IHS Licensing Examinations for Hearing Aid Specialists

Created for the California Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

Sierra C. Sharpe, MBA, PMP
Director of Professional Development
International Hearing Society

July 17, 2026

International Hearing Society

IHS Has Two Entry-Level Exams That Complement Each Other

Written/Computer-Based – ILE

- 105 questions (80 scored + 25 pilot)
- 2 hours
- Delivered in testing centers nationwide (27 in CA)

Hands-On/In-Person – Practical Exam

- 6 sections
- 2-4 hours
- Delivered by the licensing agency/board

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ILE – The Written Exam

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Exam Development

- Psychometrics firm, Certification Management Services (CMS), is IHS' Exam Development partner.
- ILE Committee is comprised of Subject Matter Experts (SME) that are representative of the profession/industry as a whole.
- Job-Task Analysis is performed every 5-7 years.
- Test questions are continually developed and pilot tested.
- Two new test forms each calendar year.
- Statistics are continually monitored on forms and individual items.
- Passing score is determined by psychometric Standard Setting.

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Exam Format

- 105 multiple-choice questions
- On each test form, there are 80 scored (operational) questions and 25 unscored (pilot) questions.
- Items only become operational after successful pilot testing.
- Questions can be: Choose 1 of 3 (most common); Choose 1 of 4; Choose 2 of 5 (rare).
- The cognitive complexity varies for each Objective on the outline – Remember, Understand/Apply, Analyze/Evaluation – according to the subject matter.
- Scoring is dichotomous & each question is worth 1 point.

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Exam Content: ILE & CA State Written Exam

CA State Written Exam

1. Equipment/Pre-Visit – 4%
2. Case History – 8%
3. Assessment – 24%
4. Selection & Sales – 13%
5. Ear Impression – 8%
6. Pre-Fitting – 5%
7. Fitting – 17%
8. Follow-Up Care – 11%
9. Counseling – 10%

ILE

1. Conduct Patient/Client Assessment – 21%
2. Interpret & Apply Assessment Results – 22%
3. Select Hearing Devices – 18%
4. Fit and Dispense Hearing Devices – 20%
5. Provide Continuing Care – 19%

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Exam Content: ILE & CA Written Exam

Content on CA and not on ILE

- K16: HIPAA laws and regulations
- K125 – K128: Clearance/waiver and state and federal guidelines and regulations

IHS has the ability to insert a computer-based jurisprudence exam with the ILE, if desired.

Content on ILE and not on CA

- Expectation to read/interpret tympanograms *(NOT perform tympanometry)* – included as a small portion of Objective 1.3.

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Exam Delivery/Logistics

1. Licensing Agency tells IHS who is eligible to take the ILE (methodology can vary, collaborative approach to determining workflow).
2. IHS inputs candidate into the ILE scheduling system.
3. Candidate receives an email with Study Guide and link to schedule.
4. Candidate schedules & pays for their test. The exam is offered on-demand. If the Board needs a different approach, we could discuss that.
5. After taking the exam, Candidate and Licensing Agency receive immediate results (pass/fail and section-level; methodology can vary, collaborative approach to determining workflow).

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Exam Testing Center Locations (27 in CA)

Note: Candidates may test at any convenient location, doesn't have to be a California center (ease of access for candidates living near a state line).

Anaheim	Hayward	Roseville
Arcata	Inglewood	Sacramento
Bakersfield	Lancaster	San Diego
Burbank	Long Beach	San Francisco
Calimesa	Los Angeles	San Jose
Ceres (Modesto)	Northridge	Santa Ana
Fremont	Palm Desert	Stockton
Fresno	Redding	Temecula
Glendale	Riverside	Walnut

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Exam Fees

- IHS and the Licensing Agency have a no-cost contract.
- The test candidate pays a fee per administration - $260 USD.
- IHS can provide basic reporting to the Licensing Agency at no additional cost.
- If an individual re-locates to another state, IHS performs a score transfer - $50 USD.

IHS International Hearing Society

IHS Practical Exam – The Hands-On Exam

International Hearing Society

Exam Development

- Psychometrics firm, Certification Management Services (CMS), is IHS' Exam Development partner.
- Practical Exam Development Group was comprised of Subject Matter Experts (SME) that are representative of the profession/industry as a whole.
- Exam based on Job-Task Analysis that is performed every 5-7 years.
- Exam was completely re-done and launched in 2023.
- Three test forms in the marketplace.
- Statistics are continually monitored on forms and individual items.
- Passing score is determined by psychometric Standard Setting.

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Exam Format

- Exam is delivered from a bound booklet that is the proctor script as well as the scoring guide for each candidate.
- 105 scoring elements.
- Scoring is dichotomous.
- Scoring elements range in point value from 1 to 4. The point value is based on criticality and frequency (weighted toward criticality).

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Exam Delivery/Logistics

1. Licensing Agency tells IHS their test date & orders the number of exams needed for the test date.
2. IHS ships the exam materials to the Licensing Agency.
3. Licensing Agency/their trained proctors deliver the exam.
4. The exam is scored on the spot. Agency retains detailed score sheet and ships booklets and materials back to IHS.
5. Licensing Agency is billed for the actual number of exam booklets used.

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Exam Scoring

- The exam has 6 sections, each with a weight applied based on criticality and frequency.
- The passing score is set psychometrically and is for *the overall exam – NOT section-by-section.**
- If a candidate fails, they re-take the whole exam.*

**States may elect to deviate from this guidance. Such deviations are not psychometrically recommended and may not be legally defensible.*

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Exam Fees

- IHS and the Licensing Agency enter into a procurement contract – IHS is sole source for national licensing examinations for hearing aid specialists.
- The current cost per test is $200 USD + shipping.

Exam Delivery Opportunities

- Licensing Agencies face a challenge in recruiting and training proctors and managing the practical exam delivery process.
- IHS is exploring possible alternate delivery formats with CMS.

- Example: Laparoscopic surgeons

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Exam Content: IHS Practical & CA State Practical Exam

CA State Written Exam

1. Equipment/Pre-Visit
2. Assessment
3. Ear Impression
4. Fitting and Delivery
5. Follow-Up/Post-fitting Care
6. Counseling

IHS Practical Exam

1. Otoscopy and Ear Impression – 15%
2. Audiometric Evaluation – 25%
3. Audiometric Interpretation – 20%
4. Hearing Aid Selection, Fitting, and Follow-Up – 20%
5. Verification – 10%
6. Hearing Aid Troubleshooting – 10%

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Exam Content: IHS Practical Exam & CA Written Exam

Content on CA and not on IHS

- 2.1: Knowledge of laws and regulations pertaining to signs & symptoms that require a medical referral.
  - The task of determining the need for referral *is* included.
- 4: Teach client to use assistive listening device controls

Content on IHS and not on CA

- S3: Audiometric Interpretation – type, degree, symmetry, configuration of HL; PTA/SRT agreement; recommendation for amplification
- S5: Verification – place probe tube, mic assembly, and HA; verify probe tube placement; analyze/interpret REAR graphs

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Exam Administration Flexibility

- Ear Impressions: Live person, mannequin, or rubber ear
- Audiometry: Needs to be a live person
- Verification: Live person, mannequin, or rubber ear

- Live Person: Can be a third party that the candidate brings or can be another proctor. The scoring proctor should never also be the test subject.

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Hearing Aid Specialist Licensing – The National Landscape

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Exams By State & Reciprocity

- 49 states require a written exam. 44 use the ILE.
- 39 states require a practical exam. 16 use the IHS Practical.
- Adopting the National Exams allow candidates to move easily between states. Licensing Agency staff know that exams from all other National Exam states are equivalent and meet the state's requirements.

Questions?

International Hearing Society

Thank You!

Sierra C. Sharpe, MBA, PMP
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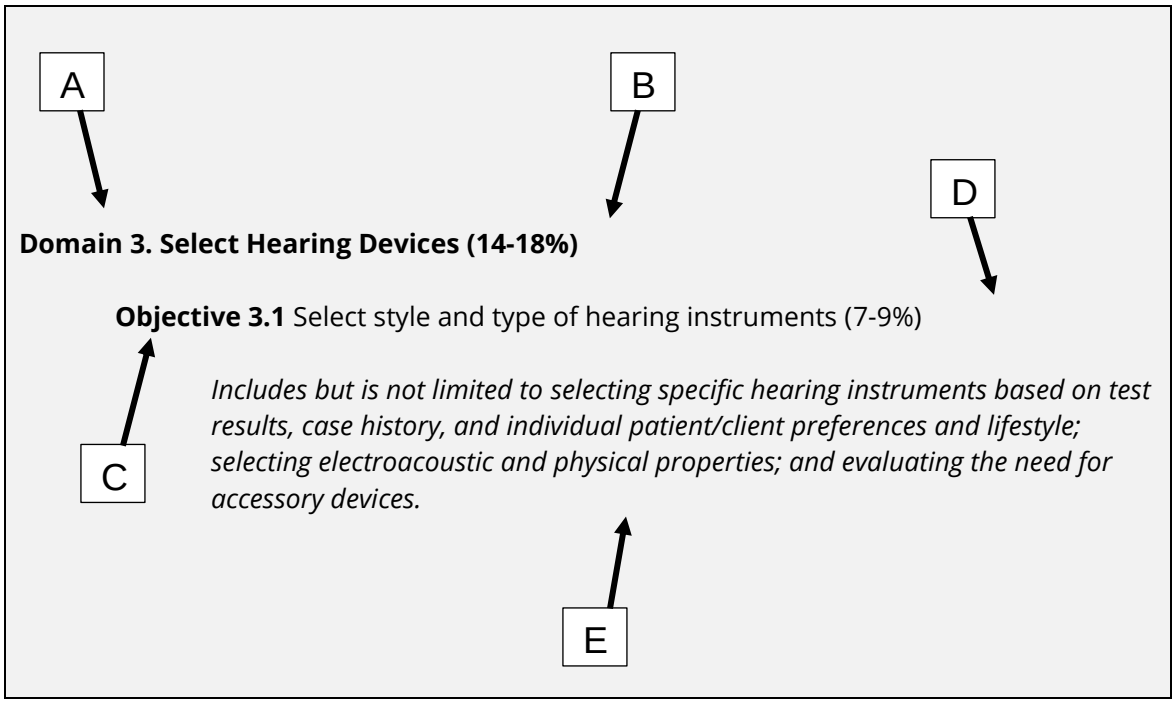
International Hearing Society

COMPETENCY MODEL STRUCTURE AND TERMINOLOGY
for the International Licensing Examination for Hearing Healthcare Professionals

Effective January 1, 2024



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Domain 1. Conduct Patient/Client Assessment (21%)

Objective 1.1 Apply infection control protocols (5%)

Includes but is not limited to choosing appropriate infection control processes for tools and equipment; observing universal precautions for infection control; distinguishing between single- and multiple-use items; differentiating among sanitization, disinfection and sterilization processes; and identifying personal protective equipment.

Objective 1.2 Apply otoscopic inspection protocols (5%)

Includes but is not limited to observing safety protocols during otoscopy; identifying anatomical structures; identifying abnormalities through otoscopic inspection; and recognizing the presence of referral criteria. This objective helps provide evidence of the candidate's ability to perform otoscopy.

Objective 1.3 Utilize audiometric testing protocols (11%)

Includes but is not limited to performing air and bone conduction threshold and suprathreshold testing; performing speech audiometry; performing effective masking; and applying principles to include interpreting results of tympanometry/immittance audiometry. This objective helps provide evidence of the candidate's ability to perform audiometric testing and application of tympanometry.

Domain 2. Interpret and Apply Assessment Results (22%)

Objective 2.1 Interpret and explain audiometric results (11%)

Includes but is not limited to demonstrating an understanding of referral criteria; interpreting pure tone and speech testing results; identifying the need for additional testing; identifying the degree and configuration of hearing loss; and identifying the type of hearing loss.

Objective 2.2 Determine candidacy for amplification (11%)

Includes but is not limited to interpreting the case history and outlining contraindications to hearing instrument use.

Domain 3. Select Hearing Devices (18%)

Objective 3.1 Select style and type of hearing instruments (9%)

Includes but is not limited to establishing fitting goals and selecting specific hearing instruments based on test results, case history, and individual patient/client preferences and lifestyle; selecting electroacoustic and physical properties; and evaluating the need for accessory devices.

Objective 3.2 Select earmold or other acoustic coupler (9%)

Includes but is not limited to assessing physical properties of the outer ear, taking ear impressions, critiquing ear impressions, and selecting coupler based on patient/client needs.

Domain 4. Fit and Dispense Hearing Devices (20%)

Objective 4.1 Utilize protocols to fit hearing instruments and other devices (10%)

Includes but is not limited to confirming physical and acoustic integrity of hearing devices; programming and adjusting hearing devices; verifying physical fit and acoustic comfort; orienting patient/client to hearing instruments; and orienting patient/client to assistive devices. This objective helps provide evidence of the candidate's ability to program and dispense hearing instruments and other devices.

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Includes but is not limited to selecting verification method based on patient/client; assessing physical and acoustic integrity of hearing devices; interpreting and explaining verification results; and modifying physical and acoustic parameters of device. This objective helps provide evidence of the candidate's ability to perform fitting verification (e.g., speech mapping, REM).

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Objective 5.1 Implement aural rehabilitation and counseling (8%)

Includes but is not limited to demonstrating an understanding of the psychology of the hearing impaired; defining and managing patient/client expectations for improved communication; defining and managing family/caregiver expectations for improved communication; and identifying communication strategies.

Objective 5.2 Apply instrument maintenance and troubleshooting protocols (9%)

Includes but is not limited to employing hearing instrument cleaning procedures; performing listening checks on hearing instruments; troubleshooting acoustic properties of hearing instruments; and adjusting based upon changes in patient/client hearing loss and/or listening needs. This objective helps provide evidence of the candidate's ability to maintain and troubleshoot instrument performance.

Objective 5.3 Interpret electroacoustic analysis results (2%)

Includes but is not limited to identifying need for electroacoustic analysis and comparing electroacoustic analysis of patient's/client's hearing instruments to fitting specifications.

Study Guide

International Licensing Examination for Hearing Healthcare Professionals

Prepared by:

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 helpful.

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 each right answer and earn zero (0) points for each wrong answer. Please note that there are a few questions on the exam that request selection of multiple correct responses. For example, if the question asks, "Which two", you must select the two (2) correct answer options in order to earn (1) one point for that question. For more information, please continue reading this Study Guide.

Should you have any questions, please contact the International Hearing Society. We wish you the very best in your journey to become a dispensing hearing care provider.

Sincerely,
International Hearing Society

International Hearing Society
33900 W. Eight Mile Rd., Suite 101 Farmington Hills, MI 48335
Phone 734.522.7200 Fax 734.522.0200 www.ihsinfo.org

Table of Contents

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/clients. 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] Take 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 body of knowledge.

[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 its 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, and 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
- Determine an answer based on your ability 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.

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, they are 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 they intend 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 competency areas. Please refer to the competency model (body of knowledge) included in this study guide.

Preparing for the Examination

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. 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**.[2] It is a self-paced, 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/dlcourse**.

