Study Guide

International Licensing Examination for Hearing Healthcare Professionals

Prepared by:

International Hearing Society

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International Hearing Society

Dear Test-Taker,

Welcome to the hearing healthcare profession!

The purpose of this study guide is to help you prepare for the licensing examination. Be sure to read this document thoroughly. If you have any questions, please contact your state/provincial licensing body directly.

You will be taking the International Hearing Society's "International Licensing Examination for Hearing Healthcare Professionals". There are one hundred and five (105) multiple-choice questions on the examination. This examination utilizes dichotomous scoring, meaning the answer options are either right or wrong. You will earn one (1) point for getting the question correct. You will earn zero (0) points for getting the question incorrect (wrong). 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. Please refer to the sample test questions on page 14 of this study guide. You will receive a score result based on eighty (80) scored items.*

A candidate performance report will be provided to the licensing body directly. It is up to the licensing body to determine if you pass or fail, not the International Hearing Society. All inquiries regarding the status or results of your examination should be directed to the state/provincial licensing office, not to the International Hearing Society.

We wish you the very best in your journey to become a hearing healthcare professional.

Sincerely,
International Hearing Society

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Introduction

About the International Hearing Society (IHS)

The International Hearing Society (IHS) is a membership association that represents hearing healthcare professionals worldwide.

Overview
IHS members are engaged in the practice of testing human hearing and selecting, fitting and dispensing hearing instruments and counseling patients. Since its inception more than 60 years ago, the International Hearing Society has been committed to raising the bar in dispensing education to ensure high professional standards. As a leader in the hearing healthcare profession, IHS is uniquely placed to provide assistance to licensing bodies by developing and testing fair and standard requirements for safe and effective entry-level practice.

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About the Study Guide

The purpose of this study guide is to help you prepare for the "International Licensing Examination for Hearing Healthcare Professionals". 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 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 2010 Competency Model of the International Hearing Society.

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About the Licensing Examination

The "International Licensing Examination for Hearing Healthcare Professionals" is a proprietary exam 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 body in their responsibility to identify entry-level professionals whose knowledge and clinical skills meet or exceed basic expected professional standards.

The "International Licensing Exam for Hearing Healthcare Professionals" 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
- Critical thinking and reasoning
- Integrate new or given information with known information or processes
- Make decisions or provide judgements

Each exam 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. Exam questions are drawn from, and referenced to, all of 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 only by participating in an active practice/clinic can you gain the necessary knowledge and experience to become a successful hearing aid specialist.

Your local licensing body utilizes the "International Licensing Examination for Hearing Healthcare Professionals" from the International Hearing Society (IHS). IHS' licensing exam questions are drawn from, and referenced to, all of the recommended reference materials in this study guide. Exam questions will change over time. All exam 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! It is a self-paced, independent, self-study course. It is specifically designed as an introduction to the

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profession. It is the BEST information for exam candidates to study and prepare for this licensing examination. Furthermore, we recommend that you read each book cover to cover. To order the course visit **www.ihsinfo.org/dlonline**

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.

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

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Examination Policies

The International Hearing Society (IHS) subscribes to all U.S., Canadian and other international laws regarding testing policies, standards, and practices; including candidate rights to fair-testing, information accuracy and privacy, and the right-to-know and the right-to-appeal a pass/fail decision. IHS requires that special testing accommodations be made available to candidates with disabilities upon request and proof of disability as per U.S. law.

Non-Discrimination Policy

No candidate shall be denied eligibility to sit for the licensing examination because of age, sex/gender, sexual preferences, marital status, religious preference, nationality, race or physical disability, except when a physical disability can effect the level of professional service provided to patients/clients.

Persons with disabilities who need special testing accommodations should submit their request, in writing with medical documentation, to the state/provincial licensing office.

Examination Administration

Examination materials are provided to participating licensing bodies as a contracted service and through these bodies to eligible candidates. It is understood that these materials are to be used as agreed upon and intended. All exam materials are to be returned to IHS for proper storage or disposal.

On the day of the scheduled exam, candidates must report to the exam site at the published time, prescribed by the licensing body. A maximum of two (2) hours will be provided for completion of the written exam from the time it starts.

Candidates may not carry any papers, briefcases or other personal belongings to the exam site. Calculators are not permitted. Purses must be placed on the floor under the chair.

You will be given a sealed exam booklet, Scantron answer sheet and a No. 2 pencil for marking the answer sheet. Do not break the seal on the exam booklet until you are told to do so. Please treat your answer sheet with care. Do not press the pencil so hard that it punctures a hole through the answer sheet. Do not fold or crumple your answer sheet. The Scantron answer sheet contains five (5) possible answers, however the exam questions (items) only contains four (4) possible answers. Please do not use the answer "e", the fifth answer option on the Scantron answer sheet.

