Study Guide

International Licensing Examination for Hearing Healthcare Professionals

Prepared by:

International Hearing Society

Revised 3/26/14

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 written licensing 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 what to expect 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.

To give you a brief overview, the examination is comprised of one hundred and five (105) multiple-choice questions. You will receive a score based on eighty (80) scored items. 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 right answers and earn zero (0) points for wrong answers. 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

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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
- Description of a Successful Candidate
- Examination Composition

The Examination.....8
- Non-Discrimination
- Special Accommodations
- Examination Security
- Taking the Examination

After the Examination.....10
- Examination Scoring
- Results
- Score Reporting
- Re-Takes
- Score Verification

Recommended Reference Material.....12

Competency Model.....13

Acronyms/Abbreviations List.....16

Sample Test Questions.....17
- How to Analyze and Correctly Answer Exam Questions
- Sample Test Questions
- Answer Key to the Sample Test Questions

Frequently Asked Questions (FAQs).....24

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.

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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 current 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,

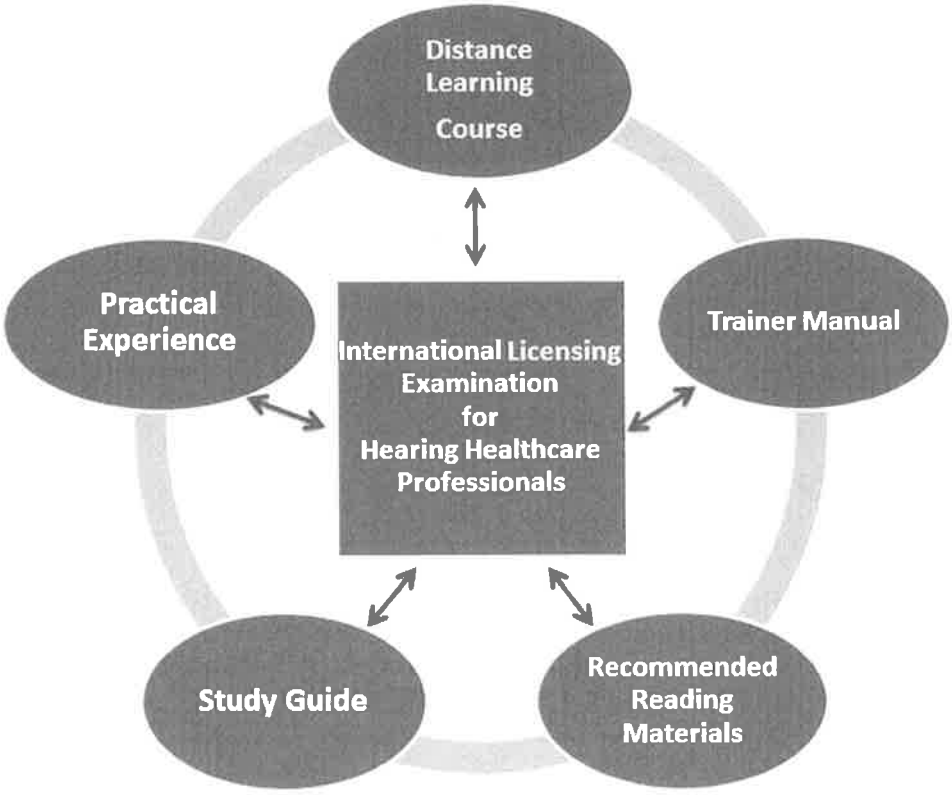
[2] Please note: Use of this guide and/or the IHS *Distance Learning for Professionals in Hearing Health Sciences* course does not assure you a passing score on the Examination.

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.**

IHS' newest training tool, the ***Trainer Manual,*** is designed to provide a step-by-step plan for trainers/sponsors to lead their apprentices through the Distance Learning course in preparation for the written licensing examination. This initiative was launched to standardize the training of apprentices. The new Trainer Manual is a roadmap for teaching and learning the knowledge and skills necessary for safe and successful entry-level practice. To order, visit **www.ihsinfo.org/trainermanual.**

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.



Description of a Successful Candidate

The successful candidate is knowledgeable of, and capable of, safely performing within the scope of practice permitted by the governing agency's license. Within the permitted scope of practice, he/she is independently capable of determining and understanding a patient's/client's hearing and listening needs; discovering a patient's/client's health history; determining, conducting, and interpreting appropriate audiometric tests; selecting and fitting appropriate instrumentation and other assistive devices; performing proper sanitation; recognizing when referrals to other health care professionals – including more experienced hearing aid specialists – are necessary, and working, when necessary, with associated healthcare professionals to help a patient/client fully understand their particular issues related to hearing and hearing loss.

