. This is an indicator of what material is most important, and bears the most weight on the exam.
 - b. Focus on the recommended reference material. Suggest that the candidate purchase IHS' Distance Learning for Professionals in Hearing Health Sciences course – the whole course package. It is a self-paced, independent, entry-level self-study course. It is specifically designed as an introductory course to the profession. It is the BEST information for candidates to study and prepare for the licensing examination. Suggest that the candidate read each book cover to cover.
(If you are not familiar with IHS' Distance Learning course, please learn more at www.ihsinfo.org or contact IHS directly.)
 - c. Highlight the sample test questions in the study guide.

As a reminder, IHS is not permitted to share performance information with candidates.

QUESTIONS REGARDING THE EXAMINATION SHOULD BE DIRECTED TO:

Joy Wilkins
Director of Professional Development
International Hearing Society
Phone: 734-522-7200 x 221
Email: jwilkins@ihinfo.org

Carrie Pedersen
Professional Development Administrator
International Hearing Society
Phone: 734-522-7200 x 224
Email: cpedersen@ihinfo.org



International Hearing Society

16880 Middlebelt Rd., Ste. 4 • Livonia, MI 48154
p 734.522.7200 • f 734.522.0200
www.ihinfo.org

PROCESS DESCRIPTION for the Computer-Based Examination International Licensing Examination for Hearing Healthcare Professionals

Revised 8/1/13

A. Licensing Board determines eligibility

State/Canadian Provincial licensing board determines Candidate's eligibility to take the International Licensing Examination for Hearing Healthcare Professionals ("Examination").

B. Licensing Board notifies IHS of eligible test Candidate

State/Canadian Provincial licensing board provides the eligible Candidate's ("Candidate") contact information to IHS. The administrator will submit the "IHS Candidate Roster" form (MS Excel®) to IHS as soon as a Candidate has completed the application/requirements to sit for the written Examination. The IHS Candidate Roster form is sent to IHS via email to exam@ihinfo.org.



IHS Candidate
Roster.xls

C. IHS notifies eligible test Candidate and provides Study Guide

IHS sends the Candidate an introduction email message with instructions to create an account and schedule his/her Examination using Webassessor®. The study guide is attached to the introduction email message.

www.webassessor.com/ih

Windows Internet Explorer window showing the website <https://st01.webassessor.com/home.do?page=PU>. The page displays the IHS logo and navigation links: SCHEDULE AN EXAM, ABOUT IHS, ABOUT EXAM, HOME. The main content area includes a WELCOME message, a login form with fields for Login and Password, and a "Getting Started" section with three numbered steps. The footer contains links for About Us, Disclaimer, Privacy Policy, and Acceptable Use, along with copyright information for KRYTERION, Inc. and KRYTERION, Limited.

* The board administrator should review the Study Guide for important testing details.

D. Candidate creates an account in Webassessor®

Candidate logs onto Webassessor.com/ihs to create a test-taker account.

The screenshot shows a web browser window titled "Create Test Taker Account - Windows Internet Explorer". The address bar shows a URL starting with "https://localhost/". A "Certificate Error" message is displayed in the address bar. The page content includes the IHS logo, navigation links (home, login, forgot password, help, create new account), and a "CREATE TEST TAKER ACCOUNT" form. The form has two "Save" and "Cancel" buttons. The form fields are as follows:

- Login: *
- Password: *
Must be an email address or alphanumeric characters.
The password must be at least 8 characters long and contain at least one uppercase character, one lowercase character, one digit, and one special character @!#%.
- Re-Enter Password: *
- First Name: *
- Last Name: *
- Email Address: *
- Secret Word: *
- Primary Phone:
- Fax:
- Address Line 1: *
- Address Line 2:
- City: *
- Province/State: Select One *
- Postal Code: *
- Country: United States *
- Client Specific Fields:
 - 4-Digit Social #: *
 - Company Name: *
 - Which license/credential(s) do you hold in good standing?: --Select-- *
 - In what organizational setting(s) do you practice professional title/job role?: --Select-- *
 - What is the highest academic degree you have earned?: --Select-- *

Once the account is created, the Candidate will automatically receive a “Welcome to Webassessor” email message containing his/her personal login & password.

Note, the Candidate must wait 3 business days for IHS to verify their eligibility before he/she can schedule to take the Examination.

E. IHS verifies the test-taker

After a test-taker profile is created, IHS automatically receives an email notification to verify the test-taker account in Webassessor®. IHS verifies the test-taker is legitimately eligible to take the Examination.

The verification period is 3 business days (72 hours) from the time the test-taker creates his/her account in Webassessor®.

F. Candidate schedules the Examination

After IHS verifies the test-taker Candidate, *within approximately 72 hours from account creation*, the Candidate may log into his/her account in www.webassessor.com/ihs to schedule the Examination. The Candidate will select a testing center, and an Examination date and time. At check-out, the Candidate will pay for the Examination.

Select Testing Center - Windows Internet Explorer

https://localhost/form/shoppingCart.do

Logged in: Sample Tester
shopping cart | edit profile | change password | help | log out



SCHEDULE AN EXAM ABOUT IHS ILE HOME

SELECT TESTING CENTER

Choose options below to narrow down the list of testing centers displayed.

Country: Province/State: City: OR
Postal Code: Range:

Select the Testing Center where you wish to take the test.

AVAILABLE TESTING CENTERS

<input type="checkbox"/>	Testing Location Name	Address	City	Province/State	Country	Map	Important Location Information
<input type="checkbox"/>	CompUSA Chandler	860 North 54th Street	Chandler	Arizona	United States	Map	

[About Us](#) | [Disclaimer](#) | [Privacy Policy](#) | [Acceptable Use](#) © 2012 KRYTERION, Inc. and KRYTERION, Limited - All Rights Reserved. **KRYTERION™**

Date and Time Selection - Windows Internet Explorer

https://localhost/form/selectTestingCenters.do

Logged in: Sample Tester
shopping cart | edit profile | change password | help | log out



SCHEDULE AN EXAM ABOUT IHS ILE HOME

DATE AND TIME SELECTION

If you are unable to see an available day/time; it is likely there are none available at this location for the time period you are viewing. Please expand your view by selecting another month or adjust your mileage to view the next closest location's schedule. Thank you.

Select Testing Center

CompUSA Chandler
860 North 54th Street
Chandler, Arizona 85226

Select Date

May, 2012						
Today						
wk.	Sun	Mon	Tue	Wed	Thu	Fri
17			1	2	3	4
18	6	7	8	9	10	11
19	13	14	15	16	17	18
20	20	21	22	23	24	25
21	27	28	29	30	31	

Select date

Select Start Time

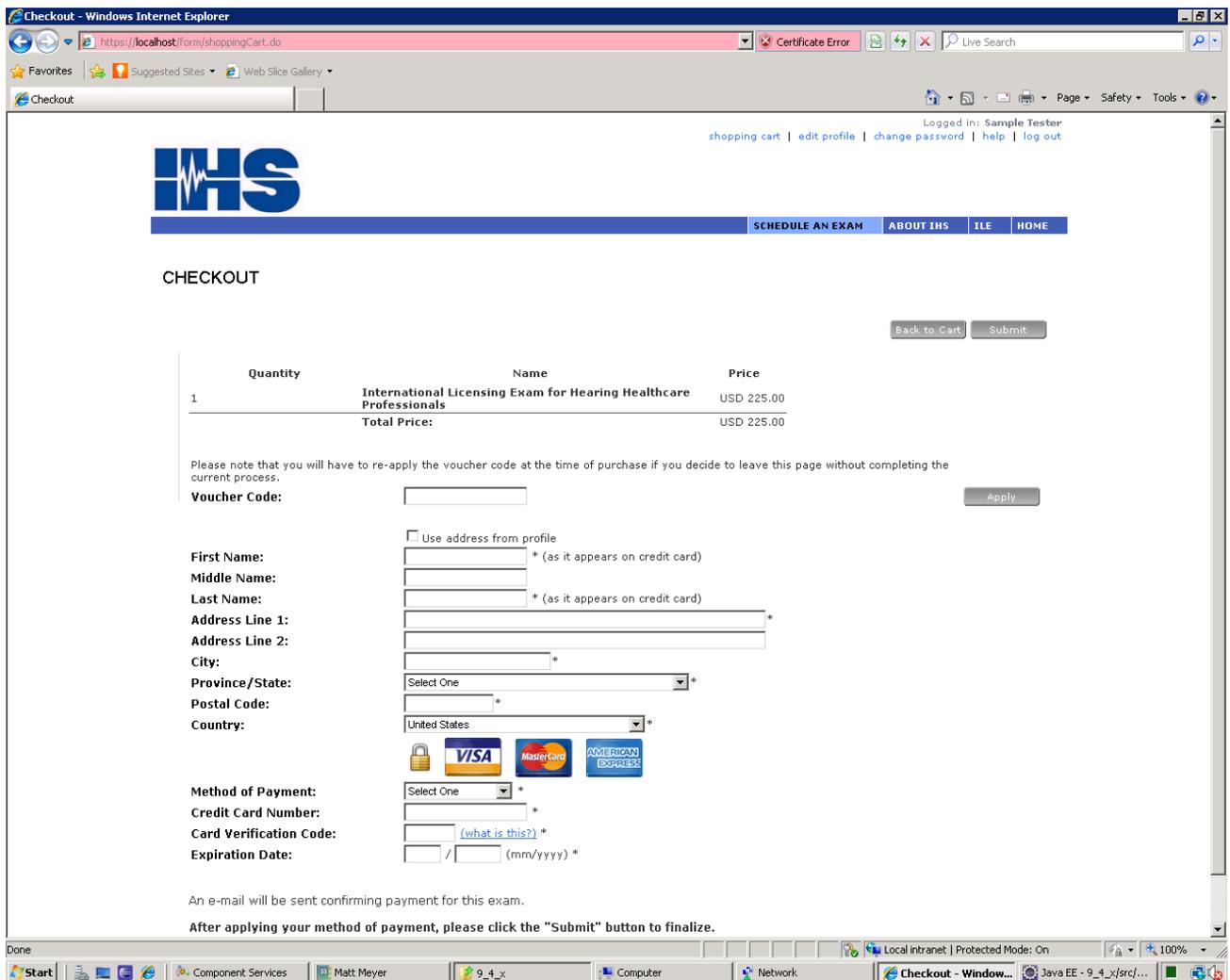
- 11:00 AM
- 11:15 AM
- 11:30 AM
- 11:45 AM
- 12:00 PM
- 12:15 PM
- 12:30 PM
- 12:45 PM
- 1:00 PM
- 1:15 PM
- 1:30 PM

Agreement

I acknowledge that I have read and understood all the information stated in the above text box and agree to abide by these terms and rules.