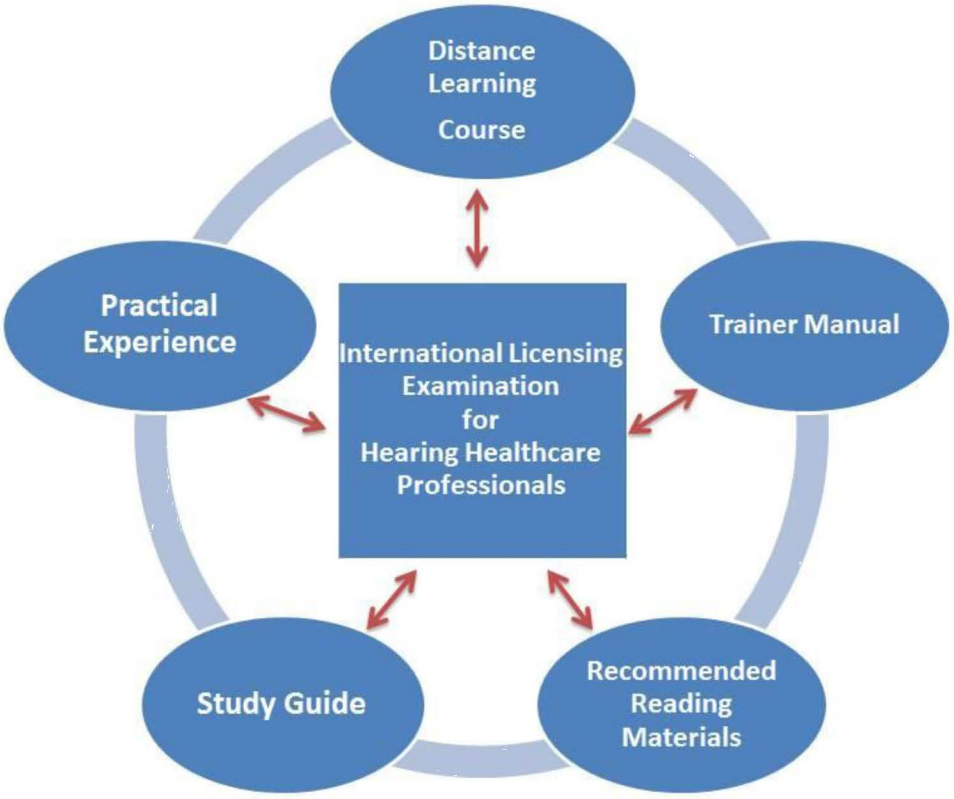
IHS' ***Trainer Manual*** is designed to provide a step-by-step plan for trainers/sponsors to lead their apprentices through the *Distance Learning* course in preparation for the written licensing examination. This initiative was launched to standardize the training of apprentices. The Trainer Manual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

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

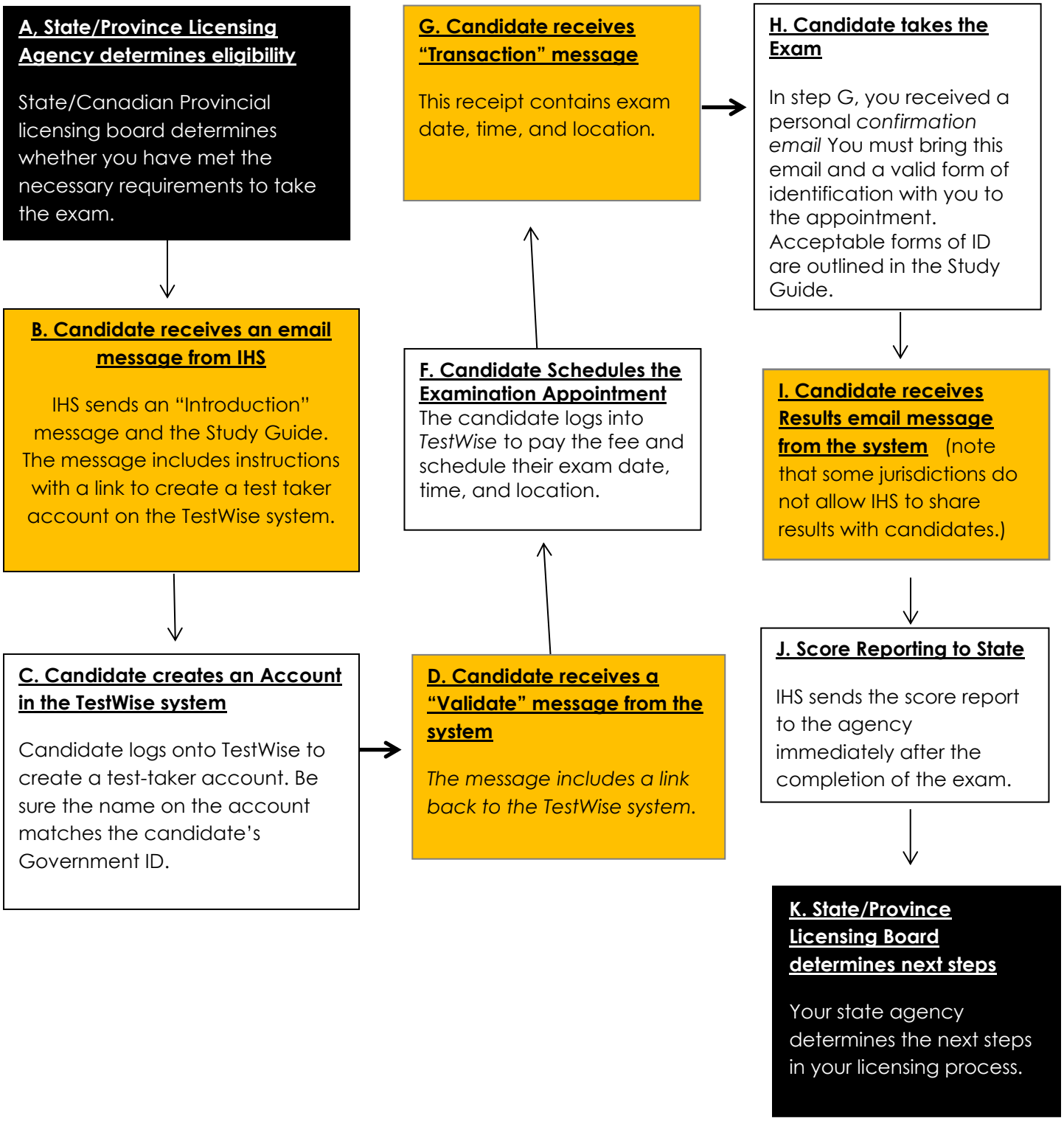
[2] Please note: Use of this guide and/or the IHS *Distance Learning for Professionals in Hearing Health Sciences* course does not assure you a passing score on the examination.

instrument dispensing is a wonderful profession in which you can enhance the lives of many people, as well as your own.

Finally, please share this study guide with your mentor or sponsor.



Exam Process – How does it work?



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.

Recommended References

International Hearing Society. (2022). *Professional training textbook in hearing health sciences* (2022 edition or later). Hayden-McNeil. www.ihsinfo.org/dlcourse

International Hearing Society. (2022). *Professional training workbook in hearing health sciences* (2022 edition or later). Hayden-McNeil. www.ihsinfo.org/dlcourse

International Hearing Society. (2022). *Trainer manual* (2022 edition or later). Hayden-McNeil. https://www.ihsinfo.org/professional-development/dlc

Supplemental References (not required)

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Martin, F. N., & Clark, J. G. (2012). *Introduction to audiology.* (11th edition or later). Pearson. www.pearsonhighered.com

Metz, M. J. (Ed.). (2014). *Sandlin's textbook of hearing aid amplification: Technical and clinical considerations.* (3rd Edition). Plural Publishing.

Taylor, B., & Mueller, H. G. (2011). *Fitting and dispensing hearing aids.* (1st edition or later). Plural Publishing. www.pluralpublishing.com

Wayner, D. S., & Abrahamson, J. E. (2000). *Learning to hear again: An audiologic rehabilitation curriculum guide.* (2nd edition). Hear Again.

World Health Organization. (n.d.) *Deafness and hearing loss.* https://www.who.int/health-topics/hearing-loss

Note: IHS textbooks only are available for purchase at www.ihsinfo.org

ILE Test Prep

ILE Test Prep is the first and only official preparation tool for the *International Licensing Examination for Hearing Healthcare Professionals* (ILE)[3]. This subscription-based service provides access to 240+ previously-used exam questions, categorized by topic. There are also flashcards relevant to the ILE and a practice exam with instant results.

Individuals will gain familiarity with the types of questions present on the ILE, knowledge of their strengths and weaknesses that will help focus study efforts, and have unlimited access throughout the subscription period.

To subscribe, visit www.ihsinfo.org/testprep.

What is the difference between the IHS *Distance Learning for Professionals in Hearing Health Sciences* course and ILE Test Prep?

Distance Learning for Professionals in Hearing Health Sciences provides foundational knowledge for individuals beginning their career as a hearing aid specialist. In tandem with hands-on training, the course provides the knowledge and training necessary to prepare for independent practice.

ILE Test Prep is an exam preparation tool. It is not a substitute for the course. It alone will not prepare someone for licensed practice. IHS recommends a trainee complete *Distance Learning for Professionals in Hearing Health Sciences* while engaging in hands-on training. Then, use ILE Test Prep to prepare for the written licensing examination.

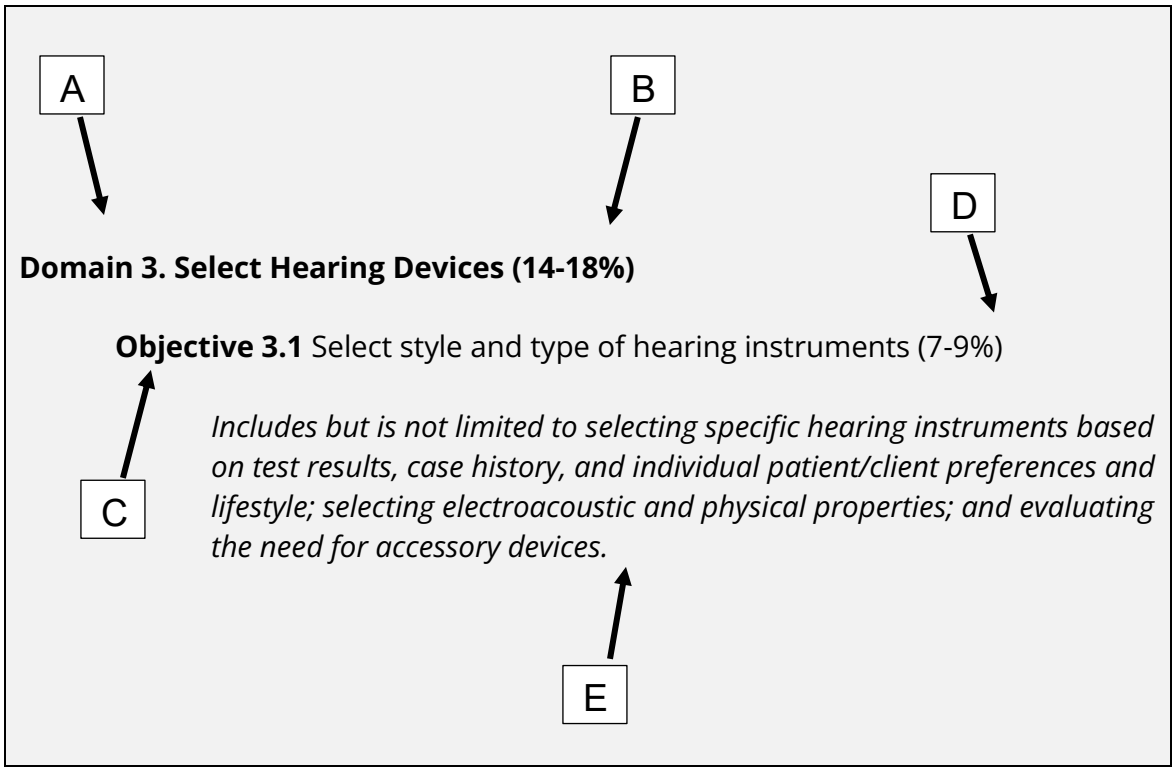
[3] Note: Use of ILE Test Prep does not guarantee a passing score on the International Licensing Examination for Hearing Healthcare Professionals.

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 aid specialist.

COMPETENCY MODEL STRUCTURE AND TERMINOLOGY
for the International Licensing Examination for Hearing Healthcare Professionals

Effective January 1, 2024



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Objective 1.1 Apply infection control protocols (5%)

Includes but is not limited to choosing appropriate infection control processes for tools and equipment; observing universal precautions for infection control; distinguishing between single- and multiple-use items; differentiating among sanitization, disinfection and sterilization processes; and identifying personal protective equipment.

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Includes but is not limited to establishing fitting goals and selecting specific hearing instruments based on test results, case history, and individual patient/client preferences and lifestyle; selecting electroacoustic and physical properties; and evaluating the need for accessory devices.

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Objective 5.3 Interpret electroacoustic analysis results (2%)

Includes but is not limited to identifying need for electroacoustic analysis and comparing electroacoustic analysis of patient's/client's hearing instruments to fitting specifications.

Acronym/Abbreviation List

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

A/D – Analog-to-Digital

AC – Air Conduction

ACA – American Conference of Audioprosthology

AD – Right Ear (auris dextra)

AGC – Automatic Gain Control

AKS – Anti-Kickback Statute

ALD – Assistive Listening Device

ANSI – American National Standards Institute

APHAB – Abbreviated Profile of Hearing Aid Benefit

ARRA – American Reinvestment and Recovery Act

AS – Left Ear (auris sinistra)

AU – Both Ears (aures unitas)

BAHA – Bone-Anchored Hearing Aid

BC – Bone Conduction

BiCROS – Bilateral Contralateral Routing of Signal

BTE – Behind-the-Ear

cc – Cubic Centimeters

CIC – Completely-in-the-Canal

COSI – Client-Oriented Scale of Improvement

CROS – Contralateral Routing of Signal

D/A – Digital-to-Analog

DAI – Direct Audio Input

daPa - Decapascals

dB – Decibel

dB HL – Decibel Hearing Level

dB SPL – Decibel Sound Pressure Level

DR – Dynamic Range

DSL I/O – Desired Sensation Level Input/Output

DSP – Digital Signal Processing

ECV – External Ear Canal Volume

EIN – Equivalent Input Noise

ENT – Ear-Nose-Throat

EPA – Environmental Protection Agency

FCA – False Claims Act

FM – Frequency Modulation

FOG – Full-on Gain

HEAR – History, Evaluation, Assessment, and Recommendations

HF – High Frequency

HFA – High Frequency Average

HHI – Hearing Handicap Inventory

HHIA – Hearing Handicap Inventory for Adults

HHIE – Hearing Handicap Inventory for the Elderly

HINT – Hearing in Noise Test

HIPAA – Health Insurance Portability and Accountability Act

HITECH – Health Information Technology for Economic and Clinical Health

HL – Hearing Level

HS – Half Shell

HTL – Hearing Threshold Level

Hz – Hertz

IA – Interaural Attenuation

IHAFF – Independent Hearing Aid Fitting Forum

IIC – Invisible-in-Canal

IOI-HA – International Outcome Inventory for Hearing Aids

IROS – Ipsilateral Routing of Signal

ITC – In-the-Canal

ITE – In-the-Ear

KHz - Kilohertz

LACE – Listening and Communication Enhancement

LDL – Loudness Discomfort Level

LTASS – Long-Term Average Speech Spectrum

mA – Milliampere

mAH – Milliampere Hours

MCL – Most Comfortable Loudness Level

MPO – Maximum Power Output

MVP – Mini Vent Plugs

NAL – National Acoustic Laboratories (Australia)

NAL-L – National Acoustic Laboratories-Linear

NAL-NL – National Acoustic Laboratories – Non-Linear

NAL-NL1 – See above

NAL-NL2 – See above

NAL-R – National Acoustic Laboratories-Revised

NOAH – Software interface

NTE – Non-Test Ear

NU-6 – Northwestern Auditory Test No. 6

OAE – Otoacoustic Emissions

OE – Occlusion Effect

OSPL90 – Output Sound Pressure Level with 90 dB input

OTC – Over-the-counter

PB – Phonetically Balanced

PB Max – Patient Maximum Performance with Phonetically Balanced Word List

PE – Pressure Equalization

PHI – Protected Health Information

PI - Performance Intensity

PMC – Point of Maximum Compliance

POGO – Prescription of Gain and Output

PPE - Personal Protective Equipment

PSAP - Personal Sound Amplification Product

PTA – Pure-Tone Average

REAR – Real Ear Aided Response

RECD – Real Ear to Coupler Difference

REIG – Real Ear Insertion Gain

REIR – Real Ear Insertion Response

REM – Real Ear Measurements

REOG – Real Ear Occluded Gain

REOR – Real Ear Occluded Response

RESR – Real Ear Saturation Response

REUR – Real Ear Unaided Response

RIC – Receiver-in-Canal

RITE - Receiver-in-the-Ear

RTG - Reference Test Gain

SADL – Satisfaction with Amplification in Daily Life

SAT – Speech Awareness Threshold

SAV – Select-a-Vent

SC – Static Compliance

SDT – Speech Detection Threshold

SII - Speech Intelligibility Index

SIN – Speech in Noise

SL – Sensation Level
SNHL – Sensory/Neural Hearing Loss

SNR - Signal-to-Noise Ratio

SOAP - Subjective, Objective, Assessment, and Plan

SPIN - Speech Perception in Noise

SPLITS - Sound Pressure Level in an Inductive Telephone Simulator

SPL – Sound Pressure Level

SRT – Speech Reception Threshold

SSPL90 – Replaced by OSPL90

TD - Threshold of Discomfort

TDH - Telephonic Dynamic Headphone (Such as TDH-39 OR TDH-49)

TE - Test Ear

TM – Tympanic Membrane

TPP - Tympanometric Peak Pressure

TTS - Temporary Threshold Shift

UCL – Uncomfortable Loudness Level

VC – Volume Control

VU -Volume Units

WNL - Within Normal Limits

WR – Word Recognition

WRS – Word Recognition Score

Before 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.

