

Hearing Aid Dispenser Ear Mold Impression Model Consent Form

NYS DEPARTMENT OF STATE
DIVISION OF LICENSING SERVICES
EXAMINATION UNIT
PO BOX 22001
ALBANY, NY 12201-2001

I, _____, (print model's name) agree to be a model for the Ear Mold Impression portion of the Hearing Aid Dispenser Practical Test of Proficiency on behalf of _____, (print applicant's name) Applicant.

I understand that the New York State Department of State recommends that I should receive an otoscopic examination and clearance from a qualified professional (registered hearing aid dispenser, licensed audiologist, or licensed physician) before participating as a model. I have (have not) received such otoscopic examination and clearance.

The applicant has fully explained the procedure to me.

I understand that the applicant will be required to:

- perform an otoscopic examination of one or both of my ears;
- insert a cotton or foam ear dam (also called an otoblock) deep into my ear using an instrument known as an otolight;
- insert earmold impression material deep into my ear, to the ear dam, using a syringe designed for this purpose; and
- remove the earmold when the impression material has solidified into a firm, rubbery consistency.

I understand that although every aspect of the test will be closely monitored for safety by a qualified professional and that this is a commonly performed routine procedure, contraindications may occur in a small percentage of cases. These contraindications include possible:

- infection of the ear;
- trauma to the ear or eardrum;
- bruising or bleeding of the ear;
- allergic reaction to the impression material; or
- earmold breakage resulting in impression material lodged deep in the ear which may require removal by a physician.

I hold harmless the State of New York and the examiner from any injuries, damages, or claims resulting from any action of the applicant.

Dated: _____ Signed: _____

Signed in presence of Administrator/Examiner