Chapter HAS 6

LICENSURE OF SPEECH–LANGUAGE PATHOLOGISTS, AUDIOLOGISTS AND TEMPORARY LICENSEES

Subchapter I — Speech–Language Pathologists and Audiologists

HAS 6.01 Authority and purpose. The rules in this chapter are adopted by the hearing and speech examining board under the authority of ss. 227.11 (2) and 459.24 to 459.34, Stats., to govern the licensure of speech–language pathologists, audiologists and temporary licensees.

History: Cr. Register, May, 1993, No. 449, eff. 6–1–93; CR 01–043: am. Register October 2001 No. 550, eff. 11–1–01.

HAS 6.02 Definitions. In this chapter and in ch. 459, Stats.:

1. “ASHA” means the American speech–language hearing association.
2. “Audiologist” has the meaning given in s. 459.20 (1), Stats.
3. “Audiology” has the meaning given in s. 459.20 (2), Stats.
4. “Board” means the hearing and speech examining board.
5. “Hearing aid” has the meaning given in s. 459.20 (3g), Stats.
6. “Postgraduate clinical fellowship” means a program approved by the board consisting of a minimum of 9 months of supervised clinical practice in speech–language pathology provided in the work setting to which an applicant is seeking licensure.
7. “Practice of fitting and dealing in hearing aids” has the meaning given in s. 459.20 (3p), Stats.
8. “Speech–language pathologist” has the meaning given in s. 459.20 (4), Stats.
9. “Speech–language pathology” has the meaning given in s. 459.20 (5), Stats.
10. “Supervised clinical practicum” means a program required by a college or university for completion of a master’s degree in speech–language pathology or a doctoral degree in audiology.
11. “Verification of clinical competence” means written confirmation submitted directly to the board by ASHA stating that an applicant holds a certificate of clinical competence in speech–language pathology or audiology.

History: Cr. Register, May, 1993, No. 449, eff. 6–1–93; cr. (4m), Register, August, 1995, No. 476, eff. 9–1–95; cr. (4r), Register, April, 1994, No. 460, eff. 5–1–94; cr. (4r), Register, July, 1998, No. 511, eff. 8–1–98; am. (intro.), (2) and (3), cr. (4r), (4t), (4a), (6a), (6b) and (8a), Register, February, 1999, No. 518, eff. 3–1–99; CR 01–043: cr. (1m), r. (4o), (4r) and (8a), am. (7) to (9), Register October 2001 No. 550, eff. 11–1–01; CR 05–026: am. (1m), r. (4g), (4m), (5g) and (5o), Register January 2004 No. 577, eff. 2–1–04; CR 05–026: am. (1m), r. (4g), (4m), (5g) and (6b), Register September 2005 No. 597, eff. 10–1–05; CR 15–096: r. (1m), (5), am. (6), (9), Register August 2016 No. 728, eff. 9–1–16.

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Subchapter IV — Discipline

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Note: Chapter HAS 6 as it existed on May 31, 1993, was repealed and a new chapter HAS 6 was created effective June 1, 1993.

HAS 6.03 Applications for licensure; speech–language pathologist. Every applicant for licensure as a speech–language pathologist shall submit:

1. An application on a form provided by the board.
   Note: Applications are available on the website at dsps.wi.gov or by calling (608) 266 – 2112.
2. The fee specified in s. 440.05 (1), Stats.
3. Subject to ss. 111.321, 111.322, and 111.335, Stats., evidence satisfactory to the board that the applicant does not have a conviction record.
4. Evidence satisfactory to the board that the applicant has satisfied one of the following:
   a. Completed a supervised clinical practicum and received a master’s degree in speech–language pathology from a college or university approved by the board.
   b. Completed education or training that the board determines is substantially equivalent to the requirements under par. (a).
5. Verification the applicant has satisfied one of the following:
   a. Passed the Praxis Speech–Language Pathologist examination.
   b. Completed education or training that the board determines is substantially equivalent to passing the NESPA examination that may include verification that the applicant has been granted a certificate of clinical competence in speech–language pathology by ASHA.
6. Evidence satisfactory to the board that the applicant has satisfied one of the following:
   a. Completed a postgraduate clinical fellowship in speech–language pathology approved by the board.
   b. Completed education or training that the board determines is substantially equivalent to the completion of a postgraduate clinical fellowship in speech–language pathology.

History: Cr. Register, May, 1993, No. 449, eff. 6–1–93; emerg. am. (6), eff. 12–6–93; am. (6), Register, April, 1994, No. 460, eff. 5–1–94; r. (3), Register, July, 1998, No. 511, eff. 8–1–98; CR 01–043: am. (5), r. and recr. (6), Register October 2001 No. 550, eff. 11–1–01; CR 05–026: recr. (7) to be (7) (intro.), cr. (7) (a) and (b) Register September 2005 No. 597, eff. 10–1–05; CR 15–096: am. (6) (intro.), (a) Register August 2016 No. 728, eff. 9–1–16.