[About Us](#) | [Disclaimer](#) | [Privacy Policy](#) | [Acceptable Use](#) © 2012 KRYTERION, Inc. and KRYTERION, Limited - All Rights Reserved. **KRYTERION™**

At check-out, the Candidate will pay for the Examination. The fee for the Examination is \$225.00 per examination. This fee will be transferred directly to IHS. A Candidate is not scheduled to take the Examination until he/she checks out and pays.



The Candidate will receive a "Transaction" email message automatically from Webassessor® containing instructions regarding the Examination procedures at the testing center and his/her personal **Authorization Code**. Since the Candidate paid using Webassessor's® e-commerce system, the email message also includes transaction receipt.

In order to be admitted to the testing center, the Candidate **must** bring the following three (3) items with them to the testing center for their Examination appointment. There will be no exceptions.

1. **Photo identification;** and
 - *Acceptable photo identification:* A government-issued identification card or driver's license, passport, or military identification.

2. **Second form of identification**; and
 - *Acceptable second form of identification*: either a second form of government-issued identification, major credit card (i.e. Visa®, MasterCard®, or American Express®), check cashing card, or bank debit card.
3. **Authorization Code**.
 - This is the Authorization Code that the Candidate received in an email following the Webassessor® scheduling process.

*Please note that a Social Security Card is **not** an acceptable form of identification.*

The Candidate should arrive at the testing center up to 15 minutes early and provide the proctor at the testing center with his/her personal Authorization Code and his/her two (2) valid forms of identification.

G. Candidate takes the Examination

Candidate will take the Examination on their scheduled Examination date, time and preferred location. They must have their personal Authorization Code & two (2) forms of identification.

The Candidate should arrive at the testing center up to 15 minutes early. The Candidate will provide the proctor with his/her personal Authorization Code and two (2) forms of identification. One must be a government issued photo ID.

After the Candidate completes the Examination, he/she will receive a "Test Completion" email message automatically from Webassessor®. This message simply acknowledges the Examination was administered. Results are not provided to the Candidate.

H. IHS is notified of a completed Examination

IHS receives notification via email from Webassessor® that the Candidate has completed the Examination.

I. IHS retrieves the results from Webassessor®

IHS retrieves the Candidate's results from Webassessor® and prepares a Score Report.

J. IHS provides a Score Report to the Licensing Board

IHS notifies the licensing board of the Candidate's results by providing a password-protected Score Report to the administrator via email.

K. Licensing Board determines pass/fail

State/Provincial licensing board determines pass/fail score. The state/provincial licensing board notifies the Candidate of pass/fail determination.

DEFINITIONS

Agency: The State or Canadian Provincial licensing board is responsible for the licensure and regulation of hearing healthcare professionals in its jurisdiction. The Agency requires the use of an examination for the purpose of determining whether potential licensees have met minimal competency standards. Only the Agency has the authority to determine a candidate's eligibility to be licensed.

Candidate: Individuals that are deemed eligible by the Agency to take the *International Licensing Examination for Hearing Healthcare Professionals*.

Examination: *International Licensing Examination for Hearing Healthcare Professionals*. The International Hearing Society owns all proprietary rights and interests of the *International Licensing Examination for Hearing Healthcare Professionals* ("Examination"), including but not limited to copyright, trade secret, and/or patented information, as well as all Examination materials, including but not limited to, the Study Guide, the Examination, and the answer key to the Examination.

IHS Candidate Roster: Form that contains the eligible test-takers' contact information, that is sent by the Agency to IHS.

Introduction Email Message: This message is sent by IHS to the eligible candidate with instructions to create an account and schedule his/her Examination using Webassessor®. The study guide is attached to the introduction email message.

Score Report: Password-protected transmission of the Candidate's Examination results.

Study Guide: Informational brochure and governing document of Examination administration.

Verification Period: Candidate's test-taker account must be verified by IHS before the Candidate may schedule an Examination appointment. The verification period is approximately 3 business days (72 hours) from the time the Candidate creates his/her test-taker account in Webassessor®.

Webassessor™ – Online skill assessment software that is used for Examination administration.

QUESTIONS REGARDING THE EXAMINATION SHOULD BE DIRECTED TO:

Carrie Pedersen
Professional Development Administrator
International Hearing Society
Phone: 734-522-7200 x 224
Email: cpedersen@ihsinfo.org

Joy Wilkins
Director of Professional Development
International Hearing Society
Phone: 734-522-7200 x 221
Email: jwilkins@ihsinfo.org

Competency Model

for the

International Licensing Examination for Hearing Healthcare Professionals

% of Exam

Section 1		Observe proper sanitary procedures.	3.33%
Objective 1.1	Observe sanitation protocols to protect the patient/client and the practitioner.		
Objective 1.2	Observe protocols to clean and sanitize equipment and surfaces in the practice environment.		
Section 2		Perform hearing evaluation.	20.00%
Objective 2.1	Identify the patient's/client's needs.		
Objective 2.2	Perform a visual inspection of the patient's/client's ear(s) to identify contraindications for proceeding with the hearing evaluation.		
Objective 2.3	Perform tympanometry.		
Objective 2.4	Perform audiometric testing.		
Objective 2.5	Interpret evaluation results for the purpose of patient/client information, hearing instrument candidacy, referral, and/or communication with other healthcare professionals.		
Objective 2.6	Describe the anatomy and physiology of the human auditory system.		
Section 3		Select appropriate amplification for the patient/client.	12.22%
Objective 3.1	Identify limitations of the patient/client that impact the selection of style/type of amplification.		
Objective 3.2	Identify patient/client preferences for style/type of amplification.		
Objective 3.3	Identify electro-acoustic parameters for amplification.		
Objective 3.4	Identify patient/client lifestyle influences that impact selection of style/type of amplification.		
Objective 3.5	Recommend appropriate style/type of amplification to patient/client.		
Section 4		Perform accurate and safe earmold impressions.	13.33%
Objective 4.1	Perform visual inspection of the patient's/client's ear(s) for otoblock placement.		
Objective 4.2	Select and place appropriate otoblock in patient's/client's ear.		
Objective 4.3	Take appropriate impression for style/type of acoustic coupler or ear plug.		

Section 5		Fit and dispense hearing instruments.	13.33%
Objective 5.1	Perform physical and/or electronic check of hearing instrument to verify it is as ordered and operating correctly.		
Objective 5.2	Fit hearing instrument using computerized algorithms or other appropriate methods.		
Objective 5.3	Place hearing instrument in patient's/client's ear and verify fit.		
Objective 5.4	Modify hearing instrument and/or earmold for comfort and proper acoustic performance.		
Section 6		Perform validation and verification of hearing instrument fittings.	7.78%
Objective 6.1	Perform validation of patient's/client's aided performance.		
Objective 6.2	Perform verification of the fitting of the hearing instrument.		
Section 7		Provide counseling regarding living with hearing loss.	7.78%
Objective 7.1	Discuss appropriate expectations of amplification with patient/client and family members/care giver.		
Objective 7.2	Discuss use of hearing instrument with patient/client and family members/care givers.		
Objective 7.3	Discuss coping strategies with patient/client and family members/care givers.		
Section 8		Provide aural rehabilitation.	11.11%
Objective 8.1	Implement therapeutic adjustments.		
Objective 8.2	Discuss aural rehabilitation with patient/client.		
Objective 8.3	Discuss with family/care givers their role in aural rehabilitation.		
Objective 8.4	Discuss with patient/client environmental listening strategies.		
Objective 8.5	Educate the patient/client and family/care givers on use of assistive devices and accessories to complement the hearing instrument fitting.		
Objective 8.6	Recommend additional resources.		

Section 9		Provide post-fitting patient/client and hearing instrument care.	4.44%
Objective 9.1	Provide ongoing care for patient/client.		
Objective 9.2	Provide ongoing care and maintenance for hearing instruments.		
Section 10		Investigate patient's/client's perceived problems with hearing instruments and take appropriate action.	6.67%
Objective 10.1	Troubleshoot hearing instrument performance.		
Objective 10.2	Repair hearing instruments.		
Total			100.00%



SCORE REPORTING
for the
International Licensing Exam for Hearing Healthcare Professionals
 9/25/2013

IHS Score Report - Sample



International Hearing Society
 16880 Middlebelt Rd., Ste. 4 • Livonia, MI 48154
 p 734.522.7200 • f 734.522.0200
 www.ihinfo.org

International Licensing Examination for Hearing Healthcare Professionals

SAMPLE SCORE REPORT

CANDIDATE INFORMATION

Candidate Information →

Name: Smith, John
Company: Smith Hearing Service
Address: 1414 Twin Chapel Dr.
 Columbus, Georgia 41935
Email: smith@hearing.org

Test-Taker ID: «Test_Taker_Id»50 **Last 4-Digit #:** 0985«Last_4Digit_Social_»

EXAMINATION INFORMATION

Exam Information →

Examination Name: International Licensing Examination for Hearing Healthcare Professionals
Examination Form: TF000006
Standards Set on: February 27, 2013
Test Date: 1/25/2013 **Test Location:** Georgia

CANDIDATE OVERALL PERFORMANCE			
IHS Recommended Passing Score:	53	Candidate Score:	55
IHS Recommended Passing % Score:	66.3%	Candidate % Score:	68.75%

Result →

Based on the overall performance score, IHS recommends **Pass**

Important Information →

The International Hearing Society (IHS) recommends reporting only pass/fail decisions based on overall exam performance. In order to prevent confusion regarding passing, IHS recommends that licensing boards only report pass/fail decisions to candidates (as opposed to raw scores or percent correct scores). All inquiries regarding the status or results of this examination should be directed to the state/provincial licensing office, not to the International Hearing Society.

Report generated on 3/1/2013

© IHS 2013

FREQUENTLY ASKED QUESTIONS (FAQs)

- **What is the name of the new version of the licensing exam?**

The name is the "International Licensing Exam for Hearing Healthcare Professionals".

- **What is the "The International Licensing Examination for Hearing Healthcare Professionals"?**

The "The International Licensing Examination for Hearing Healthcare Professionals" is a proprietary exam which is owned and copyrighted by the International Hearing Society.

This examination is intended to provide one of many tools needed in a licensing process. It assists the state/provincial licensing body in their responsibility to identify entry-level professionals whose knowledge and clinical skills meet or exceed basic expected professional standards.

The International Hearing Society (IHS) subscribes to all US, Canadian and other international laws regarding testing policies, standards, and practices; including candidate rights to fair-testing, information accuracy and privacy, and the right-to-know and the right-to-appeal a pass/fail decision.