Accommodation Requests

IHS is committed to complying with the *Americans with Disabilities Act of 1990* ("ADA"). To request accommodations, a candidate may contact IHS to obtain a "Candidate Accommodation Request Form." A candidate must submit the complete request form along with the required supporting documentation prior to scheduling an examination appointment.

IHS will conduct an individualized assessment of each request for accommodations based upon the documentation submitted by the candidate in accordance with the Candidate Accommodation Request Form requirements. The accommodation assessment period is typically sixty (60) days.[4] IHS will then notify the candidate whether their accommodation request has been approved or denied. The candidate then may schedule and pay for their examination appointment.

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.

To download a Candidate Accommodation Request Form, please visit www.ihsinfo.org.

Creating a Test-Taker Account

The International Hearing Society (IHS) is the administrator of the written licensing examination. Certification Management Services (CMS) is the delivery service provider. TestWise ™ system is the online system that you will access to schedule your examination appointment.

The state/provincial licensing board determines candidate eligibility to take the examination. Following the licensing board's determination of the candidate's eligibility and notification to IHS, the candidate will receive an email message from IHS with instructions on creating a TestWise ™ test-taker account, which enables the candidate

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

to schedule and pay for their examination appointment. Also attached to this introduction email message is this study guide.

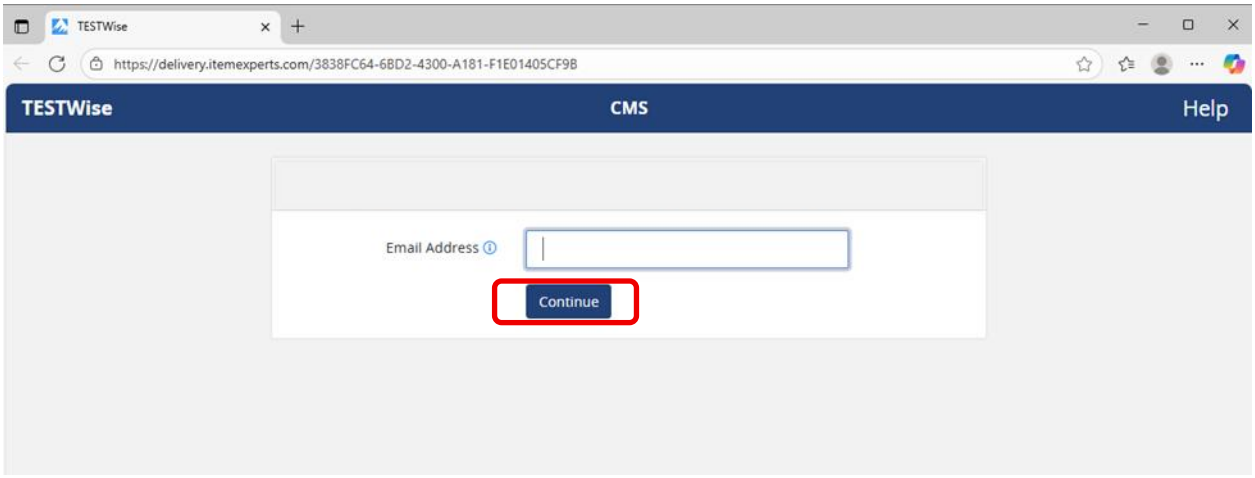
AFTER becoming eligible by the licensing body and receiving instructions from IHS.

Follow these simple steps to create account:

1. Access the TestWise™ system using the link provided in you introduction email message.

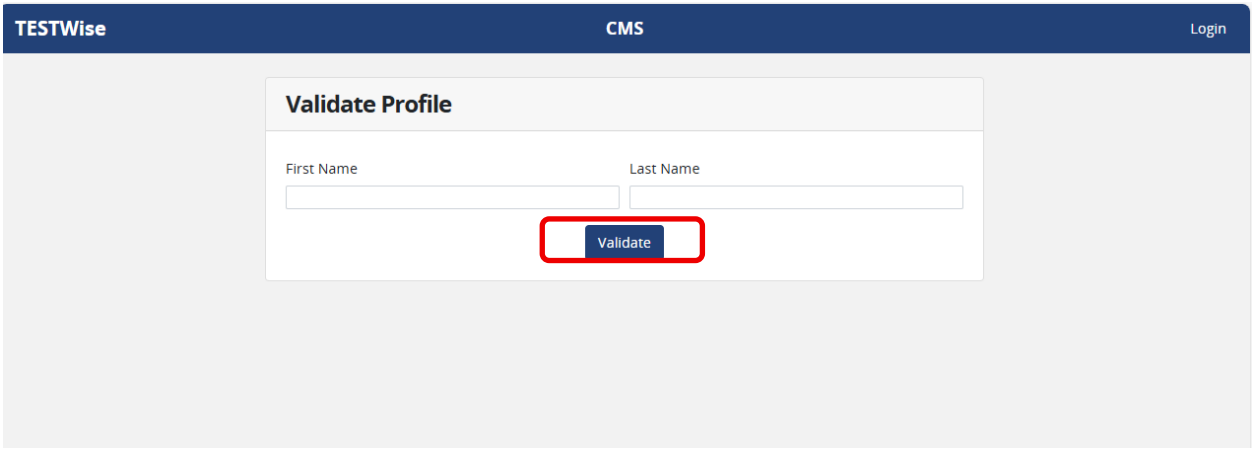
2. Create a test taker account by first entering in your email address and clicking the "Continue" button.

Please note: Your email address must match the email address to which you received your instruction email.



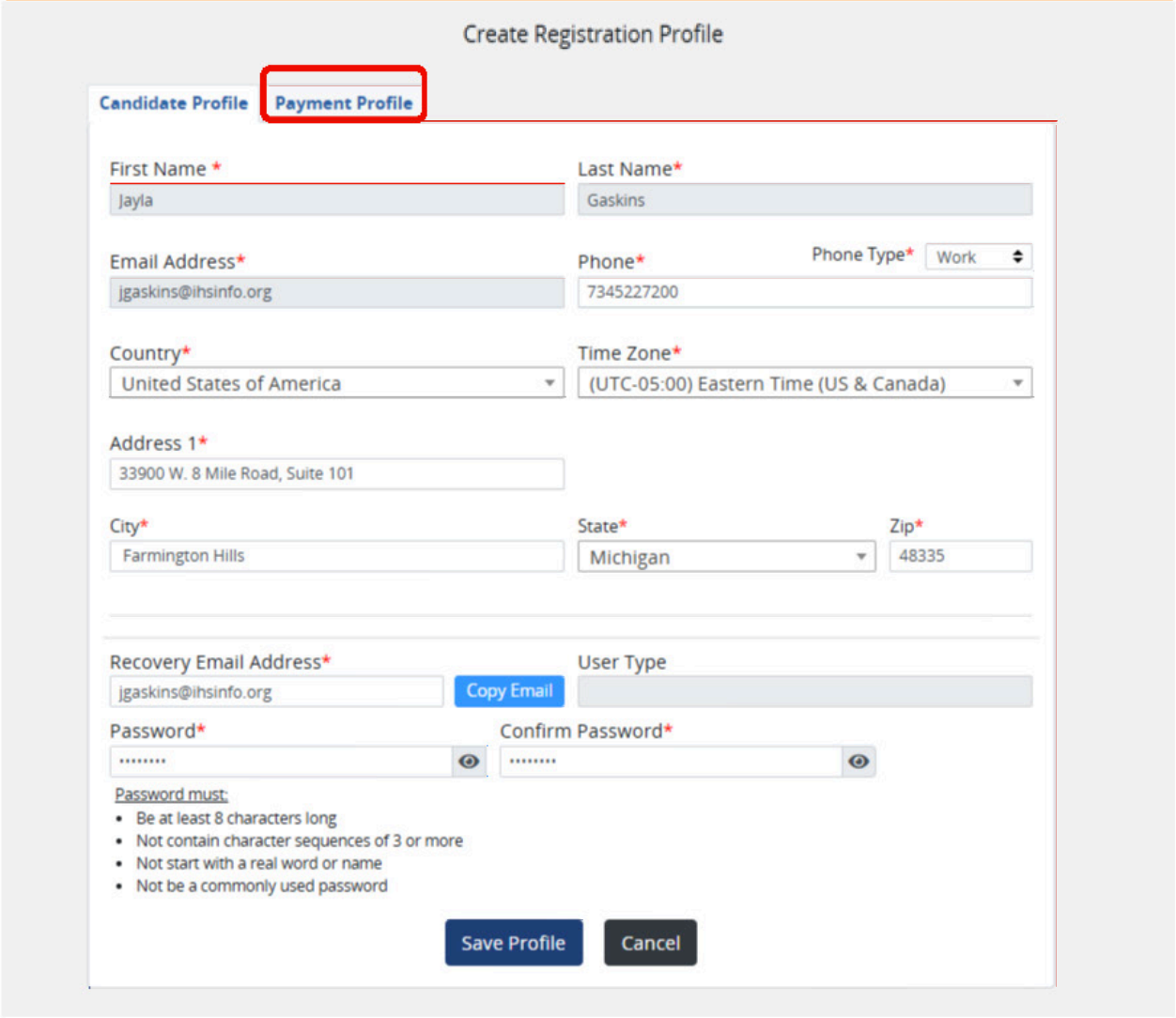
3. Validate your profile by entering your first and last name and clicking the "Continue" button.

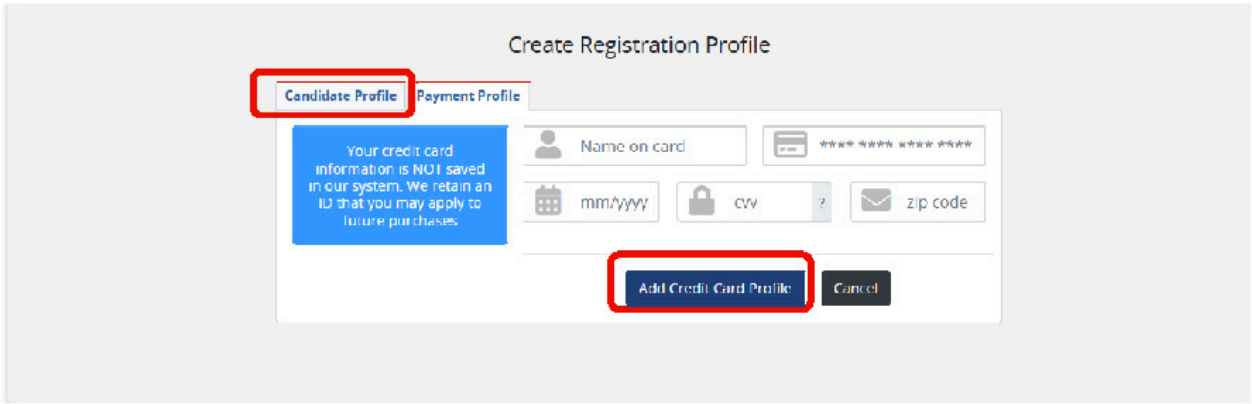
Please note: Your name on your account must match your Government ID.



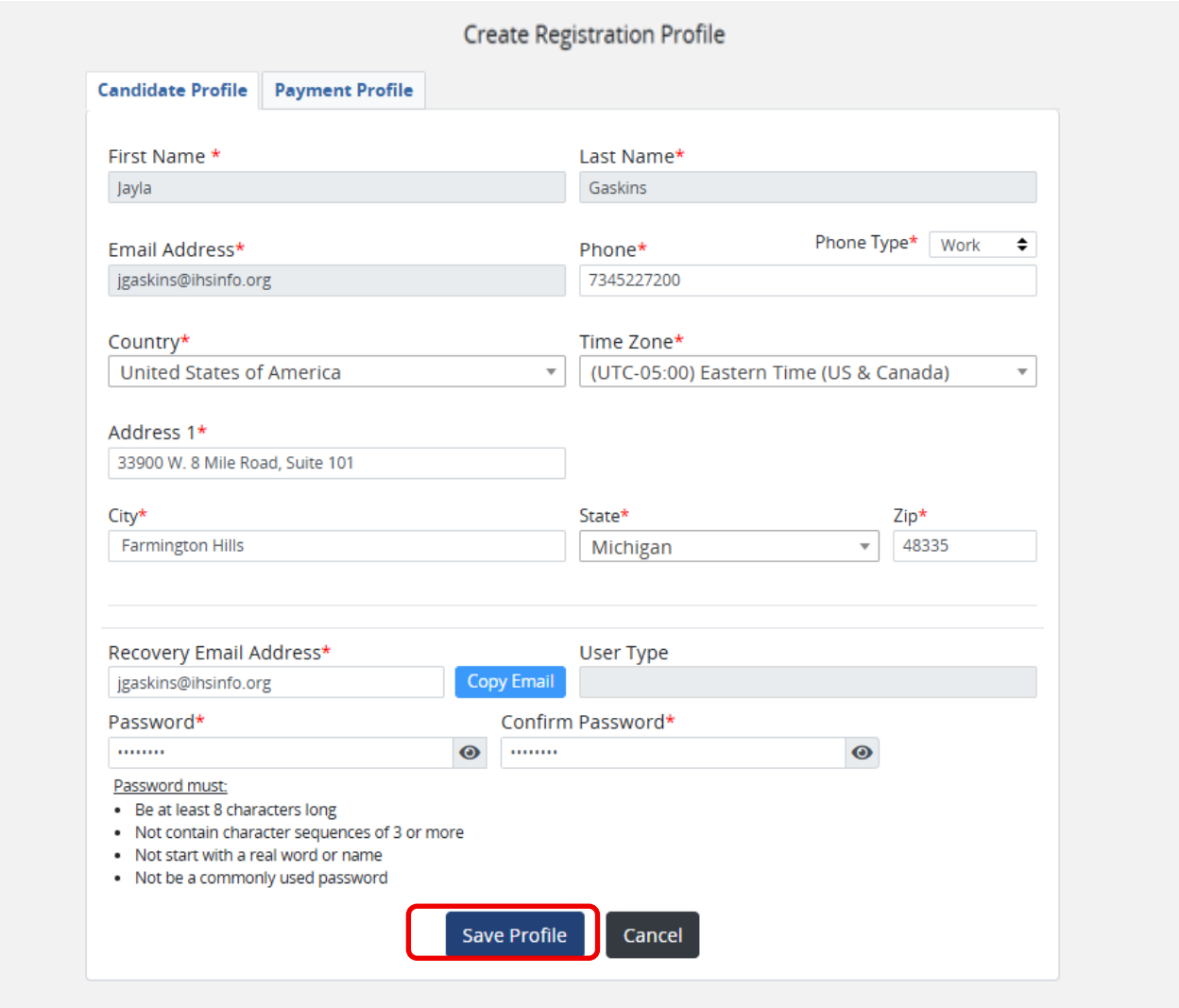
4. Complete your candidate profile.
5. Clicking on "Payment Profile" on the top right corner. Complete Payment profile. Then click "Add Credit Card Profile".

a. Once your method of payment has been added. Go back to your candidate profile by clicking on "Candidate Profile" on the top right corner.