The candidate must be supervised in accordance with the laws and rules of the governing agency where he/she intends to practice.

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 (exam blueprint) 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 10 competency areas. Please refer to the Competency Model included in this study guide.

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 and the licensing body whether the special accommodation request has been approved or denied.

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.

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).

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

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 candidate's 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

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 80 scored and 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. IHS provides a recommended passing score, but the ultimate pass/fail decision is up to the licensing board, 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.

Score Reporting

- ***IHS recommends that licensing boards report 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).*

- ***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 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.*

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 USD 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 USD 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. **Exam questions are drawn from, and referenced to all of 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.) MI: International Hearing Society (1993) www.ihsinfo.org/dlonline
- ***Hearing Instrument Science & Fitting Practices*** (2nd ed.) MI: International Hearing Society (1996)
- ***Introduction to the Auditory System*** MI: International Hearing Society (2005)
- ***Masking: Practical Applications of Masking Principles and Procedures*** *(3rd ed.)* MI: International Hearing Society (1999)
- ***Outcome Measures & Troubleshooting*** MI: International Hearing Society (2003)
- ***Altering Behaviors: A Powerful Approach to Aural Rehabilitation*** MI: International Hearing Society (2004)
- ***Audioprosthology: Hearing Instrument Selection, Fitting, and Verification*** MI: International Hearing Society (2008)
- ***Digital Signal Processing for Hearing Aids*** *A supplement to the workbook* MI: International Hearing Society(2006)
- ***Introduction to Audiology*** (11th ed.) Martin, Frederick and John Clark, NY: Allyn & Bacon (2011) Purchase online at www.pearsonhighered.com
- ***Fitting and Dispensing Hearing Aids*** Taylor, Brian and Mueller, H. Gustav, CA: Plural Publishing Inc. (2011) Purchase online at www.pluralpublishing.com
- ***Infection Control in the Audiology Clinic*** *(2nd ed.)* Bankaitis, A.U and Robert Kemp MO: Oaktree Products (2005) Purchase online at www.oaktreeproducts.com
- ***Roeser's Audiology Desk Reference: A Guide to the Practice of Audiology*** (2nd ed.) Roeser, Ross J. NY: Thieme Medical Publishers, Inc. (2013)
- ***The Comprehensive Dictionary of Audiology:*** **Illustrated by Brad A. Stach, PhD** *(2nd ed.)* Maryland: William & Wilkins (1997)
- ***Trainer Manual*** MI: International Hearing Society (2013) www.ihsinfo.org/trainermanual

Note: Only IHS textbooks are available for purchase at www.ihsinfo.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 Exam[4]
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/caregivers.	
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 Exam[5]
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.

Acronym/Abbreviation List

Please be familiar with these acronyms and abbreviations which may be used on the examination.

A/C
ALD
ANSI
APHAB
B/C
BAHA
BiCROS
BTE
CIC
COSI
CROS
dB
dB HL
dB SPL
DSL I/O
DSP
ENT
FM
FOG
HF
HFA
HL
HTL
Hz
IHAFF
ITC
ITE
LDL
mA
mAH
MCL
NAL
NAL-L
NAL-NL
NAL-NL1
NAL-NL2
NAL-R
NOAH
NU-6
OAE
OSPL90
PB Max
POGO
PTA
REAR
RECD
REIG
REIR
REM
REOR
RESR
REUR
RIC
SAT
SAV
SIN
SL
SPL
SRT
TM
UCL
VC
WRS

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 cross section *
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.

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

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

Adding a readily available amplifier to the phone, as stated in choice C, is the best way to help this person.

Please note: Use of this guide does not assure you a passing score on the examination.

