## North Carolina State Hearing Aid Dealers and Fitters Board



Program

Sponsor:

**Applicant** 

Start Date -

FOR BOARD

**USE ONLY** 

End Date:

Name:

# Application for Approval of a Program for CEU accreditation (F22) Application Fee: \$40.00

Email

Address:

CONF DAY

(day1, day 2,

etc)

Day 1

Location:

(City, State)

Starting Time -

**Ending Time** 

9-10:30 a.m.

COURSE ID: \_

F22 (Updated 02/2020)

21 NCAC 22F .0203

**Content Category** 

Reference\*

*Note*: 21 NCAC 22F Section .0200 CONTINUING EDUCATION contains all NC rules about approval and reporting of continuing education credits.

Incomplete applications will be returned and application fee will not be refunded (See 21 NCAC 22A .0502). Mail form and fee to: NC Hearing Aid Dealers and Fitters Board, 701 Exposition Place, Ste 206, Raleigh, NC 27615

Multiple dates/locations:

**CEUs** 

0.15

(attach list)

Program

Title:

**SESSION TITLE** 

Infection Control Update

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	*Using Rule 21	ns, print this page multiple times  NCAC 22F .0203 on page as the content and learning o	3 of this application	on, identif	y the content You can write	reference with or	without () around refer	er tha ence.
SAMPLE Session Title						21 NCAC 22F .0203 Content Category Reference		
Tuned In On Life: Widex FM Solutions						<i>B5 B 3</i>		
Asymmetrical Sensorineural Hearing Loss: Fitting Strategies				es				
FO	R BOARD USE	E ONLY:						
ΕL	J C	Category 1:		Pa	yment Ref:			
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## Answer each question below and attach additional documentation as required:

1.	Have you submitted this program to any other CE Accreditation Agency/Organization f If so, list agencies below:	or CEU appr	oval?
2.	Are you acting as the agent/representative for the program's sponsor?	YES	NO
	If YES, Do you agree to monitor attendance in accordance with Board rules as outlined  (A) the program provider shall have a program representative verify attendance at each sess  (B) a speaker or facilitator shall be present to actively interact with the participants and merelying primarily on prerecorded (audio or video) materials or computer-generated press  (C) there shall be an announced means for participants to ask questions during each session distance learning presentations; and  (D) the published program announcement shall state that a program representative will be plearning site to monitor attendance.	sion of a CE F onitor attenda entations; n for all televi	sed or telephone  distance
3.	A ROSTER shall be submitted in accordance with Rule 21 NCAC 22F .0507(b) below:  (b) The program applicant shall submit a roster of licensees who attended a CE Program no completion of a pre-approved CE Program:  (1) If the program applicant is recording CEU credit with the Board on behalf of I recording fee as set forth in Rule 21 NCAC 22A .0501 and an original Report of shall accompany the submission of the roster; or  (2) If licensees are responsible for recording CEU credit with the Board, including program applicant shall provide the original signed Report of Attendance form to a program, and shall submit only the roster.	icensees, the Attendance f	o days following payment of the for each licensee ecording fee, the
4.	Who will be responsible for submitting the \$15.00 recording fee and Report of Attenda Mark ONE: Program Applicant (Program agent/representative) or		NC Board?
5.	For programs occurring in December, please note that the CEU reporting deadline is the immediately following the CEU Accrual Period. Licensees must report sufficient hours. Although the program applicant has 30 days to submit a roster, no extension is granted Report of Attendance form after the January 10 <sup>th</sup> deadline. The program provider will of Attendance to the applicant at a December CE Program or submit by January 10.	by this dead d for submit I sign and re	lline. ting the turn a Report
6.	For program modification or appeals, the program applicant will review Rule 21 NCAC with timelines for notification to the Board and program participants of any changes.		
7.	A copy of a PUBLISHED PROGRAM ANNOUNCEMENT is attached.	YES	REQUIRED
8.	A copy of the required TIME-ORDERED PROGRAM AGENDA is attached.	YES	REQUIRED
9.	A listing identifying the session speaker(s) or presenter(s) with a brief description of crequalifications is included as an attachment to this application.	edentials an YES	
10	An abstract of each session is included which identifies at least two educational object format of each session submitted for CEU credit.  Note: Only sessions which meet the following criteria will be approved for North Carolina (A) educational objectives clearly demonstrate relevance to the fitting and selling of hearing (B) presentation enhances a practitioner's knowledge of issues relating to the fitting and selling (C) format includes time for questions and answers;	YES CEU credit: g aids;	REQUIRED

### North Carolina Application for Approval of a Program for CEU accreditation

#### KEEP THIS PAGE FOR YOUR REFERENCE AND USE. DO NOT SUBMIT WITH APPLICATION.

#### IDENTIFYING TOPIC USING BOARD CONTENT CATEGORIES

#### 21 NCAC 22F .0203 CONTENT CATEGORIES

- (a) Sessions assigned to Category 1, as described in this Rule, shall satisfy the continuing education requirement for license renewal. Any session not assigned to Category 1 shall not be approved to satisfy the continuing education requirement for license renewal.
  - (b) Category 1 is for amplification, hearing rehabilitation, hearing loss, regulations, and consumer-related issues, and shall be assigned to continuing education sessions that are comprised of the following topics:
  - (1) hearing aid technology: instrument circuitry and acoustic performance data;
  - (2) earmold or shell coupling systems: design, selection, modifications, and ear impressions;
  - (3) hearing aid selection procedures, verification, fitting and adjustment techniques, and servicing or repairs;
  - (4) aural rehabilitation using amplification: auditory training, hearing aid orientation and counseling
  - techniques, and hearing aid validation techniques;
  - (5) biological, physical, and behavioral bases underlying normal and pathological hearing processes;
  - (6) detection, assessment, or monitoring of hearing impairment (such as measurement techniques and test interpretation), including intraoperative monitoring;
  - (7) cochlear implants or implantable hearing devices;
  - (8) central auditory processing;
  - (9) assistive listening devices, including FM Systems and ancillary wireless devices;
  - (10) techniques for development of speech and language in children with hearing loss, or augmentative and alternative communication strategies for children or adults with hearing loss;
  - (11) cerumen management, dizziness, or tinnitus as it pertains to persons with hearing loss;
  - (12) hearing impaired consumers' views of the hearing health care industry and consumer complaints;
  - (13) infection control issues for the hearing health care profession;
  - (14) professional conduct and regulatory issues pertaining to the fitting and selling of hearing aids; and
  - (15) hearing aid business practices, such as hearing aid office management, sales contracts, and hearing aid marketing or industry trends.

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#### **PROCESSING APPLICATION:**

The Board shall assign a course ID to each program submitted for approval and shall post the processing and approval status of an application on the Board website. In addition, a CE Program Report of Attendance for each approved CE Program which shows the Board-approved CEU credit for each session of the program will be available on the Board website. See: <a href="http://www.nchalb.org/Data/cep.php">http://www.nchalb.org/Data/cep.php</a>

#### **ROSTER OF ATTENDANCE:**

Below is a sample form for the **ROSTER** which is required within 30 days of completion of a program. Submit a roster electronically by **emailing to:** info@nchalb.org **Subject:** CE ROSTER (Course ID #).

Use this form or create your own form to provide at least the following information:

D:	Course ID:
2:	Program Title:
r:	Date of Program for this Roster:
):	Location of Program (City, State):
n	Contact Person
2:	Name:
l:	Email:
2:	Phone:

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	NC License #	Last Name	First Name	Cat 1 CEU
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