- **How does this test compare to previous versions of the test?**

Scores from the current test administration are not directly comparable to scores from previous versions of the test. IHS conducted a formal job analysis study and survey of professionals in the field in late 2010 in order to determine the knowledge, skills, and abilities currently required for safe and effective entry-level practice as a hearing healthcare professional. The current test is based on the results of these studies and reflects new skills and a different content balance than was contained in previous versions of the test (which was based on a job analysis study conducted in 1996). Because the content of the new and old versions of the test differs, the scores are not directly comparable. The content and difficulty of the new test, along with the definition of the minimally qualified candidate, were explicitly considered when determining the passing score of the new version of the test. IHS believes this passing score is rigorous and challenging and appropriately reflects the knowledge and skills required for licensure as a Hearing Aid Specialist.

- **What is the test form name?**

The current test form is TF000006.

- **When were the standards set for test form TF000006?**

The standards for exam form TF000006 were set on February 27, 2013. In the fall of 2012, the International Hearing Society (IHS) delivered a new licensing examination (TF000002) and recommended a cut score of 54 (67.5%). Beginning January 1, 2013, IHS began delivering an updated test form, TF000006. Form TF000006 is nearly the same as the 2012 beta test form (TF000002), with the exception of the replacement of two (2) items. The replacement of these items resulted in a marginal increase in the difficulty of the test.

Therefore, **IHS recommends a cut score of 53 (66.25%) for examinees taking test form TF000006.** This passing score was calculated using statistical methods (i.e., equating) to identify a passing score on the new form that conveys the same level of expectations as the passing score on the previous form. This adjustment helps ensure fairness in passing decisions across test forms.

IHS continues to recommend reporting only pass/fail decisions based on overall exam performance. The IHS recommended passing score is on a raw score (i.e., number correct) scale. As IHS creates new operational forms as part of ongoing test maintenance, the new forms may not be of exactly the same difficulty as the previous test forms. If the difficulty of the form changes, keeping the exact same passing score would not be appropriate. Therefore, the actual passing score may change, but the meaning of the passing score (i.e., the level of knowledge and skills required for a passing score) would remain the same.

In order to prevent confusion regarding passing scores when candidates take the test multiple times (using different forms), IHS recommends that licensing boards only report pass/fail decisions to candidates (as opposed to raw scores or percent correct scores).

- **How will IHS provide results of the exam?**
IHS will provide the licensing body with a score report for each test-taker indicating his/her performance on the examination and IHS' recommended passing score (raw cut score). *IHS strongly suggests that your licensing body adopt IHS' recommended passing score for this new examination.*
- **What is a score report?**
A confidential report provided by IHS to the licensing body containing information that documents the candidate's test performance and recommended result.
- **Is the score report secure?**
IHS protects the score report document with a password that is only given to the licensing body administrator.
- **Who decides if a candidate passed the exam?**
It is up to the state/provincial licensing body to determine if the test-taker passed or failed the written examination. *IHS strongly suggests that your licensing body adopt IHS' recommended passing score (raw cut score) for this new examination.*
- **How should the licensing body make a pass/fail decision?**
The "International Licensing Examination for Hearing Healthcare Professionals" was developed to make pass/fail decisions based on overall examination performance. IHS does not support pass/fail decisions based on section level performance.

This examination was developed to aid in licensure decisions for hearing healthcare professionals (e.g., competent or not competent as determined by pass/fail decision). The test was designed based on input from a formal job analysis study and survey of professionals in the field. The test content is organized into several sections (i.e., areas relevant for safe and effective practice). However, in order to balance accurate pass/fail decisions and reasonable test lengths, the test was not

designed to provide diagnostic information at the section level as any performance measures reported at this level would be considered unreliable.

IHS strongly suggests that your licensing body adopt IHS' recommended passing score for this new examination.

- **What is IHS' recommended passing score?**

The International Hearing Society (IHS) recommends pass/fail decisions based on overall exam performance.

IHS' recommended passing raw cut score is 53.
IHS' recommended passing percentage score is 66.25%.

IHS and the licensing boards understand that the raw cut score can vary from form to form although the performance standard associated with the raw cut score remains constant. *IHS recommends that the licensing body simply report the candidate's result – either "pass" or "fail". In order to prevent confusion regarding passing scores when candidates take the test multiple times (using different forms), IHS recommends that licensing boards only report pass/fail decisions to candidates (as opposed to raw scores or percent correct scores).*

- **What is a cut score?**

The minimum score required to pass the test. A cut score can be expressed as a raw score, a percent score, or a scaled score. IHS used a modified Angoff standard setting study to determine the appropriate cut score for this first operational form. Cut scores for subsequent forms will be determined via a statistical equating process.

- **How was the passing score determined?**

The IHS recommended passing score was obtained through a systematic standard setting study. Standard setting is the process of defining the performance expectations of the minimally qualified candidate and translating that performance expectation into a passing score. IHS chose to use the yes/no variation of the Angoff standard setting method for this study. This methodology is widely accepted and has been well documented and researched within the testing industry; it is commonly used for determining passing scores for licensure programs.

The standard setting study was conducted with the input of an independent panel consisting of experienced, licensed Hearing Aid Specialists. The study was facilitated by an independent third party testing organization that has extensive experience with the methodology.

Ultimately, it is the responsibility of the licensing body to determine if a candidate has demonstrated sufficient competency to be eligible for a license. **Licensing bodies who apply passing scores different from those recommended by IHS will be responsible for the justification and defensibility of the decisions made using those passing scores.**

For more information on the standard setting methodology, refer to:

Impara, J. C., & Plake, B. S. (1997). An alternative approach to standard setting. *Journal of Educational Measurement, 34(4)*, 355-368.

Plake, B. S., & Cizek, G. J. (2011). Variations on a theme: The modified Angoff, extended Angoff, and yes/no standard setting methods. In G. J. Cizek (Ed.), *Setting Performance Standards: Foundations, Methods, and Innovations* (2nd ed., New York, NY: Routledge.

- **How many points were possible on this exam form?**

After initial analysis and review of the beta test results, a set of (80) test items was chosen to constitute the operational test form (as opposed to the original target of 90 items). The IHS recommended passing score is on a raw score (i.e., number correct) scale. The total possible is 80.

- **What information is on the score report?**

IHS will provide each licensing body with a score report that lists each candidate in the licensing board's jurisdiction who took the test, the candidate's overall raw score and the candidate's overall percentage score.

If the candidate score is at or above the cut score, the candidate passes the test. If the candidate score is below the cut score, the candidate fails the test. The licensing board is responsible for determining the pass/fail status of the candidate and for communicating the candidate's results.

IHS and the licensing boards understand that the raw cut score can vary from form to form although the performance standard associated with the raw cut score remains constant.

- **What is a candidate score?**

The score achieved by a candidate. Candidate scores are expressed as a raw score and percent score on the IHS Score Report.

The candidate score should be used to determine if the candidate passes or fails the test. According to IHS, if a candidate score is at or above the cut score, the candidate passes the test. If a candidate score is below the cut score, the candidate fails the test according to IHS.

- **What should the licensing body report to the candidate?**

IHS recommends reporting only pass/fail decisions based on overall exam performance. The IHS recommended passing score is on a raw score (i.e., number correct) scale. As IHS creates new operational forms, they may not be exactly the same difficulty as the current test form. If the difficulty of the form changes, keeping the exact same passing score would not be appropriate. We can use statistical methods (i.e., equating) to identify a passing score on the new form that conveys the same level of expectations as the passing score on the previous form. Therefore, the actual passing score may change, but the meaning of the passing score (i.e., the level of knowledge and skills required for a passing score) would remain the same.

IHS recommends that the licensing body simply report the candidate's result – either "pass" or "fail". In order to prevent confusion regarding passing scores when

candidates take the test multiple times (using different forms), IHS recommends that licensing boards only report pass/fail decisions to candidates (as opposed to raw scores or percent correct scores).

All test-taker inquiries regarding the results of the examination should be handled through you, the state/provincial licensing office, not to the International Hearing Society.

- **How do I answer questions about the new examination or a candidate's results?**

Licensing body administrators should do their best to answer questions about the examination BEFORE referring the candidate to IHS. **The pass/fail decision is that of the licensing body, not IHS.** IHS is not permitted to share performance information with candidates.

- **How is this exam scored?**

This exam utilizes dichotomous scoring, meaning the answer selections are either right or wrong (1,0). In our research we found this scoring method to not only be the standard for healthcare exams but for competency exams as a whole. There is legal precedence with dichotomous scoring that provides peace-of-mind for licensing bodies working with the issue of professional competency.

Test-takers earn one (1) point for getting the question correct. He/she earns zero (0) points for getting the question incorrect (wrong). There are a few questions on the exam form that request the selection of two answers. The candidate must select two (both) answer options *correctly* to earn the 1 point for the question. Please refer to the sample test questions in the study guide. **Test-takers receive a score based upon their performance on the eighty (80) item operational form.**

- **Can a candidate appeal his/her score?**

There is no appeal process through IHS for challenging individual Examination questions or results. However, in some jurisdictions, Candidates may be able to request a score verification for a fee of \$150.00 per Examination.

Should Candidates have any questions regarding their local licensing board's policies or procedures, as it relates to score verifications or other matters, Candidates are advised to contact their licensing board.

- **How was this exam developed?**

This examination was developed by practicing professionals in the field of hearing instrument sciences. These individuals volunteered their time and expertise to this project under the guidance of a test development and psychometric services company.

During the development stages of this examination, a job-analysis survey was distributed to hearing aid dispensing professionals. From the survey data, a competency model was developed.

The "International Licensing Examination for Hearing Healthcare Professionals" consists of multiple-choice items. Questions from each competency area are included on the examination form. This requires candidates to answer questions from

each of the competency areas. Please refer to the IHS competency model in the study guide.

- **What topics does this exam cover?**

This assessment is based on the new competency model (Exam Blueprint). The competency model identifies the competencies against which the candidate will be measured. It also indicates the weight (%) of each competency or group of competencies. The new competency model is located in the IHS study guide.

