

Application Form Student - Hearing Instrument Practitioner



College of
Speech and Hearing
Health Professionals of BC

The purpose of this application form is to assist applicants in providing required information to the Registration Committee of the College of Speech and Hearing Health Professionals of BC (the College)

Applicants must **first** secure a practicum supervisor in order to submit this application. A supervisor must be a registered Hearing Instrument Practitioner in good standing in British Columbia for at least two years and may not supervise more than two students at any one time. An applicant must be in the same location as his or her supervisor for the required practicum training. Practicum hours will commence at the acceptance date of the student's application with the College and must be completed within twelve months.

Applicants must have a minimum of two years post-secondary education (calculated as a total of four semesters or 60 credits or 900 hours; courses of less than one credit or 15 hours do not qualify) as well as successful completion of an educational program in hearing instrument dispensing approved by the Registration Committee of the College. For those applicants completing a course in hearing aid dispensing through IHIS, the applicant is encouraged to work under his or her supervisor while finishing IHIS educational requirements. Applicants enrolled with Grant MacEwan University must complete all course work before beginning practicum hours.

To be completed by ALL Applicants

PERSONAL INFORMATION

Name:
Salutation Surname First Initial

Alias (if any):
Salutation Surname First Initial

Home Address:
Apt Street

.....
City Province Postal Code

Day Phone (area code, number):

Alternate Phone Number (area code, number):

Contact Email address: Home Business

Alternate Email address: Home Business

Date of Birth (yyyy/mm/dd):

(Note: this information is required for the Continuing Competency Programs as well as statistical purposes for planning professional/population ratios.)



EMPLOYMENT INFORMATION

Name of Company/Firm/Organization:

Name of Primary Work Facility (if different from above):

Address of Primary Work Facility:

Name of Secondary Work Facility:

Address of Secondary Work Facility:

Proposed Practicum Supervisor

Applicants must secure a supervisor prior to making this application.

Name of Supervisor:

Supervisor's Place of Work:

EDUCATIONAL INFORMATION

Post-Secondary Education

Applicants must have completed at least two years of post-secondary education. Please provide the name(s) of the educational institution(s), locations and dates of attendance, and the diploma/certificate/degree(s) achieved. (Attach a separate sheet if necessary.) **Transcripts must be submitted either as certified copies of the original or sent directly to the College from the educational institution(s).**

Name and Location of School	Dates Attended	Diploma/Certificate Achieved
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Approved Program in Hearing Aid Dispensing

Applicants must either be enrolled in a hearing aid dispensing course, such as IHIS, or have completed or be nearing completion of all course work through the Grant MacEwan University (GMU) Hearing Aid Program before making this application. **The GMU program will meet both the two year post-secondary education and the hearing aid program requirements.** Please note the hearing aid dispensing program below:

Name of Hearing Aid Dispensing Program	Date of Completion
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APPLICANT SIGNATURE

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Signature of Applicant *Date Signed*



FEE SCHEDULE

Fees Required With The Submission Of This Form

Application Fee	\$225	Submitted with this application
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Total Payment	\$ _____
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Fees Required At A Later Date

Written Examination Fee	\$185	Upon application for the written exam
Practical Examination Fee	\$350	After successful completion of the written exam
Registration Fee - Active & Limited	\$600	After successful completion of the practical exam
Criminal Record Check Fee	\$ 20	Payable with registration fee

Note: GST/PST is not applicable.

The current schedule of examinations is available on the College website: www.cshhpbcc.org.

Please submit a cheque or money order payable to the "College of Speech and Hearing Health Professionals of BC" or "CSHHPBC" in the amount of \$225.

To ensure the completeness of your application, please ensure all required documents are attached with this form.

Mail your application to:

College of Speech and Hearing Health Professionals of BC
410 - 999 West Broadway, Vancouver, BC V5Z 1K5