1. Click "Save Profile".



Scheduling an Examination Appointment

Following the candidate's creation of their test-taker account, they may schedule an examination appointment. The candidate will select a testing center, and an examination date and time. Upon check-out, the candidate must pay the examination fee of $260.00 (USD), plus applicable taxes.

The examination fee of $260.00 (USD), plus applicable taxes, must be paid each time a candidate schedules an appointment to take the examination, including re-takes. The fee is paid at the time of scheduling by Visa®, MasterCard®, Discover®, or American Express®.

NOTE: Candidates may only register for one exam appointment at a time.

For Technical Assistance with TestWise ™ or the Testing Centers Network, contact CMS at: Contact - Certification Management Services

Follow these Simple Steps to Schedule an Exam Appointment:

1. LOG-IN: TestWise™ system at using the link provided in you introduction email message.

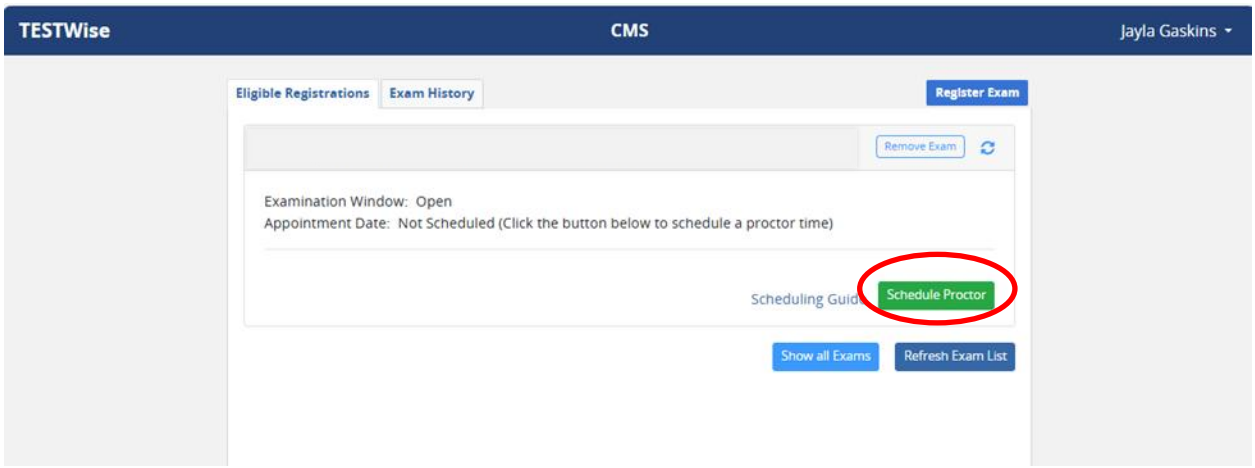
   Please Note: You cannot sign-in directly to the portal. You must always use the original registration URL

2. PAY FOR THE EXAM: The system requires that candidates pay before proceeding. The fee for the exam is $260.00 per examination, plus applicable taxes. A candidate is not scheduled to take the examination until they check out and pay.

   The examination fee of $260.00, plus applicable taxes, must be paid each time a candidate schedules an appointment to take the examination, including re-takes. The fee is paid at the time of scheduling by Visa®, MasterCard®, or American Express®.

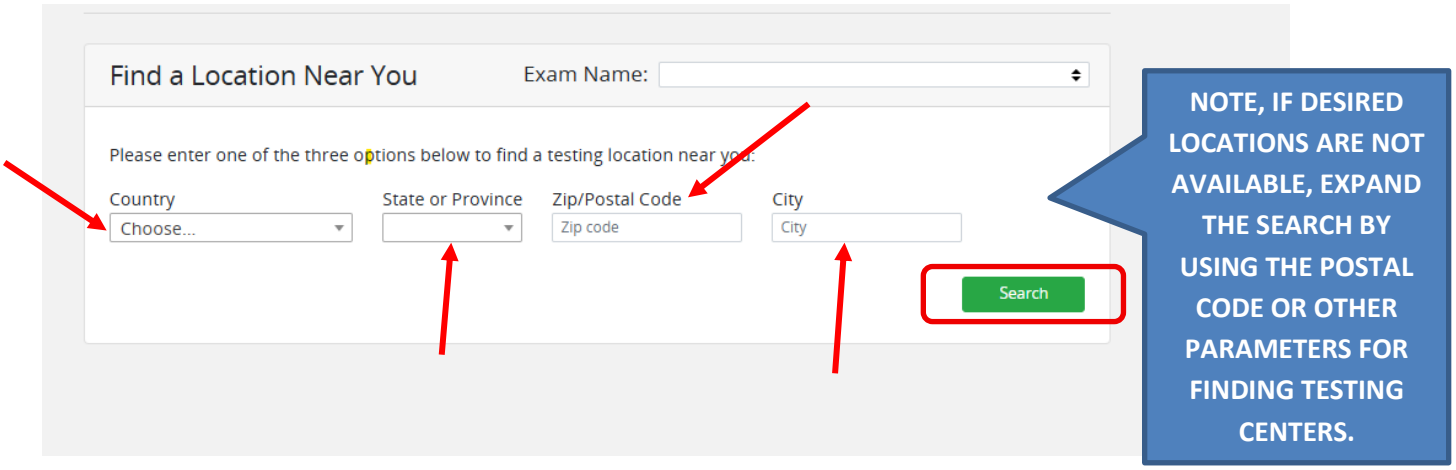
   Note: South Carolina candidates pay their fee directly to the state and won't be required to pay on TestWise to schedule an appointment.

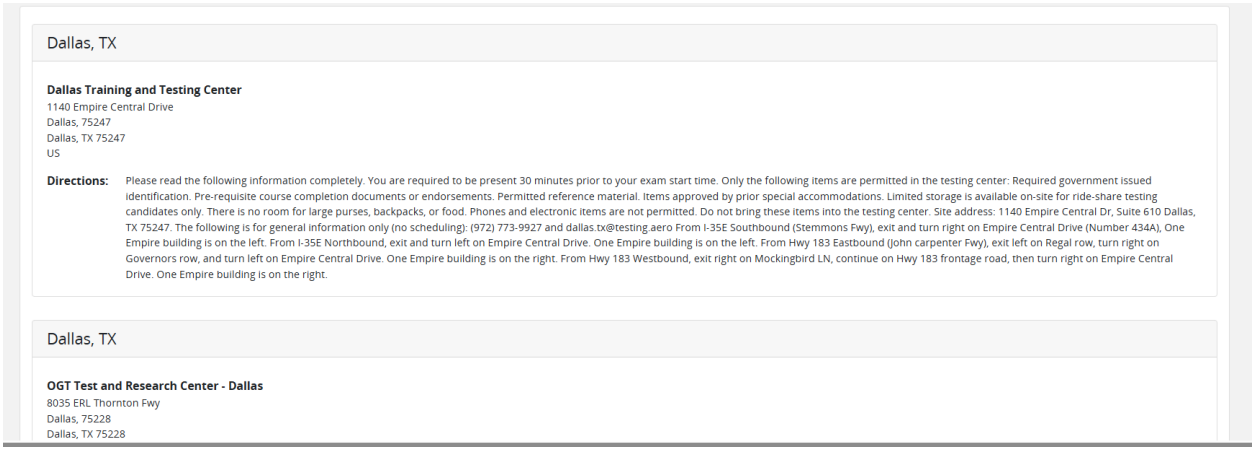
3. SCHEDULE AN EXAM: Candidate clicks on the "Schedule Proctor" tab at the bottom of the screen.



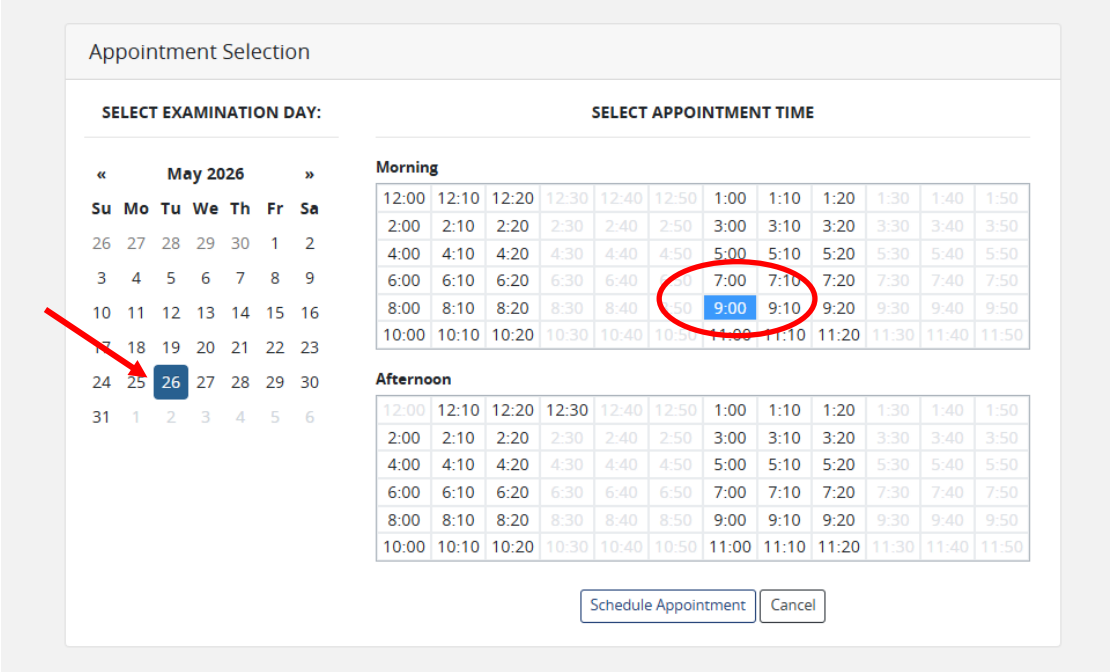
4. Select A TESTING Center: Select your Country, State or Province, and fill in your zip/postal code and city then click the "Search" button to find a testing center near you.

   Please note: You may choose to take the exam at a testing center in a neighboring state or province, which may be more convenient for you. Refine the search using the Postal Code or Range. You may also select multiple testing centers to compare their availability.


Find a Location Near You
Exam Name:
Please enter one of the three options below to find a testing location near you:
Country
Choose...
State or Province
Zip/Postal Code
Zip code
City
City
Search
NOTE, IF DESIRED LOCATIONS ARE NOT AVAILABLE, EXPAND THE SEARCH BY USING THE POSTAL CODE OR OTHER PARAMETERS FOR FINDING TESTING CENTERS.


Dallas, TX
Dallas Training and Testing Center
1140 Empire Central Drive
Dallas, 75247
Dallas, TX 75247
US
Directions: Please read the following information completely. You are required to be present 30 minutes prior to your exam start time. Only the following items are permitted in the testing center: Required government issued identification. Pre-requisite course completion documents or endorsements. Permitted reference material. Items approved by prior special accommodations. Limited storage is available on-site for ride-share testing candidates only. There is no room for large purses, backpacks, or food. Phones and electronic items are not permitted. Do not bring these items into the testing center. Site address: 1140 Empire Central Dr, Suite 610 Dallas, TX 75247. The following is for general information only (no scheduling): (972) 773-9927 and dallas.tx@testing.aero From I-35E Southbound (Stemmons Fwy), exit and turn right on Empire Central Drive (Number 434A), One Empire building is on the left. From I-35E Northbound, exit and turn left on Empire Central Drive. One Empire building is on the left. From Hwy 183 Eastbound (John carpenter Fwy), exit left on Regal row, turn right on Governors row, and turn left on Empire Central Drive. One Empire building is on the right. From Hwy 183 Westbound, exit right on Mockingbird LN, continue on Hwy 183 frontage road, then turn right on Empire Central Drive. One Empire building is on the right.
Dallas, TX
OGT Test and Research Center - Dallas
8035 ERL Thornton Fwy
Dallas, 75228
Dallas, TX 75228

5. CHOOSE A DATE AND TIME: Based on the chosen testing center, a calendar of availability will display. This is the real-time availability of that particular testing center. Only the days and times that the chosen testing center is open/available are shown. Click on the day and time desired.



Please note: If the dates and times displayed are not convenient for you, you may search for the availability of a different testing center. Click the back arrow to return to the previous screen.

CONFIRM EXAM DETAILS: Next, the selected exam details will be displayed on-screen. The candidate should confirm the information is correct and click "Check Out."

For Technical Assistance with TestWise ™ or the Testing Centers Network, contact CMS at: Contact - Certification Management Services

Rescheduling an Exam Appointment

Please note the following parameters regarding rescheduling an exam:

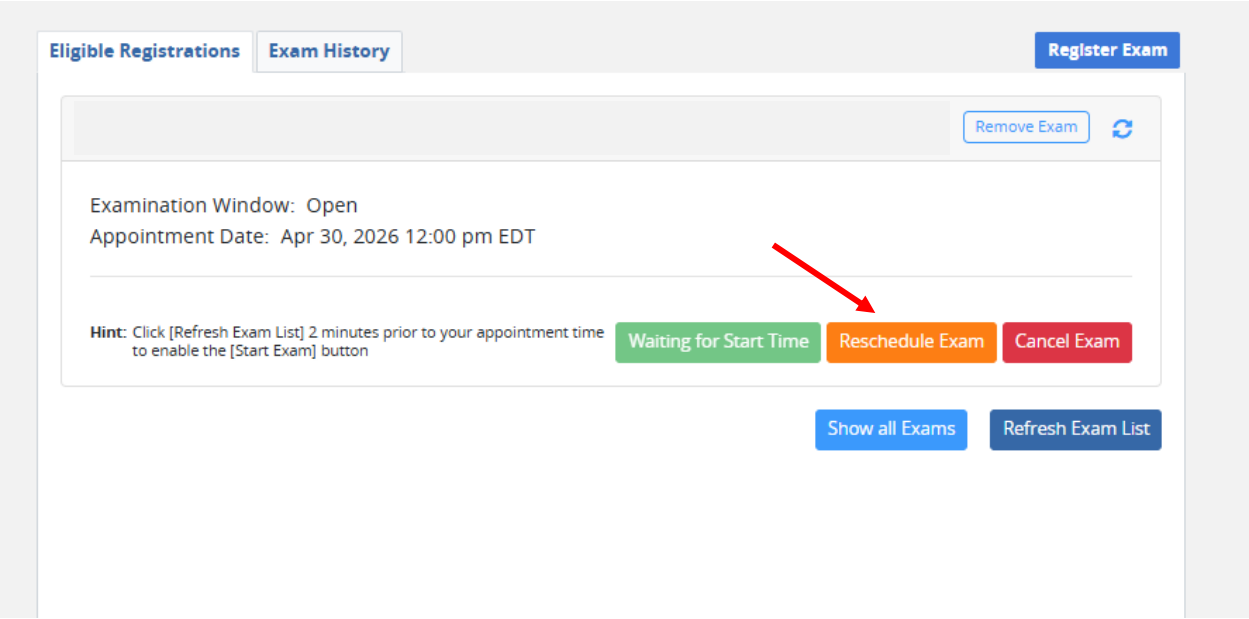
- A candidate may reschedule their examination appointment for **more than 48 hours** (exactly) before the appointment time at no charge.