- **What textbooks and reference materials are recommended for the new assessment?**

1. IHS' Distance Learning for Professionals in Hearing Health Sciences self-study course (workbook 5th ed.)
2. Hearing Instrument Science & Fitting Practices. (2nd ed.) Livonia: International Hearing Society (1996)
3. *Introduction to Audiology* (11th ed). Martin, Frederick and John Clark. (2011). New York: Allyn & Bacon
Purchase online at www.pearsonhighered.com
4. *Introduction to the Auditory System*. (2005) Livonia: International Hearing Society
5. *Masking: Practical Applications of Masking Principles and Procedures* (3rd ed.) (1999) Livonia: International Hearing Society
6. *Outcome Measures & Troubleshooting*. (2003) Livonia: International Hearing Society
7. *Altering Behaviors: A Powerful Approach to Aural Rehabilitation*. (2004). Livonia: International Hearing Society
8. *Audioprostology: Hearing Instrument Selection, Fitting, and Verification*. (2008) Livonia: International Hearing Society
9. *Digital Signal Processing for Hearing Aids*. (2006) Livonia: International Hearing Society
10. *Infection Control in the Audiology Clinic* (2nd edition). Bankaitis, A.U and Robert Kemp. (2005) Missouri: Oaktree Products
Purchase online at www.oaktreeproducts.com
11. *The Comprehensive Dictionary of Audiology*: Illustrated by Brad A. Stach, PhD
IHS textbooks are available for purchase at www.ihsinfo.org

- **Where does the candidate take the new computer-based test?**

Kryterion, our test delivery provider, has a worldwide network of testing centers throughout the United States and Canada making it simple for test-takers to find a center near them. Testing centers: are monitored by certified proctors who are trained to monitor testing sessions with the highest level of attention to detail, utilize a multi-step authentication and validation process, and are equipped with professional testing rooms and designated sign-in areas. This freedom allows the candidate to schedule to take the exam when and where it is convenient for him/her. For testing center locations, visit www.kryteriononline.com

- **Can our office be a testing center?**

To become a testing center, visit www.kryteriononline.com

- **What is the name of the computer-based testing tool?**

Webassessor is an online secured testing tool that allows IHS to create tests, manage Test-taker accounts, deliver online tests, and run robust reports in a highly secure and convenient environment.

- **What is the cost of the new computer-based exam?**

The price of the examination is \$225.00 USD. IHS will collect payment directly from the test-taker. The fee will be collected when an eligible test candidate schedules his/her exam using our online testing system. Licensing bodies will no longer be invoiced for the examinations. This will eliminate financial transactions between the licensing body and the International Hearing Society. In addition, the licensing body may or may not change any fees it collects directly from the candidate.

- **What should our licensing board members be doing now?**

At this time, licensing bodies should be reviewing and changing administrative rules, if required. *IHS strongly suggests that your licensing body adopt IHS' recommended passing score (raw cut score) for this new examination.*

Many licensing boards currently require applicants to achieve a "passing score on the national exam". We recommend that all licensing bodies adopt such language to prevent the need to open regulations and/or statutes in the future to reflect subsequent changes in the examination process, and review related laws and rules to determine other necessary updates.

- **What do I say when a candidate asks, "Why did I fail the exam?"**

1. Explain how the exam is scored. Refer to page 6 above.
2. Explain to the candidate that he/she must improve his knowledge in the ten (10) competency areas in the exam blueprint. Refer the candidate to the Study Guide.
 - a. First, point out the competency model, and the "% of Total Exam". This is an indicator of what material is most important, and bears the most weight on the exam.
 - b. Focus on the recommended reference material. Suggest that the candidate purchase IHS' Distance Learning for Professionals in Hearing Health Sciences course – the whole course package. It is a self-paced, independent, entry-level self-study course. It is specifically designed as an introductory course to the profession. It is the BEST information for candidates to study and prepare for the licensing examination. Suggest that the candidate read each book cover to cover.
(If you are not familiar with IHS' Distance Learning course, please learn more at www.ihinfo.org or contact IHS directly.)
 - c. Highlight the sample test questions in the study guide.

As a reminder, IHS is not permitted to share performance information with candidates.

QUESTIONS REGARDING THE EXAMINATION SHOULD BE DIRECTED TO:

Joy Wilkins
Director of Professional Development
International Hearing Society
Phone: 734-522-7200 x 221
Email: jwilkins@ihinfo.org

Carrie Pedersen
Professional Development Administrator
International Hearing Society
Phone: 734-522-7200 x 224
Email: cpedersen@ihinfo.org



**RECOMMENDATIONS TO LICENSING BODIES ON THE APPROPRIATE USE OF RESULTS
of the
International Licensing Examination for Hearing Healthcare Professionals**
Updated 8/1/2013

***** IMPORTANT *****

IHS strongly suggests that your licensing body adopt the IHS recommended passing score for this new examination and for all exam forms going forward.

IHS' Recommended Passing Score is 53 (66.25%)

In the fall of 2012, the International Hearing Society (IHS) delivered a new licensing examination (TF000002) and recommended a cut score of 54 (67.5%). Beginning January 1, 2013, IHS began delivering an updated test form, TF000006. Form TF000006 is nearly the same as the 2012 beta test form (TF000002), with the exception of the replacement of two (2) scored items. The replacement of these items resulted in a marginal increase in the difficulty of the test. The standards for TF000006 were set on February 27, 2013.

Therefore, **IHS recommends a cut score of 53 (66.25%) for examinees taking test form TF000006.** This passing score was calculated using statistical methods (i.e., equating) to identify a passing score on the new form that conveys the same level of expectations as the passing score on the previous form. This adjustment helps ensure fairness in passing decisions across test forms.

IHS continues to recommend reporting only pass/fail decisions based on overall exam performance. The IHS recommended passing score is on a raw score (i.e., number correct) scale. As IHS creates new operational forms as part of ongoing test maintenance, the new forms may not be of exactly the same difficulty as the previous test forms. If the difficulty of the form changes, keeping the exact same passing score would not be appropriate. Therefore, the actual passing score may change, but the meaning of the passing score (i.e., the level of knowledge and skills required for a passing score) would remain the same.

In order to prevent confusion regarding passing scores when candidates take the test multiple times (using different forms), IHS recommends that licensing boards only report pass/fail decisions to candidates (as opposed to raw scores or percent correct scores).

IHS does not provide section level results on the assessment.

The “International Licensing Examination for Hearing Healthcare Professionals” was developed to aid in licensure decisions for hearing healthcare professionals (e.g., competent or not competent as determined by pass/fail decision). The test was designed based on input from a formal job analysis study and survey of professionals in the field. The test content is organized into several sections (i.e., areas relevant for safe and effective practice). However, in order to balance accurate pass/fail decisions and reasonable test lengths, the test was not designed to provide diagnostic information at the section level as any performance measures reported at this level would be considered unreliable.

IHS recommends reporting only pass/fail decisions based on overall exam performance.

The IHS recommended passing score is on a raw score (i.e., number correct) scale. As IHS creates new operational forms, they may not be exactly the same difficulty as the current test form. If the difficulty of the form changes, keeping the exact same passing score would not be appropriate. We can use statistical methods (i.e., equating) to identify a passing score on the new form that conveys the same level of expectations as the passing score on the previous form. Therefore, the actual passing score may change, but the *meaning of the passing score* (i.e., the level of knowledge and skills required for a passing score) would remain the same. *In order to prevent confusion regarding passing scores when candidates take the test multiple times (using different forms), IHS recommends that licensing boards only report pass/fail decisions to candidates (as opposed to raw scores or percent correct scores).*

Scores from the current test administration are not directly comparable to scores from previous versions of the test

IHS conducted a formal job analysis study and survey of professionals in the field in late 2010 in order to determine the knowledge, skills, and abilities currently required for safe and effective entry-level practice as a Hearing Aid Specialist. The current test is based on the results of these studies and reflects new skills and a different content balance than was contained in previous versions of the test (which was based on a job analysis study conducted in 1996). Because the content of the new and old versions of the test differs, the scores are not directly comparable. The content and difficulty of the new test, along with the definition of the minimally qualified candidate, were explicitly considered when determining the passing score of the new version of the test (see discussion above). IHS believes this passing score is rigorous and challenging and appropriately reflects the knowledge and skills required for licensure as a Hearing Aid Specialist.

Do not disseminate the score report to candidates.

The IHS score report is provided to the licensing body. This report should not be distributed to test candidates.

References:

Foley, B. P. (2012). *Standard setting report for the International Hearing Society International Instrument Dispensers Licensing Exam*. Orem, UT: Alpine Testing Solutions.

Gulliksen, H. (1950). *Theory of mental tests*. New York: Wiley.

Kolen, M. J. (1995) *CIPE: Common Item Program for Equating (CIPE) (version 1.1)* [computer software]. University of Iowa: Center for Advanced Studies in Measurement and Assessment (CASMA).

Kolen, M. J., & Brennan, R. L. (2004). *Test equating, scaling, and linking: Methods and practices* (2nd ed.). New York: Springer.

Instructions for Completing the IHS Candidate Roster

The following are a few tips for successfully completing the IHS Candidate Roster electronically.

1. Create a new excel file for each Roster you submit to IHS. Rename the file with the state/Canadian province and the date you are submitting. Use this format: Ex. "Idaho 5-09-2013" (This example shows the state of Idaho is submitting a roster on May 9, 2013).

2. Fill out information in each column and field. *Required fields are marked with an asterick (*).*

"Re-Take" mark an "X" if the Candidate is re-taking the Examination.

"First Name, MI, Last Name"* is the formal name of the eligible Examination Candidate. Middle Initial (MI) is not required.

"Email Address"* is a required field.

"Address Line 1"* is a required field.

"Address Line 2" is optional. If a second address line is not necessary, leave this field blank.

"City, State/Province, Postal Code"* are all required fields. State/Province should be two (2) letter characters. Do not type the complete name of the state or Canadian province (for example "CA" for the state of California, or "ON" for Ontario).

"Phone Number"* is a required field (for example "(810) 245-6464").

"Country"* is a required field (for example "USA" or "Canada").

"Eligible Until Date" is not a required field. *But necessary* if your law states an eligibilty period or limited number of attempts to pass.

"Date of Birth" is optional (format as follows "3/18/1988").

"Last Four Digits of Social Number " is not required, but strongly preferred (format as follows "3048").

3. The Roster must contain the following data – First name, Last name, Email address, Address Line 1, City, State/Province, Postal code.

4. Send the completed Candidate Roster via email to exam@ihinfo.org.

International Hearing Society ■ 16880 Middlebelt Road, Suite 4 ■ Livonia, MI 48154
P 734.522.7200 ■ F 734.522.0200 ■ www.ihinfo.org

Study Guide

International Licensing
Examination
for
Hearing Healthcare
Professionals

Prepared by:



International Hearing Society



International
Hearing
Society

Dear Candidate,

Welcome to the hearing healthcare profession!

This purpose of this Study Guide is to help you prepare for the International Licensing Examination for Hearing Healthcare Professionals (the “Examination”). It contains important information related to the administration of the Examination. As you may know, the Examination is used for purposes of licensing and is administered by the International Hearing Society (IHS) on behalf of your state/provincial licensing board.

Please read the Study Guide carefully, and follow the instructions given. In addition to the pertinent information about before, during, and after the Examination, the Study Guide also provides you with a list of recommended reference materials and sample test questions that you may find useful for your studies.

To give you a brief overview, the Examination is comprised of one hundred and five (105) multiple-choice questions. Dichotomous scoring is used for grading the Examination, which means the answer options are either right or wrong. You will earn one (1) point for getting the question correct and you will earn zero (0) points for getting the question incorrect (wrong). Please note that there are a few questions on the exam that request selection of two (2) answers. You must select two (2) answer options correctly in order to earn (1) one point for that question. It is up to your local licensing board to determine whether you pass or fail the Examination, and not the International Hearing Society. For more information, please continue reading this Study Guide.