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***** IMPORTANT *****

A few items on the examination request selection of (2) two answers. There are (4) four answer options (A, B, C, and D). You must select (2) two answer options **correctly** (both correct answer options) to get the item correct, and therefore earn (1) one point for that question. If you only select one answer option, you will get the question wrong (incorrect) and therefore earn 0 points for that question. If you select one correct answer option, and one incorrect answer option, you will get the question wrong (incorrect) and therefore earn 0 points for that question. ***You must choose both correct answer options (two correct answers).***

Here is an example from the Sample Test Questions in this Study Guide:

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 *****

In order to get this item correct, and therefore earn (1) one point for this question, you must choose **A** *and* **D**.

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 was developed.

The "International Licensing Examination for Hearing Healthcare Professionals" consists of one hundred and five (105) multiple-choice items. Questions from each competency area are included in the examination form. This requires candidates to answer questions from each of the (10) ten competency areas. Please refer to the competency model included in this study guide.

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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 exam is comprised of eighty (80) scored and twenty-five (25) non-scored (pilot) test questions. Administering pilot (non-scored) items will allow the International Hearing Society (IHS) to collect data on new test questions.

This examination utilizes dichotomous scoring, meaning the answer selections are either right or wrong (1,0). The test-taker will earn one (1) point for getting the question right (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 examinations but for competency exams as a whole. There is legal precedence with dichotomous scoring that provides peace-of-mind for licensing bodies working with the issue of professional competency.

A score report will be provided to the licensing board office. It is up to the licensing body to determine if you pass or fail, not the International Hearing Society. All inquiries regarding the status or results of your written examination should be directed to the state/provincial licensing office, not to the International Hearing Society.

The International Hearing Society is not permitted to share performance information with test candidates.

Right of Appeal

Any candidate may appeal a pass/fail decision with the state or provincial licensing body. Various rules and fees may apply.

All inquiries regarding the status or results of your examination should be directed to the state/provincial licensing office, not to the International Hearing Society.

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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 exam 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, exam questions will change over time. All exam questions have been evaluated for appropriateness.

- **IHS' Distance Learning for Professionals in Hearing Health Sciences course** (Workbook 5th ed.) Livonia: International Hearing Society (1993)
- ***Hearing Instrument Science & Fitting Practices*** (2nd ed.) Livonia: International Hearing Society (1996)
- ***Introduction to Audiology*** (11th ed.) Martin, Frederick and John Clark New York: Allyn & Bacon (2011) Purchase online at www.pearsonhighered.com
- ***Introduction to the Auditory System*** Livonia: International Hearing Society (2005)
- ***Masking: Practical Applications of Masking Principles and Procedures*** *(3rd ed.)* Livonia: International Hearing Society (1999)
- ***Outcome Measures & Troubleshooting*** Livonia: International Hearing Society (2003)
- ***Altering Behaviors: A Powerful Approach to Aural Rehabilitation*** Livonia: International Hearing Society (2004)
- ***Audioprosthology: Hearing Instrument Selection, Fitting, and Verification*** Livonia: International Hearing Society (2008)
- ***Digital Signal Processing for Hearing Aids.*** *A supplement to the workbook* Livonia: International Hearing Society(2006)
- ***Infection Control in the Audiology Clinic*** *(2nd ed.)* Bankaitis, A.U and Robert Kemp Missouri: Oaktree Products (2005) Purchase online at www.oaktreeproducts.com
- ***The Comprehensive Dictionary of Audiology:*** **Illustrated by Brad A. Stach, PhD** *(2nd ed.)* Maryland: William & Wilkins (1997)

IHS textbooks are available for purchase at www.ihsinfo.org

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Competency Model

The test content is determined by the 2010 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
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.	

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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/care giver.	
Objective 7.2	Discuss use of hearing instrument with patient/client and family members/care givers.	
Objective 7.3	Discuss coping strategies with patient/client and family members/care givers.	

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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/care givers their role in aural rehabilitation.	
Objective 8.4	Discuss with patient/client environmental listening strategies.	
Objective 8.5	Educate the patient/client and family/care givers 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%**

Note: The "% of Total Exam" is an indicator of what material bears the most weight on the examination.

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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.

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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 an amplifier, which are widely available 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.