- A candidate may not reschedule their examination appointment **48 hours** (exactly) prior to the appointment time. This is considered a no-show, and the candidate forfeits their examination fee.

  Please Note: In case of an emergency the candidate should contact the International Hearing Society (IHS) as soon as possible, to discuss their options. In such an instance, the candidate should be prepared to provide documentation of the emergency to IHS.

Follow these steps to reschedule an exam appointment:

1. **Log in** to TestWise™.
2. Click "Reschedule"



3. Click the **Reschedule** button in the lower right corner.

4. **Select a Testing Center:** Candidate chooses the Province/State from the dropdown menu. Then clicks on the "Search" button. A list of testing centers will appear. Multiple testing centers may be selected to compare availability.

5. **Choose a Date and Time:** Based on the chosen testing center, a calendar of availability will display. This is the *real-time* availability of that particular testing center. Only the days and times that the chosen testing center is open/available are shown. The candidate clicks on the day and time they desire. The candidate must agree to the acknowledgement at the bottom of the screen. Then, click "Select".

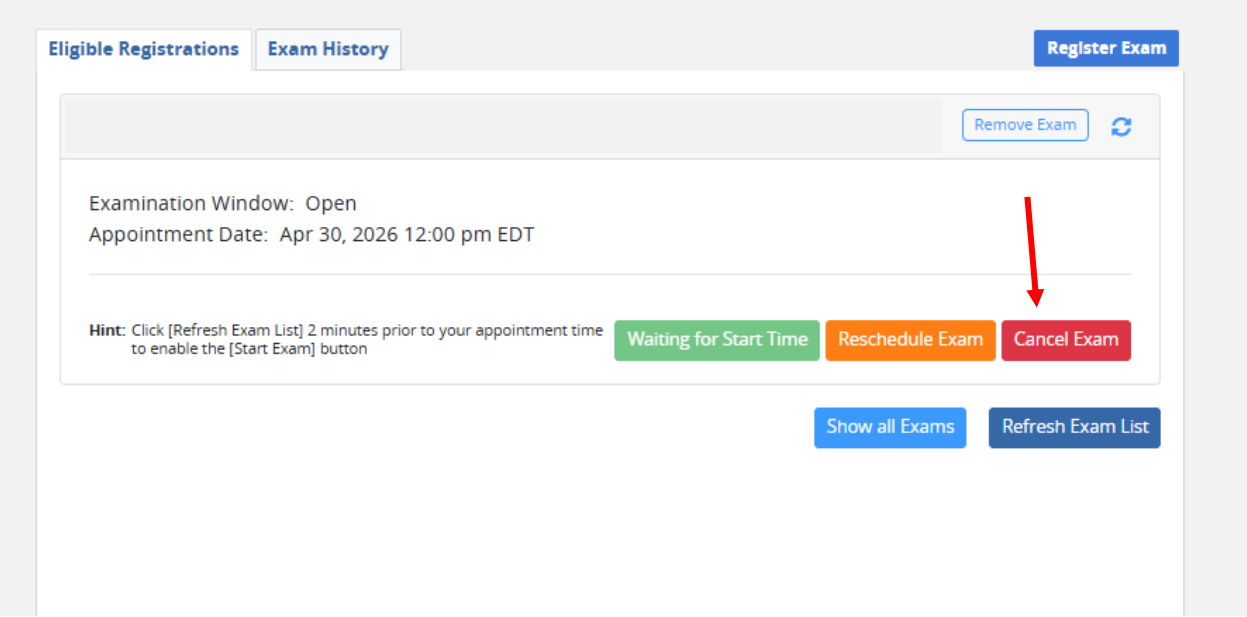
For Technical Assistance with TestWise ™ or the Testing Centers Network, contact CMS at: Contact - Certification Management Services

Cancellations: Cancelling an Exam Appointment

1. A candidate may cancel their examination appointment for a full refund of $260.00 (USD), plus applicable taxes, if the candidate makes the cancellation through their user account on TestWise™ **more than 48 hours** (exactly) before the appointment time.

2. A candidate may not cancel their examination appointment **48 hours (exactly)** prior to the appointment time. This is considered a no-show, and the candidate forfeits their examination fee.

3. To cancel: Log in to TestWise™. and click "Cancel Exam,"



No-Shows

A candidate who fails to appear for their scheduled examination appointment will not receive a refund. A no-show candidate may access their TestWise™ account to re-schedule an examination appointment and pay the $260.00 (USD) examination fee again.

Taking the Examination

Identification & Authorization Code

In order to be admitted to the testing center, the candidate **must** bring the following two (2) items with them to the testing center for their examination appointment. **There will be no exceptions**.

Note: Your items of Identification **must** be a physical copy. **There will be no exceptions**.

1. **Photo identification**
   - Provide one form of a valid, unexpired, government-issued identification that includes a signature and recent photograph (such as a driver's license or passport). The name on the photo ID must exactly match the name on the candidate's exam application.

2. **Confirmation Email**
   - This is the email that the candidate received in an email following the TestWise™ scheduling process.

Identification MUST match the name listed on your account. *Please note that a Social Security Card is **not** an acceptable form of identification*.

The candidate should arrive at the testing center up to 30 minutes early and provide the proctor at the testing center with their personal Confirmation Email and their valid form of identification. No testing aids are permitted – calculator, scratch paper, dictionary, etc. Personal possessions such as cellular phones, briefcases or backpacks may be collected by the proctor, stored in a secured area, and returned after the test session.

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 questions, the candidate must select two (2) answer options out of the four (4) or five (5) options available. A few questions may require you to select three (3) answers out of five (5) options. In some cases, there are only (3) answer options.

Test Aids

The following document(s) are to be given to the Test Taker upon entrance to the testing room. At the end of the exam, the document(s) will be collected and shredded by the proctor at the testing center.

1. (2) Two pencils
2. (3) Three pieces of scratch paper numbered 1-3

Examination Security

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.

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. 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 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.

No-Shows

A candidate who fails to appear for their scheduled examination appointment will not receive a refund. A no-show candidate may access their TestWise™ account to re-schedule an examination appointment and pay the $260.00 (USD) examination fee again.

After the Examination

Upon completion of the examination, the candidate will receive a Test Completion email message. For most test-takers, this email will contain your pass/fail results and your section-level results as well.

If you're seeking licensure in Alberta, Georgia, Massachusetts, Missouri, Montana, New Hampshire, North Carolina, North Dakota, Oklahoma, or Oregon: You will receive your pass/fail result from your licensing agency a week or two after the exam. Candidates in these jurisdictions can request domain-level results from the online request form found at https://form.jotform.com/222783677263062.

For all test-takers, your results will be reported to your licensing agency immediately after the exam. Your licensing agency determines the next steps in your licensing process.

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 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.

Re-Takes

If a candidate does not pass the examination, they may be eligible to schedule another examination appointment. For re-takes, the candidate must pay the examination fee of $260.00 (USD), plus applicable taxes, at the time of rescheduling.

Domain-Level Results

Most test-takers will receive domain-level results in their Test Completion email. For candidates in jurisdictions that have opted out of this (see previous page), they may request domain-level results for exams taken within the past year. Requests should be submitted via the online request form by the candidate only. Requests are processed weekly, and a report will be emailed to the candidate.
https://form.jotform.com/222783677263062.

DISCLAIMER - These domain-level results are being provided upon your request for informational purposes only. The International Licensing Examination for Hearing Healthcare Professionals (ILE) is scored on an overall raw score[5]. Because the overall raw score is the basis used to determine if a candidate has passed the ILE, domain-level results are not considered when determining the pass/fail result. The ultimate pass/fail decision is made by the state/province in which the test-taker is seeking licensure and is based on the overall raw score.

Domain-level results on the ILE are not considered psychometrically reliable.

Please note: domain-level results will not include the candidate's overall score for the exam.

Score Verification

There is no appeal process through IHS for challenging individual examination questions or results. However, candidates may request a score verification for a fee of $150.00 (USD) per examination. Candidates may contact the International Hearing Society for more information on score verification.

[5] The raw score represents the number of test questions correct out of the number of test questions possible.

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.

Three sample test questions are dissected below 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 an impression featuring the full canal diameter *
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 a 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

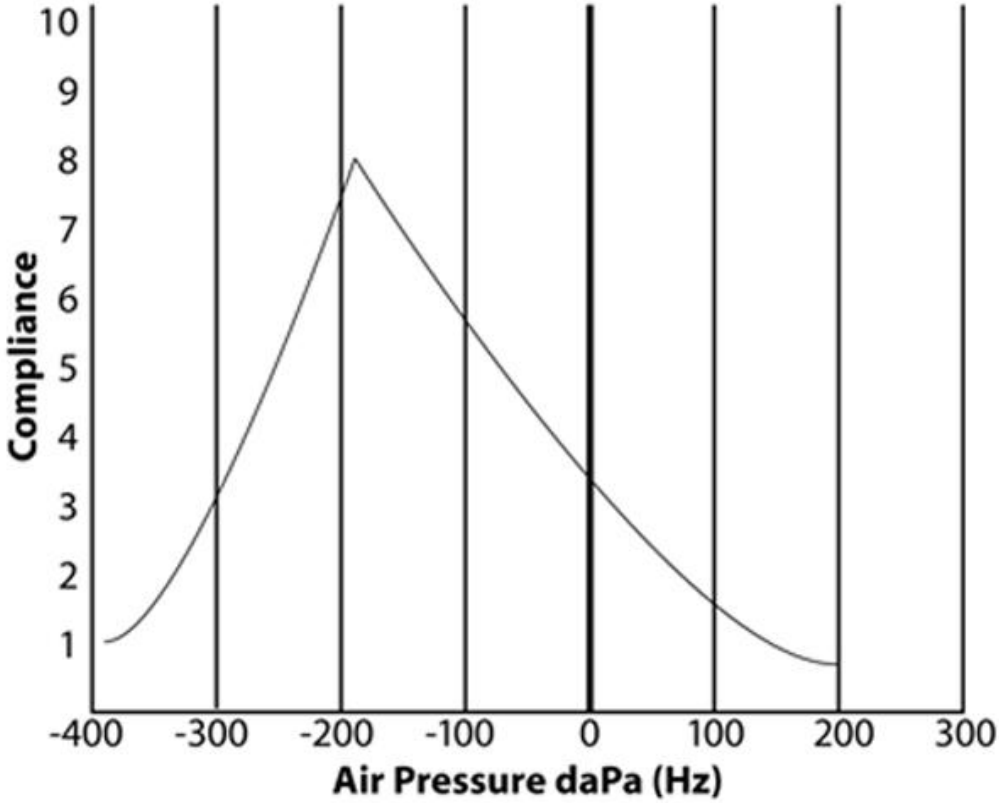
2. How does an osteoma present?

   A: dark, irregular demarcation of the pinna
   B: bony growth in the external auditory canal
   C: excessive inflammation of the external auditory canal
   D: calcification of the tympanic membrane

3. What should a hearing healthcare professional do prior to administering a Speech Reception Threshold test?

   A: discuss the pure tone results
   B: familiarize the patient with the word list
   C: introduce the carrier phrase
   D: explain masking of the non-test ear

4. 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

5. A 36-year old female restaurant worker with a family history of hearing loss reports that she is unable to hear as well as she did two years ago. Testing reveals a moderate conductive hearing loss.

What is the likely cause of the patient's/client's change in hearing?

A: presbycusis
B: otosclerosis
C: ototoxicity
D: Meniere's Disease

6. Which portion of the ear contains sebaceous glands?

A: inferior section of middle ear cavity
B: inner portion of external auditory canal
C: anterior portion of internal auditory canal
D: outer portion of external auditory canal

7. What general effect does natural ear canal resonance have on sounds entering the ear canal?

   A: suppresses frequencies below 1000 Hz
   B: boosts frequencies between 500 and 1500 Hz
   C: boosts frequencies between 2000 and 3000 Hz
   D: suppresses frequencies above 2500 Hz

8. 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

9. In a hearing instrument, what is the term for the entire frequency range within which unique, specific signal processing is performed?

   A: band
   B: channel
   C: memory
   D: program

10. Which two conditions are contraindications to taking an ear impression without prior medical clearance?

    A: perforated tympanic membrane
    B: lack of cerumen
    C: otitis externa
    D: epithelial migration

11. 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 an impression featuring the full canal diameter
    C: results in a complete impression of the outer ear
    D: prevents cerumen from interfering with the impression

12. What should a hearing healthcare professional do immediately after placing an otoblock?

    A: use an alcohol wipe to sanitize the top of the impression tool
    B: pull tube or thread to test tightness of the otoblock
    C: use an earlight to verify that the otoblock is deep enough
    D: use the otoscope to check for gaps around the canal wall

13. Which step should a hearing healthcare professional complete immediately after removing an impression from a patient's/client's ear?

    A: visually inspect ear impression for flaws
    B: use otoscope to verify complete removal and condition of canal
    C: use earlight to check for bleeding deep in the canal
    D: use tissue to wipe oil from the concha and canal

14. Which step should a hearing healthcare professional take after performing a 2cc coupler hearing aid test on a repaired BTE hearing instrument?

    A: print out the data for the patient/client
    B: retube the BTE instrument with #13HW tubing
    C: compare 2cc data to original specifications
    D: recalibrate the test equipment

15. Which sound field test should be used to evaluate the benefit of directional microphones?

    A: Speech Perception in Noise (SPIN)
    B: Quick Speech in Noise (QuickSIN)
    C: Connected Speech Test (CST)
    D: Hearing in Noise Test (HINT)

16. Which validation method can be effectively performed in a sound field environment?

    A: COSI
    B: IHAFF
    C: NU-6
    D: REIR

17. 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

18. 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

19. 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

20. What should be used to clean circumaural headphones?

    A: hydrogen peroxide
    B: disinfectant spray
    C: ispropryl alcohol
    D: disinfectant towelette

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"
   Domain 1: Conduct Patient/Client Assessment
   Objective 1.1: Apply infection control protocols
   Reference: Infection Control in the Audiology Clinic (2nd ed. or later) A.U. Bankaitis and Robert Kemp

2. Correct Answer: "B"
   Domain 1: Conduct Patient/Client Assessment
   Objective 1.2: Apply otoscopic inspection protocols
   Reference: Professional Training Textbook in Hearing Health Sciences, Chapter 9

3. Correct Answer: "B"
   Domain 1: Conduct Patient/Client Assessment
   Objective 1.3: Utilize audiometric testing protocols
   Reference: Professional Training Workbook in Hearing Health Sciences, Lesson 20 and Professional Training Textbook in Hearing Health Sciences, Chapter 7

4. Correct Answer: "D"
   Domain 1: Conduct Patient/Client Assessment
   Objective 1.3: Utilize audiometric testing protocols
   Reference: Professional Training Workbook in Hearing Health Sciences, Lesson 23 and Professional Training Textbook in Hearing Health Sciences, Chapter 8

5. Correct Answer: "B"
   Domain 2: Interpret and Apply Assessment Results
   Objective 2.1: Interpret and explain audiometric results
   Reference: Professional Training Workbook in Hearing Health Sciences, Lesson 9

6. Correct Answer: "D"
   Domain 1: Conduct Patient/Client Assessment
   Objective 1.2: Apply otoscopic inspection protocols
   Reference: Professional Training Workbook in Hearing Health Sciences, Lesson 6 and Professional Training Textbook in Hearing Health Sciences, Chapter 4, Part 1

7. Correct Answer: "C"
   Domain 1: Conduct Patient/Client Assessment
   Objective 1.2: Apply otoscopic inspection protocols
   Reference: Professional Training Workbook in Hearing Health Sciences, Lesson 6 and Professional Training Textbook in Hearing Health Sciences, Chapter 4, Part 1