*Should you have any questions, please contact your licensing board or IHS.
We wish you the very best in your journey to become a hearing healthcare professional.*

*Sincerely,
International Hearing Society*

Table of Contents

Welcome Letter.....	2
Table of Contents.....	3
Introduction.....	4
About the International Hearing Society	
About the Study Guide	
About the International Licensing Examination for Hearing Healthcare Professionals	
Preparing for the Examination	
Examination Composition	
Before the Examination.....	7
Non-Discrimination	
Special Accommodations	
Creating a Test-Taker Account	
Scheduling an Examination Appointment	
Rescheduling an Appointment	
Cancellations	
No-Shows	
The Examination.....	9
Identification & Authorization Code	
Taking the Examination	
Examination Security	
After the Examination.....	12
Examination Scoring	
Results	
Re-Takes	
Score Verifications	
Recommended Reference Material.....	14
Competency Model.....	15
Sample Test Questions.....	18
How to Analyze and Correctly Answer Exam Questions	
Sample Test Questions	
Answer Key to the Sample Test Questions	
Frequently Asked Questions (FAQs).....	25

Introduction

About the International Hearing Society (IHS)

The International Hearing Society (IHS) is a membership association that represents hearing healthcare professionals worldwide. IHS members are engaged in the practice of testing human hearing and selecting, fitting and dispensing hearing instruments and counseling patients. Founded in 1951, the Society continues to recognize the need for promoting and maintaining the highest possible standards for its members in the best interests of the hearing impaired it serves.

International Hearing Society
16880 Middlebelt Road, Suite 4
Livonia, MI 48154
Phone 734.522.7200
Fax 734.522.0200
www.ihsinfo.org



Like us on Facebook@
[facebook.com/ihsinfo](https://www.facebook.com/ihsinfo)



Follow us on Twitter@
[@ihsinfo](https://twitter.com/ihsinfo)

About the Study Guide

The purpose of this study guide is to help you, the "Candidate", prepare for the *International Licensing Examination for Hearing Healthcare Professionals* ("Examination").¹ Use this opportunity to become familiar with some of the various question formats utilized on the Examination.

The study guide is not intended to represent the entire body of knowledge, nor does it present all possible types of questions and item-styles that may appear in the Examination. It is, however, a sample of typical items and item-styles used in the exam. Candidates are strongly advised to become familiar with these multiple-choice item-styles, and to use the guide to begin to learn how to handle this type of exam format.

This study guide does not provide the actual test questions contained in the Examination, but familiarizes you with the different question types and competency areas that will be tested. The questions are representative of the style and content of the questions used on the current *International Licensing Examination for Hearing Healthcare Professionals* and are based on the *2010 Competency Model of the International Hearing Society*.

¹ Please note: Use of this guide and/or the IHS *Distance Learning for Professionals in Hearing Health Sciences* course does not assure you a passing score on the Examination.

About the Licensing Examination

The *International Licensing Examination for Hearing Healthcare Professionals* is a proprietary Examination which is owned and copyrighted by the International Hearing Society.

This Examination is intended to provide one of many tools needed in a licensing process. It assists the state/provincial licensing board in their responsibility to identify entry-level professionals whose knowledge and clinical skills meet or exceed basic expected professional standards.

The Examination is practice-based, meaning that you will be expected to understand and apply, analyze and evaluate experiences in your everyday professional work.

You will be required to:

- Transfer knowledge
- Show comprehension of material and processes
- Demonstrate standard processes
- Explain concepts or ideas
- To determine an answer, you must be able to implement a process or steps of a process, make something function, or change a working system
- Critically think and demonstrate reasoning ability
- Integrate new or given information with known information or processes
- Make decisions or provide judgments

Each Examination question will provide a scenario or information to consider and apply knowledge of processes, relationships, etc., to solve a problem or devise a solution in the given situation. Examination questions are drawn from, and referenced to the recommended reference materials in this study guide.

Preparing for the Examination

In most jurisdictions, you will be expected to have a certain level of proficiency in order to pass a competency exam. It has been demonstrated that you can gain the necessary knowledge and experience to become a successful hearing aid specialist by participating in an active practice/clinic in conjunction with your studies.

Your local licensing board utilizes the *International Licensing Examination for Hearing Healthcare Professionals* from the International Hearing Society (IHS). Examination questions will change over time. All Examination questions have been evaluated for appropriateness.

It is highly suggested that you purchase IHS' *Distance Learning for Professionals in Hearing Health Sciences* course – the whole course package!² It is a self-paced, independent, self-study course. It is specifically designed as an introduction to the profession. The *Distance Learning* course and other reference materials are an excellent source of information for Candidates to study and prepare for this licensing Examination. To order the course visit www.ihsinfo.org/dlonline.

Use this study guide, recommended reading materials, and hands-on experience you've gained, with an eye toward **career focus** rather than **exam focus**. Hearing instrument dispensing is a wonderful profession in which you can enhance the lives of many, many people, as well as your own.

Finally, please share this study guide with your mentor or sponsor.

Examination Composition

This Examination was developed by practicing professionals in the field of hearing instrument sciences. These individuals volunteered their time and expertise to this project under the guidance of a test development and psychometric services company.

During the development stages of this Examination, a job-task analysis survey was distributed to hearing dispensing professionals. From the survey data, a competency model was developed.

The Examination consists of one hundred and five (105) multiple-choice questions (also known as "items"). Questions from each competency area are included in the Examination form. This requires Candidates to answer questions from each of the ten (10) competency areas. Please refer to the Competency Model included in this study guide.

² Please note: Use of this guide and/or the IHS *Distance Learning for Professionals in Hearing Health Sciences* course does not assure you a passing score on the Examination.

Before the Examination

Non-Discrimination

No Candidate shall be denied the ability to sit for the licensing Examination because of age, sex/gender, sexual preferences, marital status, religious preference, nationality, race or physical disability.

Special Accommodations

IHS is committed to complying with the *Americans with Disabilities Act of 1990* ("ADA"). To request special accommodations, a Candidate may contact IHS to obtain an Accommodation Request Form. A Candidate must submit the complete Accommodation Request Form along with the required supporting documentation prior to scheduling an Examination appointment.

IHS will conduct an individualized assessment of each request for special accommodations based upon the documentation submitted by the Candidate in accordance with the Accommodation Request Form requirements. The special accommodations assessment period is typically sixty (60) days.³ IHS will then notify the Candidate whether his/her special accommodations request has been approved or denied. The Candidate then may schedule and pay for his/her Examination appointment.

Under the ADA, IHS is not required to provide accommodations that would fundamentally alter what the Examination is intended to test; jeopardize Examination security; or, result in an undue burden.

Creating a Test-Taker Account

The licensing board determines Candidate eligibility to take the Examination. Following the licensing board's determination of the Candidate's eligibility, the Candidate will receive an email message from IHS with instructions on creating a Webassessor® test-taker account, which enables the Candidate to schedule and pay for his/her Examination appointment. Also attached to the Introduction Email is this Study Guide.

After the Candidate creates his/her test-taker account, the Candidate will receive a "Welcome to Webassessor" email message containing his/her personal login & password.

³ Please note that the submission of incomplete Accommodation Request Forms and/or incomplete supporting documentation may delay the assessment process.

It is important to note that the Candidate's test-taker account must be verified by IHS before the Candidate may schedule an Examination appointment. The verification period is approximately 3 business days (72 hours) from the time the Candidate creates his/her test-taker account in Webassessor®.

Scheduling an Examination Appointment

Following the Candidate's creating of his/her test-taker account, and the approximate seventy-two (72) hour verification period, the Candidate may log-in to his/her account to schedule an Examination appointment. The Candidate will select a testing center, and an Examination date and time. Upon check-out, the Candidate must pay the Examination fee of \$225.00. The Examination fee of \$225.00 must be paid each time a Candidate schedules an appointment to take the Examination, including re-takes. The fee is paid at the time of scheduling by Visa®, MasterCard®, or American Express®.

The Candidate will receive an individual Authorization Code in an email message following the Webassessor® scheduling process.

Rescheduling an Appointment

1. A Candidate may reschedule his/her Examination appointment more than 3 business days before the appointment date at no charge, by logging into his/her user account on Webassessor® and following the applicable on-line prompts.
2. A Candidate may reschedule his/her Examination appointment 3 to 1 business days before the appointment date by contacting IHS and submitting an additional \$75.00 rescheduling fee.
3. A Candidate may not reschedule his/her Examination appointment on the Examination date. This is considered a no-show, and the Candidate forfeits their Examination fee.

Cancellations

1. A Candidate may cancel his/her Examination appointment for a full refund of \$225.00 if the Candidate makes the cancellation through his/her user account on Webassessor® more than 3 business days before the appointment date.
2. A Candidate may cancel his/her Examination appointment for a partial refund if the Candidate makes the cancellation 3 to 1 business days prior to the appointment date. The Candidate must contact IHS to make the cancellation and to receive a partial refund of \$150.00.

3. A Candidate may not cancel his/her Examination appointment on the Examination date. This is considered a no-show, and the Candidate forfeits their Examination fee.

No-Shows

A Candidate who fails to appear for his/her scheduled Examination appointment will not receive a refund.

The Examination

Identification & Authorization Code

In order to be admitted to the testing center, the Candidate **must** bring the following three (3) items with them to the testing center for their Examination appointment. **There will be no exceptions.**

1. **Photo identification**; and
 - *Acceptable photo identification*: A government-issued identification card or driver's license, passport, or military identification.
2. **Second form of identification**; and
 - *Acceptable second form of identification*: either a second form of government-issued identification, major credit card (i.e. Visa®, MasterCard®, or American Express®), check cashing card, or bank debit card.
3. **Authorization Code**.
 - This is the Authorization Code that the Candidate received in an email following the Webassessor® scheduling process.

*Please note that a Social Security Card is **not** an acceptable form of identification.*

The Candidate should arrive at the testing center up to 15 minutes early and provide the proctor at the testing center with his/her personal Authorization Code and his/her two (2) valid forms of identification.

Taking the Examination

There are one hundred and five (105) multiple-choice questions on the Examination. Candidates will be given two (2) hours to complete the Examination.

The Examination utilizes dichotomous scoring, meaning the answer selections are either right or wrong.

- The Candidate will earn one (1) point for getting the question right (correct).
- The Candidate will earn zero (0) points for getting the question wrong (incorrect).

A few questions on the Examination require the Candidate to select two (2) answers. For these particular questions, the Candidate must select two (2) answer options out of the four (4) options available (A, B, C, D).

