



Hearts for Hearing

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 children (BOA, CPA, VRA) and adults _____
2. Take earmold impressions on infants, children, and adults _____
3. Conduct and interpret acoustic immittance measures _____
4. Perform basic hearing aid troubleshooting _____
5. Perform troubleshooting on FM systems (personal and soundfield) _____
6. Perform real ear verification measures (REM and RECD) _____
7. Perform DPOAE and/or TEOAE testing _____
8. Perform and interpret ABR testing (click, bone conduction, and tone burst) _____
9. Perform cochlear implant mapping for Cochlear devices _____
10. Perform cochlear implant mapping for Advanced Bionics devices _____
11. Perform cochlear implant mapping for MED-EL devices _____



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

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

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

15. 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 Mila Duke (mduke@heartsforhearing.org). Please include the Professional Waiver Form that should be completed by the applicant with your completed checklist.

Mila Duke, Au.D., CCC-A
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