8. Correct Answer: "C"
Domain 3: Select Hearing Devices
Objective 3.1: Select style and type of hearing instruments
Reference: Professional Training Workbook in Hearing Health Sciences, Lesson 28 and Professional Training Textbook in Hearing Health Sciences, Chapter 10

9. Correct Answer: "B"
Domain 3: Select Hearing Devices
Objective 3.1: Select style and type of hearing instruments
Reference: Professional Training Workbook in Hearing Health Sciences, Lesson 27 and Professional Training Textbook in Hearing Health Sciences, Chapter 10

10. Correct Answer: "A" and "C"
Domain 3: Select Hearing Devices
Objective 3.2: Select earmold or other acoustic coupler
Reference: Professional Training Textbook in Hearing Health Sciences, Chapter 11

11. Correct Answer: "B"
Domain 3: Select Hearing Devices
Objective 3.2: Select earmold or other acoustic coupler
Reference: Professional Training Workbook in Hearing Health Sciences, Lesson 32

12. Correct Answer: "D"
Domain 3: Select Hearing Devices
Objective 3.2: Select earmold or other acoustic coupler
Reference: Professional Training Workbook in Hearing Health Sciences, Lesson 32 and Professional Training Textbook in Hearing Health Sciences, Chapter 11

13. Correct Answer: "B"
Domain 3: Select Hearing Devices
Objective 3.2: Select earmold or other acoustic coupler
Reference: Professional Training Workbook in Hearing Health Sciences, Lesson 32 and Professional Training Textbook in Hearing Health Sciences, Chapter 11

14. Correct Answer: "C"
Domain 5: Provide Continuing Care
Objective 5.3: Interpret electroacoustic analysis results
Reference: Professional Training Textbook in Hearing Health Sciences, Chapter 15

15. Correct Answer: "B"
Domain 4: Fit and Dispense Hearing Devices
Objective 4.3: Validate fitting
References: Professional Training Workbook in Hearing Health Sciences, Lesson 37 and *Fitting and Dispensing Hearing Aids (1st edition or later) Taylor, Brian and Mueller, H. Gustav*

16. Correct Answer: "C"
Domain 4: Fit and Dispense Hearing Devices
Objective 4.3: Validate fitting
Reference: Fitting and Dispensing Hearing Aids (1st edition or later) Taylor, Brian and Mueller, H. Gustav and *Professional Training Workbook in Hearing Health Sciences, Lesson 37 and Professional Training Textbook in Hearing Health Sciences, Chapter 13*

17. Correct Answer: "A"
Domain 5: Provide Continuing Care
Objective 5.1: Implement aural rehabilitation and counseling
Reference: Introduction to Audiology (11th ed. or later) Martin, Frederick and Clark, John *and Professional Training Workbook in Hearing Health Sciences, Lesson 38*

18. Correct Answer: "C"
Domain 3: Select Hearing Devices
Objective 3.1: Select style and type of hearing instruments
Reference: Professional Training Workbook in Hearing Health Sciences, Lesson 39 and Professional Training Textbook in Hearing Health Sciences, Chapter 14

19. Correct Answer: "D"
Domain 5: Provide Continuing Care
Objective 5.2: Apply instrument maintenance and troubleshooting protocols
Reference: Professional Training Workbook in Hearing Health Sciences, Lesson 40

20. Correct Answer: "D"
Domain 1: Conduct Patient/Client Assessment
Objective 1.1: Apply infection control protocols
Reference: Infection Control in the Audiology Clinic (2nd ed. or later) A.U. Bankaitis and Robert Kemp

End of Answer Key

TestWise Help

TestWise is the online system that you will access to schedule your examination appointment. Certification Management Services (CMS) is the owner of the system. The International Hearing Society (IHS) is the administrator of the written licensing examination. Because of our relationship with CMS, this examination is available at hundreds of testing centers around the world, which means you have the opportunity to take the licensing examination at a testing location near where you live, learn or work. The exam is essentially available 24 hours a day, seven days a week. Bonus!

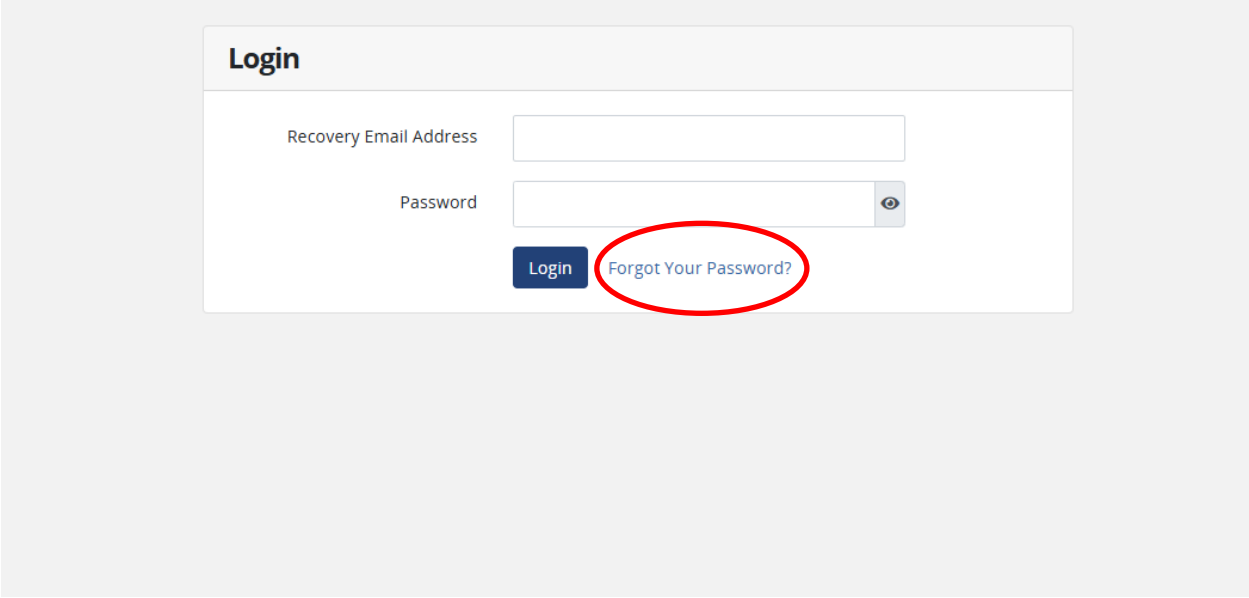
This information is to help you navigate the TestWise™ system. If you are having trouble, please contact CMS. at Contact - Certification Management Services *for assistance.*

IF THESE SOLUTIONS DO NOT WORK FOR YOU,
CONTACT CMS TECHNICAL SUPPORT AT:

Contact - Certification Management Services

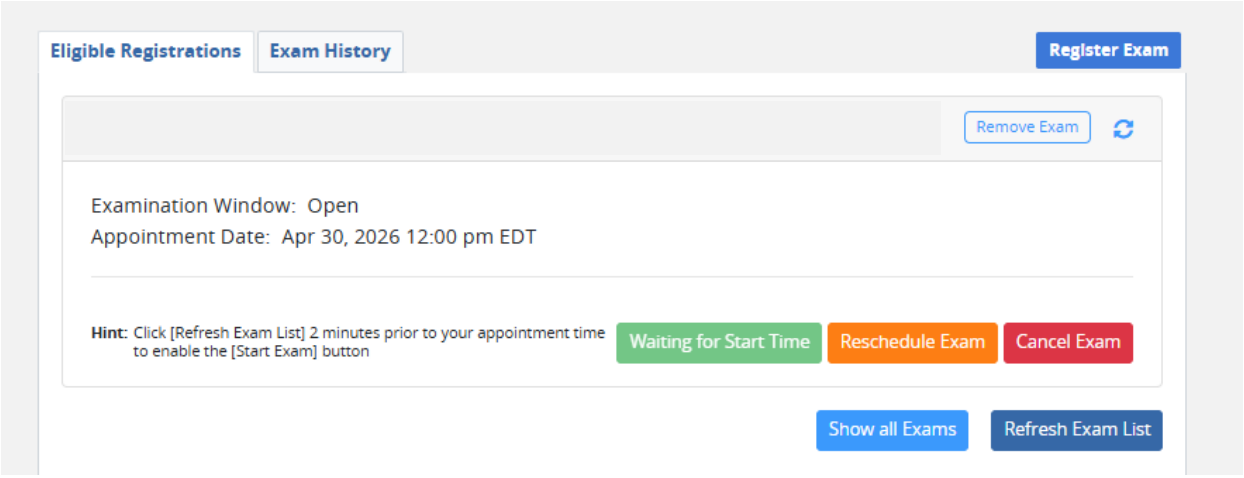
Common issues with your TestWise Account:

- **ISSUE: You Forgot your Login name or your Password:**
  Click on "Forgot Password" in the bottom right-side of the TestWise™ screen.



NOTE: Most people use their full email address as their recovery email.

- **ISSUE: What time is my exam appointment?**
  The time of the exam appointment is listed next to the appointment date.
  To see the exam time, date, and location.
  1. Log in to TestWise using your URL link provided in your instruction email, click "Eligible Registrations." The Registration Details will appear.



You will also find the exam appointment time on the Transaction/Receipt message you received via email in the Exam Schedule field with the information listed as Candidate Name, Exam Name, Date, Time.

- **ISSUE: My account is "inactive" or unresponsive to my requests.**
  Your account may be "inactivated" for a reason. Call IHS at 734.522.7200 and ask for TestWise help.

- **ISSUE: The computer froze at the testing center.**
  Computer glitches do happen. Web-based systems get overloaded. Technical difficulties occur. In the event of a technical issue during the exam, please immediately contact the proctor. The proctor will follow standard procedures for re-setting your examination. Time will not be deducted from the time allowed. However, if you experienced a *very unusual* circumstance or issue during testing, please document the occurrence in writing to exam@ihsinfo.org.

For Technical Assistance with TestWise ™ or the Testing Centers Network, contact CMS at: Contact - Certification Management Services

Frequently Asked Questions (FAQs)

- **How many questions are on the test?**
  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 examination from the time it starts.

- **When do I get my results?**
  You will receive your pass/fail result directly following completion of the examination.

- **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.

- **Who decides if a candidate passed the examination?**
  State/provincial licensing agencies have the authority to determine what constitutes passing/failing on the examination. All states/provinces where test-takers receive automatic results have adopted IHS' recommended passing score.

- **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 only reports 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 the exact 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 reports pass/fail decisions to candidates (as opposed to raw scores or percent correct scores).

- **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.

As IHS creates new operational forms as part of ongoing test maintenance, the new forms may not be of the exact 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.

- **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 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.

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

- **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/client 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, scoring or results.

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

1. Alabama
2. Arizona
3. Arkansas
4. Colorado
5. Connecticut
6. Delaware
7. Florida
8. Georgia
9. Hawaii
10. Idaho
11. Illinois
12. Indiana
13. Iowa
14. Kansas
15. Kentucky
16. Louisiana
17. Maine
18. Maryland
19. Massachusetts
20. Minnesota
21. Mississippi
22. Missouri
23. Montana
24. Nebraska
25. Nevada
26. New Hampshire
27. New Jersey
28. New Mexico
29. North Carolina
30. North Dakota
31. Ohio
32. Oklahoma
33. Oregon
34. Rhode Island
35. South Carolina
36. South Dakota
37. Tennessee
38. Texas
39. Virginia
40. Washington
41. West Virginia
42. Wisconsin
43. Wyoming

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

- **For Help with TestWise™, refer to the section at the front of this guide.**

- **Use of this guide does not assure you a passing score on the examination.**

- **Use of the International Hearing Society's Distance Learning for Professionals in Hearing Health Sciences course does not assure you a passing score on this examination.**

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International Hearing Society

Practical Examination Candidate Guide

2023 Version

About the International Hearing Society

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, ordering the use of, 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.

As the membership organization for thousands of independent specialists, IHS conducts programs in competency accreditation, education and training and encourages specialty-level certification for its members.

Mission

To protect, represent, and promote the interests of hearing healthcare and hearing healthcare professionals.

Vision

Empowering hearing healthcare professionals to deliver high-quality accessible hearing care.

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About the Candidate Guide

This Guide provides information related to the examination content only; **all matters of administration, including but not limited to exam cost, exam dates, eligibility criteria, re-take policies, and exam accommodations are the purview of the jurisdiction and questions about such matters should be directed to the licensing agency.** In addition to the examination content, the Study Guide shares information about the recommended study references. Use of this guide and/or any of the recommended reference materials does not assure a passing score on the Practical Examination.

About the Practical Examination

The IHS Practical Examination is designed to be used by licensing agencies throughout the United States and Canada as one part of a licensing process to determine who is qualified to hold a license as a hearing aid specialist. The Practical Examination is created and maintained by the International Hearing Society and administered by state/provincial licensing agencies.

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, they are 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, ordering the use of, 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 they intend to practice.

Preparing for the Examination

The Practical Examination is just that – practical. This means that it is designed to test a candidate's hands-on skills in the same tasks that are required to practice independently as a licensed hearing aid specialist. There are several possible ways to gain the experience and expertise needed to be successful on the Practical Examination and in this career field. In any pathway, *hands-on practice is paramount*.

Reference Materials

In addition to hands-on training, these reference materials will provide a foundation of knowledge as you prepare for this and other examinations.

Recommended Readings

International Hearing Society. (2022). *Professional training textbook in hearing health sciences.* Hayden-McNeil. www.ihsinfo.org/dlcourse

International Hearing Society. (2022). *Professional training workbook in hearing health sciences.* Hayden-McNeil. www.ihsinfo.org/dlcourse

International Hearing Society. (2022). *Trainer manual (4th edition).* Hayden-McNeil. www.ihsinfo.org/dlcourse

Supplemental Texts

Bankaitis, A.U. & Kemp, R.J. (2005). *Infection control in the audiology clinic.* (2nd edition or later). Oaktree Products.

Martin, F.N. & Clark, J.G. (2012). *Introduction to audiology.* (11th edition or later). Pearson.

Metz, M.J. (Ed.) (2014). *Sandlin's textbook of hearing aid amplification: Technical and clinical considerations*. (3rd edition). Plural Publishing.

Taylor, B. & Mueller, H.G. (2011). *Fitting and dispensing hearing aids*. (1st edition or later). Plural Publishing.

Wayner, D.S. & Abrahamson, J.E. (2000). *Learning to hear again: An audiological rehabilitation curriculum guide*. (2nd edition). Hear Again.

Note: When information presented in a text conflicts with the IHS Distance Learning for Professionals in Hearing Health Sciences course, the IHS course prevails for purposes of the exam.

Examination Outline

Below is an outline of the Practical Exam. There are six (6) sections of the exam, and each has its own weight. The section weight shows how that section impacts the final score; for example, Section 5 contributes 10% of the overall final score; it is worth 10% of the grade.

Section #	Section Name	Section Weight
1	Otoscopy and Ear Impression	15%
2	Audiometric Evaluation	25%
3	Audiometric Interpretation	20%
4	Hearing Aid Selection, Fitting, and Follow-Up	20%
5	Verification	10%
6	Hearing Aid Troubleshooting	10%

In each section, there are a variety of scoring elements that the candidate will be graded on. The table below shows what the candidate will be graded on in each section.