Examination Security

Candidates are at all times to maintain a professional attitude toward other Candidates, proctors, and other Examination personnel. In IHS's sole discretion, conduct that is, or results in, a violation of security or disrupts the administration of the Examination may result in immediate disqualification and ejection from the Examination. Such conduct includes, but is not limited to, cheating, failing to follow all rules and instructions governing the administration of the Examination, or otherwise compromising the security or integrity of the Examination. Test aids (i.e. formula sheets) are not permitted. Children will not be allowed to accompany Candidates into the testing center.

- Additionally, Candidates may **not** bring:
 - Tobacco products, food, drinks, chewing gum, notes, scrap paper, books, purses, briefcases, backpacks, hats, calculators, or **cell phones** into the testing center.
- No smoking, eating, or drinking is allowed in the testing center.
- Any Candidate that brings unauthorized materials will be asked to surrender all Examination materials and to leave the testing center without a refund.
- Once Candidates have been seated and the Examination begins, Candidates may only leave the Examination center to use the restroom, and only after obtaining permission from the proctor. Candidates electing to use the restroom during the Examination will not receive extra time to complete the Examination.

IHS owns all proprietary rights and interests of the Examination, including but not limited to copyright, trade secret, and/or patented information, as well as all Examination materials, including but not limited to, the Study Guide, the Examination, and the answer key to the Examination.

The Examination is confidential. It will be made available to the Candidate, solely for the purpose of assessing the Candidates' proficiency level in the hearing healthcare professional skill areas. To protect the integrity of the Examination, Candidates are prohibited from disclosing the contents of this Examination, including, but not limited, to questions, form of questions, or answers, in whole or in part, in any form or by any means (i.e. verbal, written, electronic) to any third party for any purpose. Copying or communicating Examination content is prohibited and may result in the cancellation of Examination results.

IHS will notify the licensing board of any known Examination security violations and if IHS has the ability, will provide the licensing board with a recommended course of action.

After the Examination

Upon completion of the Examination, the Candidate will receive a "Test Completion" email message from Webassessor®. Candidates will not receive Examination results from the International Hearing Society. The licensing board will distribute the results of the Examination to the Candidate.

Examination Scoring

The Examination is comprised of one hundred and five (105) test questions (items). Test-takers will receive a score based upon their performance on eighty (80) scored items.

The Examination is comprised of eighty (80) scored and twenty-five (25) non-scored (pilot) test questions. Administering pilot (non-scored) items allows the International Hearing Society (IHS) to collect data on new items and assemble subsequent exams. This Examination utilizes dichotomous scoring, meaning the answer selections are either right or wrong. The Candidate will earn one (1) point for getting the question right (correct). The Candidate will earn zero (0) points for getting the question wrong (incorrect). In our research we found this scoring method to not only be the standard for healthcare Examinations but for competency exams as a whole.

A score report will be provided to the state/provincial licensing board. It is up to the licensing board to determine if you pass or fail, not the International Hearing Society. All inquiries regarding the status or results of your Examination should be directed to the state/provincial licensing board, not to the International Hearing Society.

The International Hearing Society is not permitted to share performance information with Candidates.

Results

The licensing board will contact the Candidate with the Examination results. All inquiries regarding the status or results of the Examination should be directed to the state/provincial licensing board.

Re-Takes

If a Candidate does not pass the Examination, he/she may be eligible to schedule another Examination appointment. Candidates should check with their licensing boards for details. For re-takes, the Candidate must pay the Examination fee of \$225.00 at the time of scheduling.

Score Verifications

There is no appeal process through IHS for challenging individual Examination questions or results. However, in some jurisdictions, Candidates may be able to request a score verification for a fee of \$150.00 per Examination.

Should Candidates have any questions regarding their local licensing board's policies or procedures, as it relates to score verifications or other matters, Candidates are advised to contact their licensing board.

Recommended Reference Material

These textbooks and practical experience are essential to your training. Be aware that no single publication or resource contains all the information you will need to learn.

The vocabulary and concepts that are presented in these materials are important to your ongoing success in the profession. The hands-on experience you will get by actively working in a practice/clinical setting will help you to understand and apply the material presented. It is important to regularly discuss these concepts with your sponsor or mentor, especially any material you find difficult.

This Examination is “practice-based”, meaning that you will be expected to understand and apply the information from these textbooks in your everyday professional work. Examination questions are drawn from, and referenced to the recommended reference materials in the study guide, not just *IHS’ Distance Learning course*. In addition, Examination questions will change over time. All Examination questions have been evaluated for appropriateness.

- ***IHS’ Distance Learning for Professionals in Hearing Health Sciences course*** (Workbook 5th ed.) Michigan: International Hearing Society (1993)
- ***Hearing Instrument Science & Fitting Practices*** (2nd ed.) Michigan: International Hearing Society (1996)
- ***Introduction to Audiology*** (11th ed.) Martin, Frederick and John Clark, New York: Allyn & Bacon (2011) Purchase online at www.pearsonhighered.com
- ***Introduction to the Auditory System*** Michigan: International Hearing Society (2005)
- ***Masking: Practical Applications of Masking Principles and Procedures*** (3rd ed.) Michigan: International Hearing Society (1999)
- ***Outcome Measures & Troubleshooting*** Michigan: International Hearing Society (2003)
- ***Altering Behaviors: A Powerful Approach to Aural Rehabilitation*** Michigan: International Hearing Society (2004)
- ***Audioprosthology: Hearing Instrument Selection, Fitting, and Verification*** Michigan: International Hearing Society (2008)
- ***Digital Signal Processing for Hearing Aids***. A supplement to the workbook Michigan: International Hearing Society (2006)
- ***Infection Control in the Audiology Clinic*** (2nd ed.) Bankaitis, A.U and Robert Kemp Missouri: Oaktree Products (2005) Purchase online at www.oaktreeproducts.com
- ***The Comprehensive Dictionary of Audiology: Illustrated by Brad A. Stach, PhD*** (2nd ed.) Maryland: William & Wilkins (1997)

IHS textbooks are available for purchase at www.ihinfo.org

Competency Model

The Examination content is determined by the following competency model. The content and weighting of the competency model was based on input by professionals in the field who completed a survey identifying the most important knowledge, skills and abilities necessary for safe and effective practice by an entry-level hearing healthcare professional.

		% of Total Exam⁴
Section 1	Observe proper sanitary procedures.	3.33%
Objective 1.1	Observe sanitation protocols to protect the patient/client and the practitioner.	
Objective 1.2	Observe protocols to clean and sanitize equipment and surfaces in the practice environment.	
Section 2	Perform hearing evaluation.	20.00%
Objective 2.1	Identify the patient's/client's needs.	
Objective 2.2	Perform a visual inspection of the patient's/client's ear(s) to identify contraindications for proceeding with the hearing evaluation.	
Objective 2.3	Perform tympanometry.	
Objective 2.4	Perform audiometric testing.	
Objective 2.5	Interpret evaluation results for the purpose of patient/client information, hearing instrument candidacy, referral, and/or communication with other healthcare professionals.	
Objective 2.6	Describe the anatomy and physiology of the human auditory system.	
Section 3	Select appropriate amplification for the patient/client.	12.22%
Objective 3.1	Identify limitations of the patient/client that impact the selection of style/type of amplification.	
Objective 3.2	Identify patient/client preferences for style/type of amplification.	
Objective 3.3	Identify electro-acoustic parameters for amplification.	
Objective 3.4	Identify patient/client lifestyle influences that impact selection of style/type of amplification.	
Objective 3.5	Recommend appropriate style/type of amplification to patient/client.	

⁴ Note: The “% of Total Exam” indicator is an estimate of how much of the Examination may relate to each topic.

Section 4		Perform accurate and safe earmold impressions.	13.33%
Objective 4.1	Perform visual inspection of the patient's/client's ear(s) for otoblock placement.		
Objective 4.2	Select and place appropriate otoblock in patient's/client's ear.		
Objective 4.3	Take appropriate impression for style/type of acoustic coupler or ear plug.		
Section 5		Fit and dispense hearing instruments.	13.33%
Objective 5.1	Perform physical and/or electronic check of hearing instrument to verify it is as ordered and operating correctly.		
Objective 5.2	Fit hearing instrument using computerized algorithms or other appropriate methods.		
Objective 5.3	Place hearing instrument in patient's/client's ear and verify fit.		
Objective 5.4	Modify hearing instrument and/or earmold for comfort and proper acoustic performance.		
Section 6		Perform validation and verification of hearing instrument fittings.	7.78%
Objective 6.1	Perform validation of patient's/client's aided performance.		
Objective 6.2	Perform verification of the fitting of the hearing instrument.		
Section 7		Provide counseling regarding living with hearing loss.	7.78%
Objective 7.1	Discuss appropriate expectations of amplification with patient/client and family members/caregiver.		
Objective 7.2	Discuss use of hearing instrument with patient/client and family members/caregivers.		
Objective 7.3	Discuss coping strategies with patient/client and family members/caregivers.		

		% of Total Exam⁵
Section 8	Provide aural rehabilitation.	11.11%
Objective 8.1	Implement therapeutic adjustments.	
Objective 8.2	Discuss aural rehabilitation with patient/client.	
Objective 8.3	Discuss with family/caregivers their role in aural rehabilitation.	
Objective 8.4	Discuss with patient/client environmental listening strategies.	
Objective 8.5	Educate the patient/client and family/caregivers on use of assistive devices and accessories to complement the hearing instrument fitting.	
Objective 8.6	Recommend additional resources.	
Section 9	Provide post-fitting patient/client and hearing instrument care.	4.44%
Objective 9.1	Provide ongoing care for patient/client.	
Objective 9.2	Provide ongoing care and maintenance for hearing instruments.	
Section 10	Investigate patient's/client's perceived problems with hearing instruments and take appropriate action.	6.67%
Objective 10.1	Troubleshoot hearing instrument performance.	
Objective 10.2	Repair hearing instruments.	
Total		100.00%

⁵ Note: The “% of Total Exam” indicator is an estimate of how much of the Examination may relate to each topic.
© 2013 IHS

Sample Test Questions

How to Analyze and Correctly Answer Exam Questions

The *International Licensing Examination for Hearing Healthcare Professionals* emphasizes practice-based knowledge, rather than just simple memorization of facts. It assumes that the facts have been memorized and that the minimally qualified Candidate understands and knows how to apply those facts.

Here, three sample test questions are dissected to show the knowledge and logic that must be utilized to arrive at the correct answer. Please use this exercise to answer the sample questions and remember the process when you sit for the actual Examination.

Example 1:

Why should an otoblock be placed just beyond the second bend of the ear canal during preparation for taking an ear impression?

- A: prevents the otoblock from moving during the impression process**
- B: results in a complete impression of the canal ***
- C: results in a complete impression of the outer ear**
- D: prevents cerumen from interfering with the impression**

Immediately eliminate "D". You should have ensured that the physician has removed any interfering cerumen (which would prevent your taking an impression in the first place).