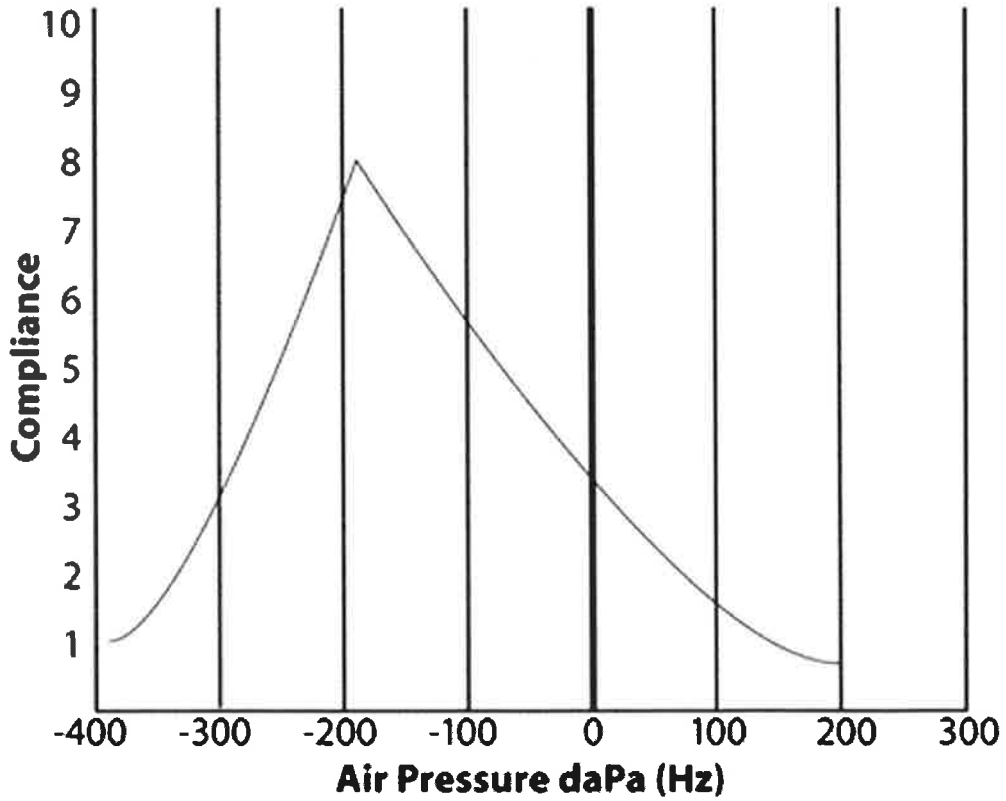
Sample Test Questions

The sample test questions are for informational purposes only. The sample questions are designed to familiarize you with the exam 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: IHAFF
   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. For additional information you may look up the listed reference.

1. Correct Answer: "A" and "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

End of Answer Key

Frequently Asked Questions (FAQs)

- **How many questions are on the test?**
  The examination is comprised of 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).*

- **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 recommends that licensing bodies only report 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 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 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 is a score report?**
  A confidential report provided by IHS to the licensing body containing information that documents the candidate's test result. IHS recommends that licensing bodies only report pass/fail decisions based on overall exam performance.

- **What topics will the examination cover?**
  This assessment is based on the most recent 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.

- **What textbooks and reference materials are recommended for this examination?**
  A list of reference material is listed in this study guide. The test question pool for the exam have been developed using these references. No single reference can be recommended to use for your studies.

- **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 written licensing examination. www.ihsinfo.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.

- **What is IHS' Trainer Manual?**
  IHS' newest product, the *Trainer Manual* is designed to provide a step-by-step plan for trainers/sponsors to lead their apprentices through the Distance Learning course in preparation for the written licensing examination. The content of this manual is mapped to the competency model of this written exam and currently follows the outline of the DL course. This initiative was launched to standardize the training of apprentices. For more information visit, www.ihsinfo.org/trainermanual

  The *Trainer Manual* includes:
  - **Learning Objectives**: "Upon completion, trainee should be able to..." in each lesson
  - **Skills** to be mastered: "what to teach" in each lesson, for each competency
  - Suggested teaching **Tasks:** "how to teach" in each lesson, for each competency
  - **Proficiency Review:** measures continued performance of the previous lesson
  - **Practical Training Checklist:** a qualitative, narrative assessment tool at the end of each section that documents the # of training hours
  - **Assessment:** evaluation tool, is the rating of the trainee's achievement of proficiency on the required tasks
  - **Summary Training Guide:** Performance assessments for each competency
  - **Documentation** areas: for evaluation and feedback
  - **4-color Images**

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

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

- **Which Canadian provinces are currently using the IHS written licensing assessment?**
  1. British Columbia
  2. Manitoba
  3. Nova Scotia
  4. Ontario

- **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.

Please note: Use of this guide does not assure you a passing score on the examination.

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