Section #	Key Scoring Elements
1: Otoscopy and Ear Impression	• Explain otoscopy to patient/client • Perform otoscopy & document findings • Explain ear impression to patient/client • Otoblock selection and placement • Impression preparation, execution, and removal • Evaluation of impression • Infection control throughout

2: Audiometric Evaluation	• Biologic check
	• Audiometric tests – instructing patient/client, completing test, documenting results:
	  ○ Pure tone: AC and BC testing, unmasked and masked; LDL
	  ○ Speech: MCL; UCL; SRT, unmasked and masked; WR, unmasked and masked

	• Infection control throughout
3: Audiometric Interpretation	• Interpret type, degree, symmetry, and configuration of the hearing loss • Assess if PTA and SRT are in agreement • Determine if amplification should be recommended
4: Hearing Aid Selection, Fitting, and Follow-Up	• Based on test results, recommend appropriate style of hearing aid, coupler, and venting. • Create electronic patient/client file and enter the audiometric and demographic data. • Connect hearing aid to software and perform initial fitting. • Answer a series of 5 hearing aid delivery and/or follow-up questions.
5: Verification	• Place probe tube, probe tube mic assembly, and hearing aid correctly in the ear. • Assess probe tube placement via graphs • Assess if a fitting is meeting target at certain frequencies via REAR graph • Assess if MPO has been exceeded via REAR graph

6: Hearing Aid Troubleshooting	• Provide fixes to common hearing aid problems – 6 questions:
	  ○ 2 physical adjustments
	  ○ 2 software adjustments
	  ○ 2 counseling recommendations

	• Assess 3 broken/damaged/non-functioning hearing aids and determine what is wrong with them.

Note: At certain points throughout the exam, it may be appropriate to provide instruction or explanation before you proceed with doing something. In this case, you should give instructions to whom or whatever you are performing the task on/with (i.e., to the rubber ear, if you're using one).

What to Bring

Below is a checklist of items required for the exam. **Your licensing agency may require you to bring additional supplies or equipment. Read all information provided thoroughly to ensure you take everything you need to your exam appointment.** It is the purview of your licensing agency to determine protocols to follow if you forget something.

YOU MUST BRING:

- Infection control supplies
- Ear impression supplies including an otoscope
- Functioning and calibrated (bring calibration certificate) audiometer with supra-aural or insert earphones
- Recorded speech materials
- A functioning hearing aid and corresponding programming device
- Laptop equipped with stand-alone fitting software corresponding to the hearing aid above
- Listening stethoscope
- Functional batteries in sizes: 10, 13, 312, 675
- Battery tester

Confidentiality

You are provided with examination content for the sole purpose of testing your competence. You must not discuss the content of the examination with anyone; doing so is cheating and could invalidate your examination results, jeopardize your license, and/or warrant legal action.

Other Exam Details

All matters of exam administration, including but not limited to exam cost, exam dates, eligibility criteria, re-take policies, passing scores, exam results, and exam accommodations are the purview of the jurisdiction *and questions about such matters should be directed to your licensing agency.*

International Licensing Examination: How It's Made

Following the adoption of a new Competency Model for the International Licensing Examination for Hearing Healthcare Professionals (ILE), THP is running a four-part series of articles in 2024 discussing the exam and test question development and maintenance process. This is the first article in that series.

One of the most important considerations when constructing a credentialing exam (one used for licensure or certification) is to ensure that the exam content is job-related. The International Licensing Examination for Hearing Healthcare Professionals (ILE) is tied to the practice of hearing aid specialists through the IHS Competency Model – a publicly available document that details the content areas covered on the exam and the weight given to each area. (To read about the process of developing the new Competency Model, see IHS Adopts New Blueprint for International Licensing Examination for Hearing Healthcare Professionals (ILE) found in *The Hearing Professional's* October—November—December 2023 Edition.)

Per the IHS Bylaws and in accordance with exam development best practices, IHS engages a committee to develop the exam, the ILE Committee. This committee is comprised of a representative sampling of hearing healthcare professionals who meet several times a year to develop and review exam content. The Committee receives extensive and ongoing training from IHS' exam development vendor, Alpine Testing Solutions, and all the meetings are led by a trained exam development professional from that company. As part of the Committee's exam development process, every test question that is written is mapped to a specific objective listed in the IHS Competency Model. This mapping helps ensure that each test question is job-related – if it doesn't map to any area of the Competency Model, then it can't be included.

Once an item is mapped to the Competency Model, then its accuracy is carefully vetted. For each test question, the

Continued on page 48

Continued from page 46

Committee answers a series of questions: Are all the question components clear, concise, and complete? Is the key (correct answer) truly correct? Are the distractors (incorrect answers) truly incorrect? Is the question absent of bias, ambiguity, and offensive language? Does the question have an accurate reference?

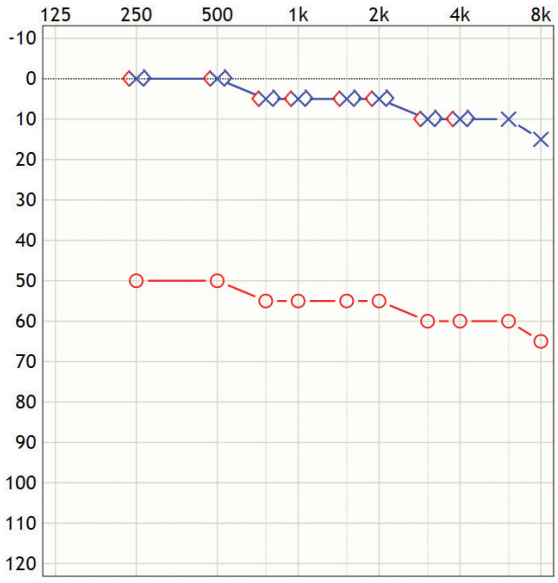
If the answer to all of these questions are, "Yes," then the test question moves on for further review. Now, the inquiry is about whether the question fits into the parameters of the test. It's already been determined that it fits the Competency Model, but there are two more checks. The first is related to the target audience of the ILE – entry-level hearing aid specialists. To ensure the test questions are testing at the appropriate level (not too high or too low), the Committee has a series of reference documents that describe the Minimally Qualified Candidate (MQC). The MQC is an important test development concept and it's an illustration of the person who would achieve the passing score on the exam – the person who is just competent enough to hold a license (meets the "Minimum Qualification" for the license). That MQC is the target person for each test question. Therefore, the next question the Committee answers is, "Would the MQC know this?" or "Is this appropriate for the MQC?"

The final question the Committee must answer is, "Is the test question at the appropriate level of cognitive complexity?" Some readers may be familiar with the concept of cognitive complexity, and some may not. Cognitive complexity measures what level or order of thinking skills and content mastery are intended in order to answer a specific test question. There are three levels of cognitive complexity that are covered on the ILE. In order, they are: Remember; Understand and Apply; Analyze and Evaluate. Table 1 describes these three levels in more detail. However, the difference between them is best-illustrated with an example.

In all cases, the questions are relevant to the job of a hearing aid specialist. Most of the objectives in the IHS Competency Model call for test questions at the understand and apply level. One section (1.1) calls for remember level and two sections (3.1 and 3.2) call for analyze and evaluate. As stated above, the final question the Committee must answer about each test question is: "Is the test question at the appropriate level of cognitive complexity?" If a question intended for 1.1, for example, is deemed to be at the understand and apply level, it would be inappropriate.

All of these questions must be answered satisfactorily for every ILE question that the Committee writes. Each test question undergoes this rigorous review process before it goes live on the test. Once a question goes live, it goes through a year of pilot testing, where it's unscored, and then more analysis before it ever counts toward a test-taker's score.

Table 1.

COGNITIVE LEVEL	QUESTION	ANSWERS
Remember	What is the definition of a conductive hearing loss?	A. Air and bone conduction thresholds are similar across frequencies and in the mild to profound hearing loss range. B. Air conduction thresholds are in the mild to profound hearing loss range and bone conduction thresholds are within normal limits. C. Air and bone conduction thresholds are in the mild to profound hearing loss range, with bone thresholds at least 10-15 dB better than air. Answer: B
Understand/Apply	Refer to the exhibit. What type of hearing loss is present in the right ear? 	A. Sensory/neural B. Conductive C. Mixed Answer: B
Analyze/Evaluate	A patient/client referred by an ENT specialist, with medical clearance, presents with severe bilateral sensory/neural hearing loss. Otoscopy reveals evidence of active fluid drainage bilaterally and the patient/client reports severe difficulty understanding speech in noise. Which fitting recommendation is appropriate?	A. Full shell hearing aids with multiple memories and 4mm vents B. BTE hearing aids with externally vented earmolds and multiple memories C. RIC hearing aids with closed domes and directional microphones Answer: B

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In the Study Guide that is given to all ILE test-takers, they are informed of the cognitive complexity demands of the exam: "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
- Critically think and demonstrate reasoning ability
- Integrate new or given information with known information or processes
- Make decisions or provide judgments"

As you can see, the ILE requires test-takers to go beyond pure recall of facts, and to apply information to work-based scenarios, just like they would in the clinic. The practice-based nature of the exam ensures its legal defensibility as an appropriate measure for licensure. The ILE is used in 43 U.S. States and 5 Canadian Provinces and nearly 1000 test-takers take the exam annually. Licensing agencies must walk a fine line promoting consumer protection (a sufficiently rigorous licensing process) and avoiding undue barriers to licensing (such as more-rigorous-than-necessary licensing exams). Therefore, IHS and its ILE Committee must remain cognizant at all times of ensuring the ILE is testing the appropriate topics at the appropriate levels.

Further articles in this series will delve more into the pilot testing process, statistical analysis of test questions, exam security and integrity, the reliability and validity of the ILE and test-takers results, and IHS' suggestions for exam preparation. Suggestions for this series and questions about the ILE may be directed to IHS' Professional Development Staff, who work closely with the ILE Committee, at education@ihsinfo.org. ■

For further reading on cognitive complexity in credentialing exams, IHS recommends the following:

Anderson, L., Krathwohl, D., Airasian, P., Cruikshank, K., Mayer, R., Pintrich, P., Raths, J., & Wittrock, M. (2001). *A taxonomy for learning, teaching, and assessing: A revision of Bloom's taxonomy of educational objectives.* New York, NY: Longman.

Bloom, B.S. (Ed.) (1956). *Taxonomy of educational objectives: The classification of educational goals. Handbook 1: Cognitive domain.* New York: McKay.

Davis, S. L. & Buckendahl, C.W. (2011). Incorporating cognitive demand in credentialing examinations. In G. Schraw & D.R. Robinson (Editors). *Assessment of higher order thinking skills* (pp. 303-325). Charlotte, NC: Information Age.

Schraw, G. & Robinson, D.R. (2011). Conceptualizing and assessing higher order thinking skills. In G. Schraw & D.R. Robinson (Eds.). *Assessment of higher order thinking skills* (pp. 1-15). Charlotte, NC: Information Age.

For a great lay perspective on exam development more broadly:

Dainis, A.M. and Maurice, M. & Duer, E. (Eds.) (2021). *To validity and beyond!: A handbook for credentialing exams.* Independently published.

International Licensing Examination: How It's Made

Part II

This is the second article of a series of four articles in 2024 addressing the adoption of a new Competency Model for the International Licensing Examination for Hearing Healthcare Professionals (ILE).

The primary purpose of the ILE is to "[assist] 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" (International Hearing Society, 2017). This brief article describes how the development and structure of ILE items help to fulfill this purpose.

ITEM FORMAT

Written exams, like the ILE, exist in many different formats and can contain many different types of items (sometimes referred to as "questions"). Items on written exams tend to fall into two broad categories: selected response and constructed response. As their name suggests, for selected response items (sometimes referred to as "multiple-choice items") candidates select a correct answer from a set of given options. Similarly, for a constructed response item, candidates produce (i.e., construct) their own answer to a question or assigned task.

For any licensing exam, it is essential to ensure that the exam content is job-related (AERA, APA, NCME, 2014). As described in previous articles, the IHS Competency Model specifies a wide range of job-related expectations for entry level hearing healthcare professionals. In addition to supporting its primary purpose of assisting licensing boards by producing accurate pass/fail decisions, IHS also strives to produce examinations that can be completed in a reasonable amount of time in order to limit time commitment and financial burden for candidates. With these three goals in mind, (1) broad content coverage, (2) accurate pass/fail decisions, and (3) reasonable testing time, IHS chose to use selected response items on the ILE. Generally speaking, selected response items can be read and responded to fairly quickly, which allows more items to be included on a two-hour exam. Additionally, because candidates are choosing from a provided set of answer

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choices, selected response items can be scored with a great deal of accuracy.

The general structure of an ILE item is shown in Figure 1. The stem of the item consists of both supporting information that provides background for a scenario and a question statement to which the candidate must respond. The response options consist of the correct (i.e., "key") and incorrect (i.e., "distractor") responses.

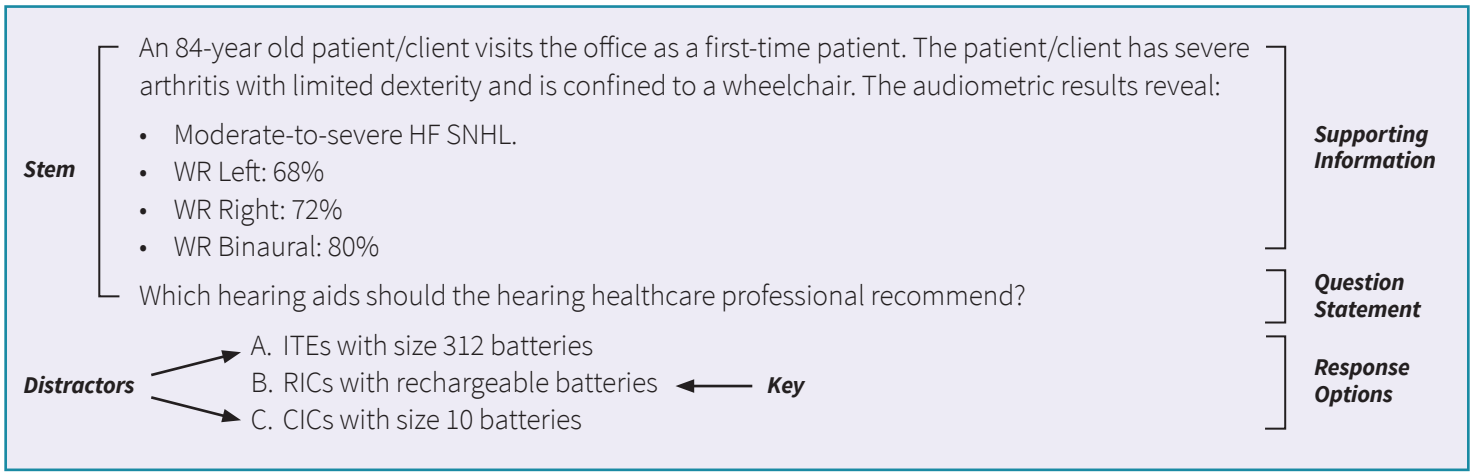
ensures that high-stakes exams, like the ILE, are fair, valid, reliable, and legally defensible.

Although a comprehensive explanation of best practices for item writing is beyond the scope of this article, the following section discusses one of the most important elements of selected response item development: the creation of distractors.

THE IMPORTANCE OF DISTRACTORS

As noted above, in the context of item writing, incorrect

FIGURE 1 ITEM



As noted in the previous articles, IHS has a committee of volunteer hearing healthcare professionals who have participated in extensive training to write and review items for the examination. Each item the writers develop is targeted at a specific objective listed in the IHS Competency Model to ensure the item content is tied to the actual job. The item writers are trained by assessment professionals in techniques and strategies for creating high-quality test items. Just as hearing healthcare best practices are based on research and evidence of patient outcomes, item writing best practices are based on research and evidence of assessment outcomes. Following these best practices

response options are referred to as "distractors." To help understand the importance of distractors, consider the two example items in Figure 2 from a hypothetical "current pop culture" exam:

Item A is intended to measure candidate knowledge of current pop culture. Item B has the same stem and key, but different distractors. Although the difficulty of both items is affected by one's pop culture knowledge, most candidates would likely agree that Item A is more difficult than Item B because the distractors for Item A are pop artists who were extremely popular in 2023, whereas the distractors

FIGURE 2

Item A

Which pop musician broke ticket sales records worldwide with The Eras Tour in 2023?

A. Ariana Grande
B. Harry Styles
C. Taylor Swift

Item B

Which pop musician broke ticket sales records worldwide with The Eras Tour in 2023?