"C" is attractive because it sounds as if you are making a complete impression. But we do not capture the entire pinna in an impression, so the choice is too broad and is not correct.

Choice "A" is also attractive because we want to prevent otoblock movement as much as possible. But that deals with the selection of the correct size otoblock rather than its placement – you always want to place the otoblock just beyond the second bend.

This leaves "B" as the only correct answer.

Example 2:

Which validation method can be effectively performed in a sound field environment?

- A: COSI
- B: IHAFF
- C: NU-6 *
- D: REIR

To answer this question correctly, you must know what each acronym means. If you do, you will recognize that one of the choices is not a validation method and that two others do not involve a sound field environment.

Choice "A" is a questionnaire; choice "B" is a fitting formula, and choice "D" is a real ear measurement. Only choice "C" – a list of phonetically balanced words – is appropriately used in that sound field environment.

This is a perfect example of what is meant by a "practice-based" question.

Example 3:

The first step here is to eliminate the very nebulous choice "A" – ask yourself just what kind of clarifier are you adding, where do you get it and how do you install it? It's extremely unlikely that such a device exists.

Choice "B", likewise is a bad idea. It is likely to introduce distortion and/or acoustic feedback, not contribute to clarity.

A patient/client has been using an ITC hearing instrument for approximately 16 months. The patient/client has a new job that requires the use of a telephone with a headset. The patient/client is having difficulty understanding customers over the phone. What should the hearing healthcare professional recommend to the patient/client?

- A: add a clarifier circuit to the existing phone
- B: adjust volume to maximum while on the phone
- C: add an amplifier to the existing phone *
- D: cover the other ear while on the phone

Choice "D" is likely not to help, either, and may in fact be totally impractical.

Adding an amplifier, which are widely available to the phone, as stated in choice "C", is the best way to help this person.

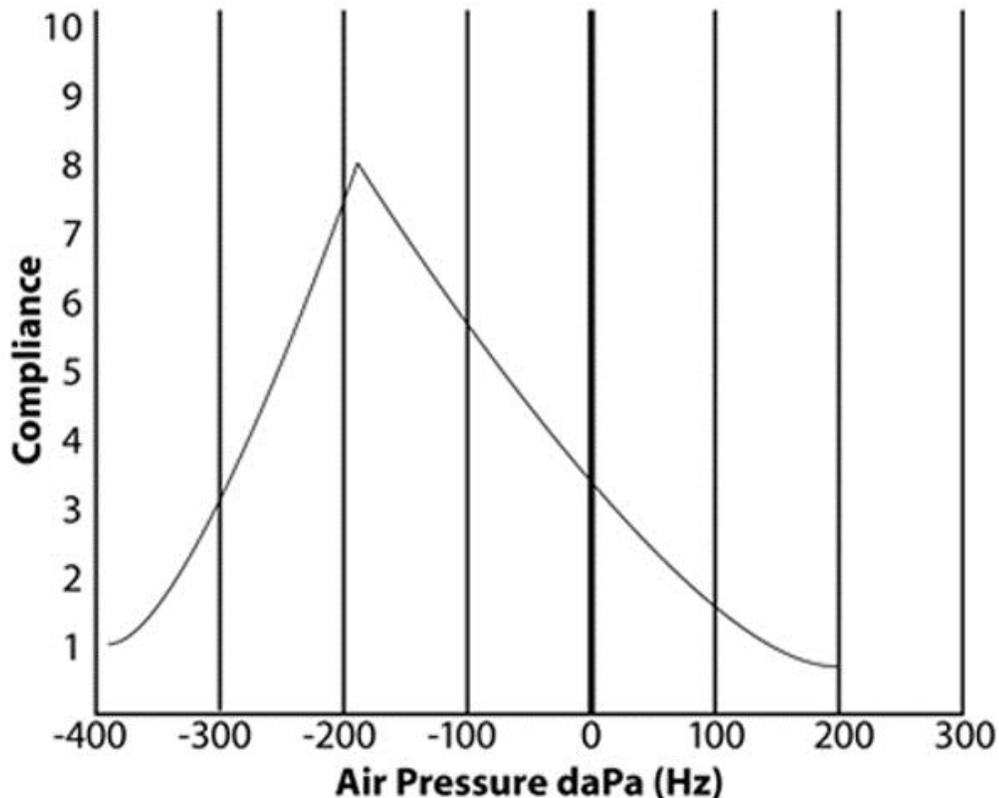
Sample Test Questions

The sample test questions are for informational purposes only. The sample questions are designed to familiarize you with the Examination format and cannot be considered a measure of competency. Actual Examination items (test questions) have been selected from each of the competency areas.

1. Which two actions must a hearing healthcare professional perform before testing an existing patient's/client's hearing?

- A: clean hands in view of patient/client
- B: clean patient's/client's hearing instruments
- C: clean patient's/client's canal of obstructive cerumen
- D: clean or replace speculum from otoscope

2. Refer to the exhibit.



What tympanogram type is represented in the graph displayed in the exhibit?

- A: A
- B: A_d
- C: B
- D: C

3. Which factor will affect a patient's/client's acceptance and use of hearing instruments?
 - A: cause of the hearing loss
 - B: patient's/client's dominant hand
 - C: patient's/client's cosmetic preferences
 - D: frequency and duration of hearing instrument use

4. Why should an otoblock be placed just beyond the second bend of the ear canal during preparation for taking an ear impression?
 - A: prevents the otoblock from moving during the impression process
 - B: results in a complete impression of the canal
 - C: results in a complete impression of the outer ear
 - D: prevents cerumen from interfering with the impression

5. Why should a hearing healthcare professional use the DSL I/O fitting formula instead of the NAL fitting formula to fit and adjust a hearing instrument that uses DSP?
 - A: DSL-IO applies to non-linear instrumentation
 - B: NAL uses the half-gain rule
 - C: NAL requires a programmable circuit
 - D: DSL-IO is an output formula

6. Which validation method can be effectively performed in a sound field environment?
 - A: COSI
 - B: IHAF
 - C: NU-6
 - D: REIR

7. A hearing healthcare professional is counseling a patient/client about expectations of amplification. Which information should the hearing healthcare professional include in this hearing therapy?
 - A: outside factors that can hinder understanding
 - B: electronic parameters of the hearing instruments
 - C: auditory practice and disability
 - D: hearing instrument care and modifications

8. A patient/client has been using an ITC hearing instrument for approximately 16 months. The patient/client has a new job that requires the use of a telephone with a headset. The patient/client is having difficulty understanding customers over the phone. What should the hearing healthcare professional recommend to the patient/client?
- A: add a clarifier circuit to the existing phone
 - B: adjust volume to maximum while on the phone
 - C: add an amplifier to the existing phone
 - D: cover the other ear while on the phone
9. A patient/client complains that the hearing instrument works intermittently. After initial inspection, the hearing healthcare professional squeezes and taps on the case. Which problem does the hearing healthcare professional likely suspect?
- A: a receiver problem
 - B: a battery problem
 - C: an amplifier problem
 - D: a wiring problem
10. A hearing healthcare professional makes a new earmold for a post-auricular hearing instrument. The new earmold fits tightly in the helix area. What is the most likely result of this fitting?
- A: a more comfortable and secure fitting earmold
 - B: there will be less resonance and "down in a well" effect
 - C: an increased likelihood of a sore spot in the ear
 - D: the earmold is likely to work its way out of the ear

End of Sample Test Questions

Answer Key to the Sample Test Questions

Below are the correct answers to the Sample Test Questions. Also provided is a reference to the section of the competency model and each objective.

1. Correct Answer: "A", "D"
Section 1: Observe proper sanitary procedures.
Objective 1.1: Observe sanitation protocols to protect the patient/client and the practitioner.
Reference: *Infection Control in the Audiology Clinic (2nd ed.)*
2. Correct Answer: "D"
Section 2: Perform hearing evaluation.
Objective 2.5: Interpret evaluation results for the purpose of patient/client information, hearing instrument candidacy, referral, and/or communication with other healthcare professionals.
Reference: *Lesson 14 of the Distance Learning for Professionals in Hearing Health Sciences (Workbook 5th ed.)*
3. Correct Answer: "C"
Section 3: Select appropriate amplification for the patient/client.
Objective 3.2: Identify patient/client preferences for style/type of amplification.
Reference: *Lesson 17 of the Distance Learning for Professionals in Hearing Health Sciences (Workbook 5th ed.)*
4. Correct Answer: "B"
Section 4: Perform accurate and safe earmold impressions.
Objective 4.2: Select and place appropriate otoblock in patient's/client's ear.
Reference: *Lesson 25 of the Distance Learning for Professionals in Hearing Health Sciences (Workbook 5th ed.)*
5. Correct Answer: "A"
Section 5: Fit and dispense hearing instruments.
Objective 5.2: Fit hearing instrument using computerized algorithms or other appropriate methods.
Reference: *Lesson 28 of the Distance Learning for Professionals in Hearing Health Sciences (Workbook 5th ed.)*
6. Correct Answer: "C"
Section 6: Perform validation and verification of hearing instrument fittings.
Objective 6.1: Perform validation of patient's/client's aided performance.
Reference: *Outcome Measures & Troubleshooting*

7. Correct Answer: "A"
Section 7: Provide counseling regarding living with hearing loss.
Objective 7.1: Discuss appropriate expectations of amplification with patient/client and family members/caregiver.
Reference: Introduction to Audiology (11th ed.)

8. Correct Answer: "C"
Section 7: Provide counseling regarding living with hearing loss.
Objective 7.3: Discuss coping strategies with patient/client and family members/caregivers.
Reference: Altering Behaviors: A Powerful Approach to Aural Rehabilitation

9. Correct Answer: "D"
Section 9: Provide post-fitting patient/client and hearing instrument care.
Objective 9.2: Provide ongoing care and maintenance for hearing instruments.
Reference: Lesson 30 of the Distance Learning for Professionals in Hearing Health Sciences (Workbook 5th ed.)

