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Student Name		
HAST ID Number		Veteran

Supervisor Information		
Supervisor Name	Business Name	Business Owner

WHS Program Application		
HAST Application Received	Application Fee Paid \$100	Student/ Supervisor Agreement Form

Supervisor Credentials Verified DOH	Supervisor Credentials WHS Membership Verified	In Good Standing
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WHS-HAST Program Fees Paid	Signed Enrollment Agreement recieved	Signed Background Check Affirmation received
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I.H.S Training Program Information		
Student Practical Hours Log 30 day check	IHS Distance Learning Program	Quarterly Reporting with Patient Audits

Course # 26059: Effective Documentation for a Compliant Audiology Practice	Course # 30065 Ethical and Legal Requirement of an Audiology Practice- Staying Compliant	Courses #26014, #20446 & #24982 Implantable Devices
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Program Completion		
WHS Certificate of Completion Granted	DOH Notified of Completion	Date Student Dropped from Program

DEPARTMENT OF HEALTH REQUIREMENTS

Written Exam Passed/Failed	Practical Exam Pass/Fail	Jurisprudence Exam
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Employed Upon Completion	Employer
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WHS-HAST Program Flow

Student Information

DOB	Student Address	City	State
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Business Address	City	State	Zip
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WHS Fees Paid	Student Degree Earned	Major Field of Study	College or University
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WHS Program Application

Supervisor/Business Professional Liability Insurance	Liability End Date	Vetted by PC and WHS President	Application Approved/Denied
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WHS Program Enrollment

Signed Catalog Affirmation received	Orientation Call completed	I.H.S. Workbook Registered	Program Start Date
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Supervised Hours

Supervisor Attestation of 520 Hours Completed	Program Coordinator approval of 520 Hours
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Educational Requirements

Course #100 Genetics and IHearing Loss (Two Part Series): AOL Courses #31663 & #31665 + Exams	Course #200 Introduction to SLP-AUD: Exploring Communication Disorders: Text & Essay	AIDS Education Certificate	I.H.S. Final Exam Letter
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Reason Student Dropped from Program	Program Evaluation Survey Sent
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H.A.S. License Granted	H.A.S. License #
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Zip	Personal Phone	Work Phone	Email

Phone	Email	<u>Train the Trainer Course</u> <u>Completed</u>	Supervisor WA License #

Transcript Received	Transcript Approved

Acceptance letter sent	W.H.S. Welcome Packet Sent	Background Check Affirmation Sent	Catalog Affirmation Sent

Program Completion Deadlines	Report Dates Scheduled	Executed Enrollment Agreement Sent

I.H.S. Final Transcript Received	I.H.S. Certificate of Completion	

Enrollment
Agreement sent