A. Conway Twitty
B. Guns 'n' Roses
C. Taylor Swift

for Item B are not. The distractors for Item B are not pop artists at all! Therefore, one could argue that Item B isn't really measuring candidate knowledge of current pop culture anymore (instead the item is measuring knowledge of musical artists in general). This example shows how the selection of distractors can have substantial effects on both the difficulty and the content of an item.

Because of the significant influence of distractors, their creation is one of the most challenging and time-consuming elements in the item development process.

that the items are sufficiently challenging to distinguish between qualified candidates and those who are not yet qualified.

CONCLUSION

In its efforts to support licensing boards in identifying qualified candidates, IHS has chosen to use selected response items on the ILE. These items help to achieve multiple assessment goals: (1) broad content coverage, (2) accurate pass/fail decisions, and (3) reasonable testing length. Committed hearing healthcare volunteers are highly

FIGURE 3 ITEM

A patient/client walks in the office and tells the front office assistant that they do not think their hearing aids are working correctly. The hearing aids are cleaned and a listening check is performed to confirm the instruments are working. Two weeks later, the patient/client returns with the same complaint. What should the hearing healthcare professional do?

A. Perform a COSI questionnaire
B. Turn up the hearing aids
C. Run electroacoustic analysis

Choice (A) is attractive because COSI questionnaire can help define subjective problems the patient/client is having. However, it doesn't tell us anything about the objective functioning of the hearing aids.

That leaves (C) as the only correct answer. Electroacoustic analysis (run in the hearing instrument test box) will provide an objective reading of the hearing aid's performance and help the hearing healthcare professional troubleshoot further.

Choice (B) is a very incomplete "shortcut" solution; the hearing aids shouldn't be turned up until you've confirmed they're functioning correctly. Even then, you must take care that speech doesn't become distorted and the hearing aids don't exceed a patient's tolerable levels.

To ensure that the distractors help to support the purpose of the ILE, IHS' volunteer item writers take great care when producing them. The item writers work to create distractors that are clearly incorrect given the supporting information and question statement of the item but remain plausible for candidates who have not yet mastered the knowledge, skills, or abilities that the item is intended to assess.

Consider the example item in Figure 3, taken from ILE Test Prep. The item is intended to assess candidate understanding of how to adequately troubleshoot hearing aid problems. Each response distractor is labeled with the rationale for why it is plausible but incorrect. The plausibility of the distractors doesn't make the item tricky. Rather, the plausibility of distractors helps to ensure

qualified and well-trained to develop exam items that are practice-based and assess job-related content. These volunteers take special care to make sure item distractors are created to help distinguish between qualified candidates and those who are not yet qualified.

The next article in this series will focus on how the Competency Model, cognitive complexity, and these carefully written items combine to inform the pilot testing process. It will cover how items are piloted, what data IHS collects, and how that data informs the actual scored test. Suggestions for this series and questions about the ILE may be directed to IHS' Professional Development Staff, who work closely with the ILE Committee, at education@ihsinfo.org. ■

Pilot Testing, Exam Security, and the ILE: How Statistical Data Influences the Exam

Part III

This is the third article in a four-part article series on the International Licensing Examination for Hearing Healthcare Professionals (ILE).

CE Article: Read this article and then take the quiz online for a CE credit. IHS professional and international members can earn a free CE credit—visit Member Resources (ihsinfo.org) to learn more.

When IHS introduces new volunteers or staff to the International Licensing Examination for Hearing Healthcare Professionals (ILE) process, one of the things they are most amazed by is the amount of data and statistics collected on the ILE and the way that data is used to ensure the integrity of the exam. In this third of four articles about the ILE, we'll dive into how and why that data is collected and how it's used to validate and protect the fairness, relevance, quality, and security of the ILE. We'll conclude this article with a discussion about how this knowledge can inform a test taker's strategies on the exam.

PILOT TESTING

In the previous article (April-May-June 2024 edition of *THP* magazine), we discussed how test items (questions) are carefully written to ensure alignment with the competency model, relevance to current practice, and accuracy. The pilot testing process takes this many steps further. Once an item is written and approved by the ILE Committee, it goes into the pilot test bank to be pilot tested

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the following year. The ILE approves about 100 new items a year. The 100 items they wrote in 2023 are being pilot tested in 2024.

What does pilot testing entail? Each test form of the ILE contains 105 questions and runs for about six months. Of those 105 questions, 25 are pilot items. So, the 100 items written in 2023 are split into four groups of 25 and appended to the four test forms for 2024. Each of those four test forms will see 300-400 test takers. Test takers are NOT scored on their responses to the 25 pilot items. At the end of the year, IHS turns the data over to our psychometrics firm, Alpine Testing Solutions, who analyze it and share the results with IHS staff and the ILE Committee. The data we look at includes:

- **P-value:** The percentage of test takers who got a particular item correct. If it's too easy or too hard, then the item isn't doing what we need it to do.
- **Item-Score Correlation:** Ideally, each item is doing its job to help us distinguish between test-takers who are qualified to hold a license and test takers who are not. The Item-Score Correlation tells us how well each item is doing that. If high-performing candidates are getting an item correct and low-performing candidates are getting that item incorrect, the item would have a high item-score correlation.
- **Distractor Responses:** Sometimes an item will have a correct answer of "A" (for example), but the statistics show that a large proportion of test-takers (including high performers) are answering "B." Seeing this causes IHS to investigate that item – is it miskeyed? Does it actually have two correct answers? Is there something about the educational/reference materials that is confusing on this topic?
- **Response Time:** The amount of time it takes a test taker to answer the question. In particular, we are looking for questions that take an inordinate amount of time. Test takers are time limited, so questions that take too long are unfair.

Looking at these statistics tells us if an item needs additional review or possibly editing before moving forward as a scored item. Items that are flagged based on these statistics go back to the ILE Committee for review. During that review process, the item may be thrown out completely or edited. If it's edited, it will go through the pilot process again. Only items that pass all of the statistical checks go on to become scored items.

ANALYZING SCORED ITEMS

Once an item passes the pilot testing process and becomes a scored item, the analysis only continues. Twice a year, every scored test item is also measured on the above statistics. If an item is flagged, it is pulled from rotation and goes back to the ILE Committee for review. Just like the pilot items, a flagged item could then be removed from the item bank permanently or it could be edited. If it's edited, it starts over as a new item in the pilot-testing process.

In addition to the statistical review, IHS also has built-in periodic reviews by the ILE Committee of active test items. These coincide with milestones such as the release of a new edition of the IHS Distance Learning Course or the adoption of a new Competency Model. The primary goal of this review process is to catch any items that are no longer accurate or relevant to current practice. An example of how an accuracy issue would arise is through advancing technology. It used to be that different hearing aid styles had very discrete fitting parameters. However, that has changed significantly over the years to the point that different styles are very flexible to accommodate different losses and lifestyles. The expertise of the ILE Committee identifies if items are outdated or no longer accurate and then those items are pulled from the exam.

STATISTICS FOR EXAM HEALTH AND SECURITY

In addition to using statistics at the item level as described above, IHS and Alpine also use statistics to measure the health of the ILE as one way to uncover

any breaches of exam content. Health Check Reports are delivered to IHS twice a year from Alpine Testing Solutions. Health Check Reports include the Item Analysis described earlier, as well as Form Analyses. The Form Analyses look at an entire exam form and produce statistics about the form's consistency and validity, difficulty, margin of error, and comparison to other test forms.

Finally, Health Check Reports include Security Analyses. While these security analyses do not comprise IHS' entire exam security protocols, they are an important component in identifying potential cheating or content breaches. The security analyses look at:

- How every candidate's answers compare to every single other candidate's answers – hundreds of thousands of comparison pairs – to identify any undue overlap.
- Time/Response comparison – If an individual achieves a very high score in a very short amount of time, that could be indicative of leaked content or cheating behavior.

It is important to note that action would not be taken on the basis of statistics alone. IHS takes cases of potential cheating very seriously, and a statistical result suggestive of inappropriate behavior would lead to an investigation guided by IHS' legal counsel to identify if any untoward behavior actually occurred. Test takers are provided with IHS' Test Misconduct Policy and must agree to it prior to scheduling and taking the ILE.

APPLYING THIS KNOWLEDGE TO TEST-TAKING

We've all heard it before: knowledge is power. Here are some tips for applying this knowledge to taking the ILE:

- Assume every question is scored. The 105 items are delivered in a random order every time someone takes the test. There is NO way for a test-taker to know which 25 are pilot items, and the pilot items are interspersed throughout the exam.
- Follow the Competency Model for the content breakdown of the scored items. Sometimes IHS will get a call from a candidate who says (for example) that they took the ILE and it was "half infection control questions." A large proportion of those infection control items were likely pilot items. Per the Competency Model, Infection Control makes up 5% of the scored items (4 items out of 80); this is true at all times for all test forms. Don't get thrown off by the presence of pilot items.

- Know that each item has been carefully analyzed to ensure there is only ONE correct answer. Read each question entirely and analyze each piece of information. ILE questions do not contain superfluous information; if a detail is there, it's important and should be considered in the final outcome.

CONCLUSION

Data and statistics are an important piece in ensuring the validity and reliability of the ILE. IHS contracts with Alpine Testing Solutions; their professional psychometricians help IHS produce and maintain an exam that meets the needs of licensing agencies and is fair to the test-takers completing it.

Suggestions for this series and questions about the ILE may be directed to IHS' Professional Development Staff, who work closely with the ILE Committee, at education@ihsinfo.org.

POST-SCRIPT

Are you interested in the exam development process? IHS will be opening applications for the ILE Committee later this fall. The most important qualification for an ILE Committee member is a deep understanding of entry-level practice. IHS strives to make the ILE Committee representative of the industry as a whole. If you'd like to be notified when applications open, please complete IHS' Volunteer Interest Form at https://form.jotform.com/222923587114154. ■

How to Prepare for the ILE

Part IV

This is the fourth article in a four-part article series on the International Licensing Examination for Hearing Healthcare Professionals (ILE). Scan the QR codes to access examples referred to in the text.

In this final of four articles about the International Licensing Examination for Hearing Healthcare Professionals (ILE), it seems prudent to shift the focus to the apprentice who is facing the professional milestone posed by licensing exams. Therefore, these next pages will be devoted to sharing, from IHS' perspective, what apprentices (and their trainers) should be doing to prepare for the ILE. The content here assumes the apprentice is already linked with a trainer. Successful trainers have a few things in common. Some successful trainers spend 8 weeks, some spend 14 weeks, and some spend 26 weeks or more training their apprentices; what they have in common is their adherence to the steps described in this article. Please keep in mind, trainers must follow their jurisdictional laws and rules first and foremost.

STEP 1: Begin with the End in Mind

You can't prepare for an exam if you don't know what it covers. Study the IHS Competency Model, which shares, in detail, the content of the exam and in what proportions. For a detailed look at how the Competency Model is developed, refer to the October—November—December 2023 edition of *The Hearing Professional (THP)* magazine.

Scan for the IHS Competency Model

As an example, look at Objective 1.3 – Utilize audiometric testing protocols. The Competency Model tells us that 11% of the exam covers these topics; air, bone, and speech testing, and masking. If you can't apply your masking rules, you'll be at a real disadvantage with this section being 11% of the exam!

STEP 2: Combine Theory and Practice

The ILE is a practice-based exam, which requires that test takers are well versed in all aspects of entry-level practice. So, while all of the questions on the ILE are referenced to the Distance Learning for Professionals in Hearing Health Sciences course, the course alone is NOT enough to prepare for the exam (and for licensed practice, for that matter). The course is designed to be completed at the same time as hands-on training.

Scan for the IHS Distance Learning Course

IHS offers the Trainer Manual, which is the bridge between

the Distance Learning Course and hands-on training in the clinic. The Trainer Manual shows the trainer exactly what to demonstrate, what to test the apprentice on, and how to break down the application of difficult topics (like masking).

Scan for the IHS Trainer Manual

For additional information on those tough topics and creating a training environment in a busy clinic, trainers can access the IHS Train-the-Trainer webinar series on the IHS e-learning portal.

Scan for the IHS Train-the-Trainer webinar series

Apprentices should complete the entire Distance Learning Course, with their trainer referring to the Trainer Manual for each lesson. During the training period, the apprentice should be shadowing as many patients as possible, making patient recommendations, and discussing patient cases with their trainer and other staff. Once the apprentice has completed the entire course AND achieved mastery of all the skills described in the Trainer Manual, they are ready to move on.

STEP 3: Focus on the Exam

Now that the apprentice is sufficiently trained, it's time to turn attention back to the exam. As mentioned before, the exam is practice based. Take a look at Table 1 in the January-February-March 2024 edition of *THP,* on page 49, which brings back an example from an earlier article. Apprentices can expect to see primarily understand/apply questions on the exam. Five percent of the exam will be 'remember level' (Objective 1.1) and 18% of the exam will be analyze/evaluate (Objectives 3.1 and 3.2), which leaves 77% of the exam at the understand/apply level. This is why simple memorization of facts from the Distance Learning course is insufficient in Step 2!

Table 1.

COGNITIVE LEVEL	QUESTION	ANSWERS
Remember	What is the definition of a conductive hearing loss?	A. Air and bone conduction thresholds are similar across frequencies and in the mild to profound hearing loss range. B. Air conduction thresholds are in the mild to profound hearing loss range and bone conduction thresholds are within normal limits. C. Air and bone conduction thresholds are in the mild to profound hearing loss range, with bone thresholds at least 10-15 dB better than air. Answer: B
Understand/Apply	Refer to the exhibit. What type of hearing loss is present in the right ear?	A. Sensory/neural B. Conductive C. Mixed Answer: B
Analyze/Evaluate	A patient/client referred by an ENT specialist, with medical clearance, presents with severe bilateral sensory/neural hearing loss. Otoscopy reveals evidence of active fluid drainage bilaterally and the patient/client reports severe difficulty understanding speech in noise. Which fitting recommendation is appropriate?	A. Full shell hearing aids with multiple memories and 4mm vents B. BTE hearing aids with externally vented earmolds and multiple memories C. RIC hearing aids with closed domes and directional microphones Answer: B

To help the apprentice gain familiarity with these types of exam questions, IHS offers ILE Test Prep. As you may recall from earlier articles, the ILE Committee writes about 100 new test questions every year. Some of these end up getting removed from the item bank after statistical analysis, but many of them remain. Over time, this gave IHS an overage in the ILE item bank and the opportunity to create a test prep offering. ILE Test Prep contains 240+ tested and validated former ILE questions to practice on.

This can serve several purposes:

- gain familiarity with the types of questions,
- present a snapshot of the apprentice's performance to guide study efforts, and
- talk through questions with the trainer.

IHS recommends that the apprentice start by taking a 40-question practice exam. This will show the apprentice the topics in which they are scoring high or low. With that analysis, go back to the Trainer Manual – there's a document inside called "Competency Mapping." The Competency Mapping document shows which lessons in the Distance Learning Course correspond to which areas on the exam. Find your areas of weakness and go over that content and those tasks again with your trainer. Once you're feeling confident, take another 40-question practice exam and see how you do. Using ILE Test Prep is a great way to gain some exam practice without enduring the cost or anxiety of the real thing.

Scan for ILE Test Prep

Finally, flex your test-taking muscles! IHS has a webinar specifically about test-taking strategies. Follow these guidelines carefully to set yourself/your apprentice up for success!

Scan for Test-Taking Strategies webinar

STEP 4: Bring it all Together

Time to test! Get a good night's sleep, eat a nourishing breakfast, and leave plenty of time for the drive. Breathe deeply and focus – you know this content! Also, know that sometimes people fail. You'll receive or can request a report of your topic-level results to help you study for next time. Follow the same recommendations from above, focusing especially on your areas of weakness. Don't give up; you'll be joining a wonderful profession!

This is the final article in this series. With questions about the ILE, please contact IHS' Professional Development staff at education@ihsinfo.org. ■