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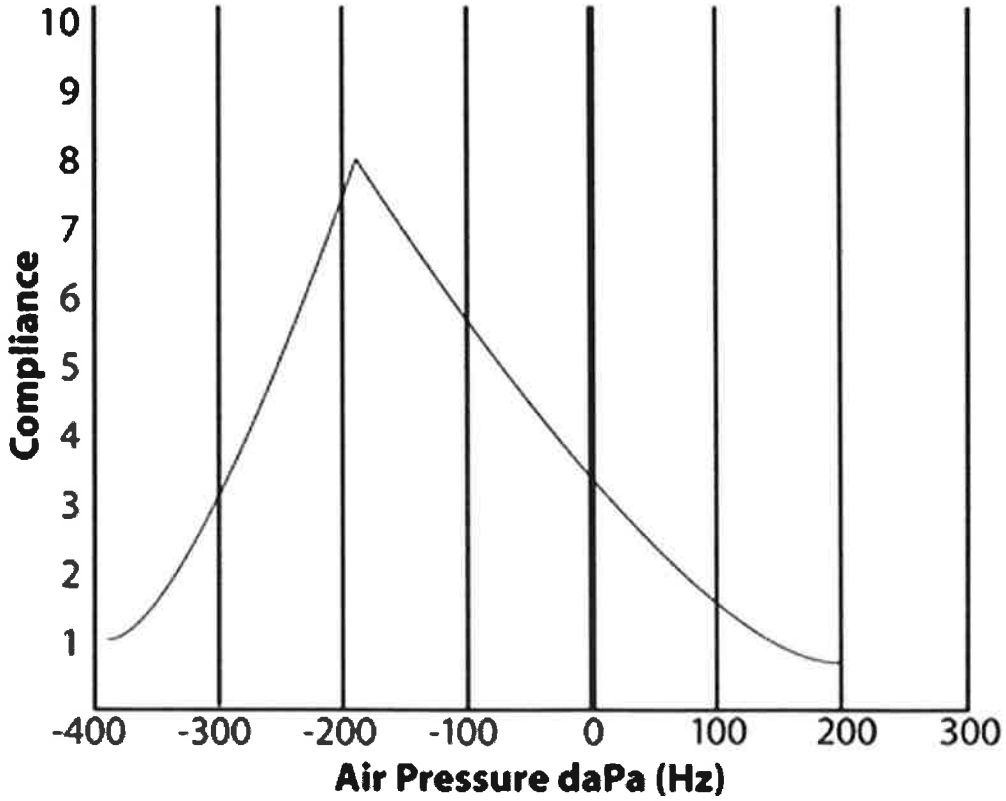
Sample Test Questions

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

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3. Which factor will affect a patient's/client's acceptance and use of hearing instruments?

   A: presence of small children in home
   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 cross section
   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

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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

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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.

1. Correct Answer: A, D
   Section 1: Observe proper sanitary procedures.
   Objective 1.1: Observe sanitation protocols to protect the patient/client and the practitioner.

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.

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.

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.

5. Correct Answer: A
   Section 5: Fit and dispense hearing instruments.
   Objective 5.2: Fit hearing instrument using computerized algorithms or other appropriate methods.

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.

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/care giver.

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/care givers.

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.

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.

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Frequently Asked Questions (FAQs)

- **How many questions are on the examination?**
  The examination is comprised of one hundred and five (105) multiple-choice items.

- **How much time is given for the examination?**
  One hundred and twenty (120) minutes are allowed to complete the test 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 (1,0). 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. There is legal precedence with dichotomous scoring that provides peace-of-mind for licensing bodies working with the issue of professional competency.

- **Choosing the correct answer or answers.**
  A few items on the exam form request selection of two (2) answers. There are (4) four answer options (A, B, C, and D). You must select two (2) 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).*

- **What is an MQC?**
  MQC stands for Minimally Qualified Candidate. The MQC is a conceptualization of the candidate that possesses the minimum knowledge and skills to just meet expectations of a licensed individual.

- **Who decides if a candidate passed the exam?**
  It is up to the state/provincial licensing body to determine if the test-taker passed or failed the written examination. The International Hearing Society is not permitted to share performance information with test candidates.

- **What is the passing score?**
  Candidates will receive a score based upon their performance on the operational form. According to IHS if the candidate score is at or above the cut score, the candidate passes the test. If the candidate score is below the cut score, the candidate fails the test according to IHS. *The licensing body is responsible for making the pass/fail decision of the candidate and for communicating the candidate's exam result.*

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- **What is a cut score?**
  The minimum score required to pass the test. 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.

- **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 body to determine if a candidate has demonstrated sufficient competency to be eligible for a license.

- **What is a score report?**
  A confidential report provided by IHS to the licensing body containing information that documents the candidate's test result.

- **What information is on the score report?**
  IHS will provide each licensing body with a score report that lists each candidate in the licensing board's jurisdiction who took the test, the candidate's raw score and the candidate's overall percentage score, and the result according to IHS standards.

- **Is this a beta exam?**
  No, this is the International Hearing Society's new "International Licensing Exam for Hearing Healthcare Professionals". It is not a beta exam. The beta testing period concluded in September 2012.

- **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 test. According to IHS, if the candidate score is at or above the cut score, the candidate passes the test. If the candidate score is below the cut score, the candidate fails the test according to IHS standards.

- **What textbooks and reference materials are recommended for this examination?**
  A list of reference material is listed in this study guide.

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- **What topics will the exam cover?**
  This assessment is based on the 2010 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.

- **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 the BEST information for exam candidates to study and prepare for this licensing examination. Furthermore, we recommend that the candidate read each book cover to cover. Please visit www.ihsinfo.org/dlonline for more information.

- **When will IHS' Distance Learning course be updated?**
  As we speak, IHS is working on updating the *Distance Learning for Professionals in Hearing Health Sciences course*. A product release date has not been determined at this time.

- **What should I study?**
  Every question on this examination is referenced to one of the books listed as "Recommended Reference Material" in the study guide. 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.

- **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

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

- **Can I appeal my exam result?**
  You may appeal a pass/fail decision with the state or provincial licensing body. Various rules and fees may apply. All inquiries regarding the status or results of your examination should be directed to the state/provincial licensing office, not to the International Hearing Society.

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

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