



## Hearts for Hearing Adult Clinic Audiology Fourth Year Externship Essential Knowledge and Skills Checklist

Applicant's Name: \_\_\_\_\_

Applicant's University: \_\_\_\_\_

**Below is a list of skills expected of an applicant prior to being considered for a fourth year externship at Hearts for Hearing. Please rate the applicant's ability to perform these tasks, using the following system.**

**M = Mastered: the applicant can complete on his or her own**

**S = Supervision Needed: the applicant needs direct supervision**

**A = Assistance Needed: the applicant has minimal experience in this area and will need assistance**

1. Perform comprehensive audiograms on adults \_\_\_\_\_
2. Take earmold impressions, including deep impressions, on adults \_\_\_\_\_
3. Conduct and interpret acoustic immittance measures \_\_\_\_\_
4. Perform basic hearing aid and Lyric fitting and troubleshooting \_\_\_\_\_
5. Perform basic middle ear implant fitting and troubleshooting \_\_\_\_\_
6. Recommend appropriate hearing aid technology for patients \_\_\_\_\_
7. Relates easily with patients and makes them feel at ease \_\_\_\_\_
8. Effectiveness in obtaining patient value buy-in \_\_\_\_\_
9. Perform real ear verification measures (REM and RECD) \_\_\_\_\_
10. Perform DPOAE and/or TEOAE testing \_\_\_\_\_



11. Please briefly describe your experience with the applicant regarding his or her clinic skills and knowledge.

12. Please briefly describe the applicant's demeanor with families/patients and counseling abilities.

13. What would you say are this applicant's clinical strengths?

14. What would you say are this applicant's clinical weaknesses?



Clinical Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_

Affiliation \_\_\_\_\_

Email \_\_\_\_\_

**Please complete and return this Essential Knowledge and Skills Checklist in an envelope with your signature across the seal. You may return the checklist directly to the applicant, mail the checklist directly to the address below, or email the completed checklist to Rachel Magann Faivre ([rmf@heartsforhearing.org](mailto:rmf@heartsforhearing.org)). Please include the Professional Waiver Form that should be completed by the applicant with your completed checklist.**

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