10. Correct Answer: "C"
Section 10: Investigate patient's/client's perceived problems with hearing instruments and take appropriate action.
Objective 10.1: Troubleshoot hearing instrument performance.
Reference: Outcome Measures & Troubleshooting

Frequently Asked Questions (FAQs)

- **How many questions are on the Examination?**
The Examination is comprised of one hundred and five (105) multiple-choice items.
- **How much time is given for the Examination?**
One hundred and twenty (120) minutes are allowed to complete the Examination from the time it starts.
- **How will the exam be scored?**
The Examination utilizes dichotomous scoring, meaning the answer selections are either right or wrong. The test-taker will earn one (1) point for getting the question correct. The test-taker will earn zero (0) points for getting the question wrong (incorrect). In our research we found this scoring method to not only be the standard for healthcare exams but for competency exams as a whole.
- **Choosing the correct answer or answers.**
A few items on the Examination request the selection of two (2) answers. There are (4) four answer options (A, B, C, and D). You must select (2) two answer options **correctly** to get the item correct, and therefore earn one(1) point for that question. If you only select one (1) answer option, you will get the question wrong (incorrect) and therefore earn zero (0) points for that question. If you select one (1) correct answer option, and one (1) incorrect answer option, you will get the question wrong (incorrect) and therefore earn zero (0) points for that question. *You must choose both correct answer options (two correct answers).*
- **What is an MQC?**
MQC stands for Minimally Qualified Candidate. The MQC is a conceptualization of the Candidate that possesses the minimum knowledge and skills to just meet expectations of a licensed individual.
- **Who decides if a Candidate passed the Examination?**
It is up to the state/provincial licensing board to determine if the test-taker passed or failed the Examination. The International Hearing Society is not permitted to share performance information with Candidates.
- **What is the passing score?**
Candidates will receive a score based upon their performance on the overall examination. According to IHS, if the Candidate score is at or above the passing score, the Candidate passes the test. If the Candidate score is below the cut score, the Candidate fails the test, according to IHS. IHS provides the licensing board with a recommended passing score, but ultimately, *the licensing board is responsible for making the pass/fail decision of the Candidate and for communicating the Candidate's Examination result.*

- **What is a cut score?**

The minimum score required to pass the Examination. Cut score can be expressed as a raw score, a percent score, or a scaled score. IHS used a modified Angoff standard setting study to determine an appropriate cut score for this operational form. Cut scores for subsequent operational forms will be determined via a statistical equating process. Once again, it is important to note that IHS recommends a minimum score required to pass, but ultimately, the licensing boards decide.

- **How was the passing score determined?**

The IHS recommended passing score was obtained through a systematic standard setting study. Standard setting is the process of defining the performance expectations of the minimally qualified Candidate and translating that performance expectation into a passing score. IHS chose to use the yes/no variation of the Angoff standard setting method for this study. This methodology is widely accepted and has been well documented and researched within the testing industry; it is commonly used for determining passing scores for licensure programs.

The standard setting study was conducted with the input of an independent panel consisting of experienced, licensed Hearing Aid Specialists. The study was facilitated by an independent third party testing organization that has extensive experience with the methodology.

Ultimately, it is the responsibility of the licensing board to determine if a Candidate has demonstrated sufficient competency to be eligible for a license.

- **What is a score report?**

A confidential report provided by IHS to the licensing body containing information that documents the Candidate's test result.

- **What information is on the score report?**

IHS will provide each licensing body with a score report that lists each Candidate in the licensing board's jurisdiction who took the test, the Candidate's raw score, the Candidate's overall percentage score, and the result according to IHS standards.

- **Is this a beta exam?**

No, this is the International Hearing Society's new *International Licensing Exam for Hearing Healthcare Professionals*. It is not a beta exam. The beta testing period concluded in September 2012.

- **What is a Candidate score?**

The score achieved by a Candidate. The Candidate score is used to determine if the Candidate passes or fails the Examination. According to IHS, if the Candidate score is at or above the cut score, the Candidate passes the Examination. If the Candidate score is below the cut score, the Candidate fails the Examination according to IHS standards.

- **What topics will the Examination cover?**

This assessment is based on the 2010 competency model (exam blueprint). The exam blueprint identifies the competencies against which the Candidate will be measured. It also indicates the weight (%) of each competency or group of competencies. The competency model is in this study guide for your review.

- **Should I buy the IHS *Distance Learning* course?**

It is highly suggested that the Candidate purchase IHS' *Distance Learning for Professionals in Hearing Health Sciences* course – the whole course package! It is a self-paced, independent self-study course. It is specifically designed as an introductory course to the profession. It is an excellent source of information for Candidates to study and prepare for this licensing Examination.
www.ihinfo.org/dlonline

- **When will IHS' *Distance Learning* course be updated?**

At this time, IHS is working on updating the *Distance Learning for Professionals in Hearing Health Sciences* course. A product release date has not been determined at the time of the publication of this Study Guide.

- **Which U.S. states are currently using the IHS written licensing assessment?**

- | | |
|-------------------|--------------------|
| 1. Alabama | 21. Montana |
| 2. Arizona | 22. Nebraska |
| 3. Arkansas | 23. Nevada |
| 4. Connecticut | 24. New Hampshire |
| 5. Delaware | 25. New Jersey |
| 6. Florida | 26. New Mexico |
| 7. Georgia | 27. North Dakota |
| 8. Hawaii | 28. Ohio |
| 9. Idaho | 29. Oklahoma |
| 10. Illinois | 30. Oregon |
| 11. Indiana | 31. Rhode Island |
| 12. Iowa | 32. South Carolina |
| 13. Kentucky | 33. South Dakota |
| 14. Louisiana | 34. Tennessee |
| 15. Maine | 35. Texas |
| 16. Maryland | 36. Utah |
| 17. Massachusetts | 37. Virginia |
| 18. Minnesota | 38. Washington |
| 19. Mississippi | 39. Wyoming |
| 20. Missouri | |

- **Which Canadian provinces are currently using the IHS written licensing assessment?**

1. British Columbia
2. Manitoba
3. Nova Scotia
4. Ontario

- **What textbooks and reference materials are recommended for this Examination?**

A list of recommended reference material is listed in this study guide.

- **What should I study?**

You should be able to understand and apply all of the concepts in the competency model. This Examination tests your ability to apply the theory taught in the textbooks to real-life patient scenarios. Every question on this Examination is referenced to one of the books listed as “Recommended Reference Material” in the study guide.

- **Can I appeal my Examination result?**

There is no appeal process through IHS for challenging individual Examination questions or results.



International Hearing Society
16880 Middlebelt Road, Suite 4
Livonia, MI 48154
Phone 734.522.7200
Fax 734.522.0200
www.ihsinfo.org

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: <i>18 December 2013</i>	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Hearing and Speech Examining Board			
4) Meeting Date: 13 January 2014	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Rule-making matters – Discussion and Consideration 1. HAS 6.10 relating to temporary licenses	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>18 December 2013</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

TEXT OF RULE

HAS 6.10 Application for speech-language pathology temporary license.

(1) Before commencing a postgraduate clinical fellowship in speech-language pathology or ~~audiology~~, an individual shall obtain a temporary license under s. 459.24(6), Stats. The applicant shall submit all of the following:

(a) An application on a form provided by the board.

(b) Pays the fee specified in s. 440.05(6), Stats.

(c) Subject to ss. 111.321, 111.322 and 111.335, Stats., evidence satisfactory to the examining board that the applicant does not have a conviction record.

(d) Evidence satisfactory to the board that the applicant has completed one of the following:

1. A supervised clinical practicum and received a master's degree in speech-language pathology from a college or university approved by the board.

2. Education or training that the board determines is substantially equivalent to the completion of the requirements under subd. 1.

(e) ~~If applying for a temporary license to practice speech language pathology, an~~ An application to take the next available examination for licensure as a speech-language pathologist required under s. 459.26(2)(a), Stats.

(f) ~~If applying for a temporary license to practice audiology, an application to take the next available examinations for licensure as an audiologist required under s. 459.26 (2) (a) and (b), Stats.~~

(2) A temporary license granted by the board to practice speech-language pathology is valid for a period designated by the board, not to exceed 18 months and may be renewed once for 18 months or longer, at the discretion of the board.

(3) ~~Except as provided in sub. (5), a temporary license granted to practice audiology is valid for a period designated by the board, not to exceed 12 months.~~

(4) ~~A temporary license granted under sub. (3) may be renewed once for 12 months or longer, at the discretion of the board, if the applicant fails an examination for licensure under s. 459.26 (2) (a) or (b), Stats., and applies to take the next available examination or if the applicant shows, to the satisfaction of the board, sufficient cause for the renewal.~~

(5) ~~If an individual who is granted a temporary license under sub. (3) to practice audiology fails to take the next available examination under s. 459.26 (2) (a) or (b), Stats., for reasons other than inaction by the board or hardship, the temporary license granted under sub. (3) automatically expires on the one hundredth calendar day following the date the individual failed to take the examination.~~

(6) The application and documents required for a temporary license may be reviewed by 2 members of the board to determine eligibility. The board may issue a temporary license prior to regular licensure to an applicant who meets the requirements under sub. (1).

~~Note: The board accepts an Au.D. degree that has been granted by a college or university approved by the board as evidence of completion of education and training that is substantially equivalent to the completion of a supervised clinical practicum and receipt of a master's degree in audiology, passing the NESPA examination and completion of a postgraduate clinical fellowship in audiology.~~

Create the following section.

HAS 6.105 Application for audiologist temporary license.

(1) An individual may obtain a temporary license under s. 459.24(6). The applicant shall submit all of the following:

(a) An application on a form provided by the board.

(b) The fee specified in s. 440.05(6), Stats.

(c) Subject to ss. 111.321, 111.322 and 111.335, Stats., evidence satisfactory to the examining board that the applicant does not have a conviction record.

(d) Evidence satisfactory to the board that the applicant has completed one of the following:

1. Received a doctoral degree in audiology from an accredited academic institution approved by the examining board. The doctoral program must consist of not less than 3 years of educational course work and not less than 12 months of clinical rotation or externship.

2. Education or training that the examining board determines is substantially equivalent to the requirements under subd. 1.

(e) Evidence satisfactory to the examining board that the applicant has done one of the following:

1. Passed the NESPA examination required by ASHA for certification as an audiologist.

2. Completed education or training that the examining board determines is substantially equivalent to the NESPA examination.

(2) A temporary license to practice audiology is valid for a period designated by the board, not to exceed 12 months and may be renewed once for 12 months.

(3) The application and documents required for a temporary license may be reviewed by 2 members of the board to determine eligibility. The board may issue a temporary license prior to regular licensure to an applicant who meets the requirements under sub. (1).

(END OF TEXT OF RULE)

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Brittany Lewin Executive Director		2) Date When Request Submitted: 1/2/14 Items will be considered late if submitted after 12:00 p.m. and less than: ▪ 8 work days before the meeting	
3) Name of Board, Committee, Council, Sections: Hearing and Speech Examining Board			
4) Meeting Date: 1/3/14	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Credentialing Matters – Discussion and Consideration Supervisor Responsibilities for Clinicians and Licensing Requirements	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Via Board Member Tom Sather			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Page intentionally left blank

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Angela Hellenbrand Executive Director		2) Date When Request Submitted: 14 October 2013 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Hearing & Speech Examining Board			
4) Meeting Date: 13 January 2014	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Practice Matters – Discussion and Consideration 1) Ear Candling	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			