HAS 6.04 Applications for licensure; audiologist. Every applicant for licensure as an audiologist shall submit:

1. An application on a form provided by the board.
   Note: Applications are available on the website at dsps.wi.gov or by calling (608) 266 – 2112.
2. The fee specified in s. 440.05 (1), Stats.
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(4) Subject to ss. 111.321, 111.322 and 111.335, Stats., evidence satisfactory to the board that the applicant does not have a conviction record.

(5) Evidence satisfactory to the board that the applicant has completed a supervised clinical practice and satisfied one of the following:

(a) Possesses a doctoral degree in audiology from a college or university in an accredited academic program. The doctoral degree program shall consist of not less than 3 years of educational course work and not less than 12 months of clinical rotation or externship.

(b) Evidence satisfactory to the examining board that the applicant has completed education or training that the board determines is substantially equivalent to the requirement under par. (a).

(6) Verification the applicant has satisfied one of the following:

(a) Passed the Praxis Audiology examination.

(b) Completed education or training that the board determines is substantially equivalent to passing the Praxis Audiology examination. A certificate of clinical competence in audiology granted by ASHA is considered equivalent.

(8) Evidence satisfactory to the board that the applicant has passed the practical examination required under s. 459.26 (2) (b), Stats., or has completed education or training that the board determines is substantially equivalent to the completion of the examination.

HAS 6.07 Reciprocal license. (1) SPEECH-LANGUAGE PATHOLOGY. The board shall grant a license to practice speech-language pathology to an applicant who pays the fee required by s. 440.05 (2), Stats., and provides evidence of all the following:

(a) The applicant has a current license to practice speech-language pathology in good standing in another state or territory of the United States.

(b) The requirements for licensure in the other state or territory are substantially equivalent to the requirements under s. 459.24 (2), Stats.

(2) AUDIOLGY. The board shall grant a license to practice audiology to an applicant who pays the fee required by s. 440.05 (2), Stats., and provides evidence of one of the following:

(a) The applicant has a current license to practice audiology in good standing in another state or territory of the United States and the requirements for licensure in the other state or territory are substantially equivalent to the requirements under s. 459.24 (3), Stats.

(b) The applicant has a current license to practice audiology in good standing in another state or territory of the United States and provides evidence of all the following:

1. The requirements for licensure in the other state or territory are substantially equivalent to the requirements under s. 459.24 (3) (c), (e), and (em), Stats.

2. The applicant has completed a supervised clinical practicum and received a master’s degree in audiology from a college or university approved by the examining board or has completed education or training that the examining board determines is substantially equivalent to the completion of those requirements.

(3) RECIPROCAL AGREEMENTS. A license to practice speech-language pathology or audiology may be granted to applicants according to the terms of a reciprocal agreement the board has entered into with another state or territory.

HAS 6.08 Limited permit. (1) A non-resident applicant for a limited permit to practice in association with a licensed speech-language pathologist or licensed audiologist for a period not to exceed 10 days in any calendar year shall submit the application, pay the fee specified in s. 440.05 (6), Stats., and provide evidence of all of the following:

(a) The applicant does not have an arrest or conviction record, subject to ss. 111.321, 111.322, and 111.335, Stats.

(b) Completion of one of the following:

1. The requirements in s. HAS 6.03 (5) for the practice of speech-language pathology.

2. The requirements in s. HAS 6.04 (5) for the practice of audiology.

(2) A non-resident applicant for a limited permit to practice speech-language pathology or audiology, who holds a current speech-language pathologist or audiologist license in another state or territory of the United States which has requirements determined by the board to be substantially equivalent to the requirements under s. 459.24 (2) or (3), Stats., shall submit the application, pay the fee specified in s.440.05 (6), Stats., and provide evidence the applicant holds a current license in good standing. The limited permit shall be valid for a period not to exceed 45 days in any calendar year.

HAS 6.085 Accommodations relating to a disability. A qualified applicant with a disability shall be provided with reasonable accommodations requested in connection with the completion of an application for a credential.

Subchapter II — Temporary Licenses

HAS 6.09 Definitions. In this subchapter and in ch. 459, Stats.:

(1) “Hardship” means serious illness or some other personal adversity, as determined by the board.

(1m) “Sufficient cause” means illness or other hardship.

(2) “Supervision” means any of the following:

(a) A face-to-face meeting, at least monthly, between the supervisor and the temporary licensee and other on-going communications by mail, telephone, pager, e-mail or other electronic means.

(b) On-site, in-view observation and guidance by the supervisor while an assigned activity is performed by the temporary licensee.

HAS 6.10 Temporary licenses. (1) SPEECH-LANGUAGE PATHOLOGY. (a) Before commencing a postgraduate clinical fellowship in speech-language pathology an applicant shall obtain a temporary license to practice under the supervision of a licensed speech-language pathologist by submitting all the following:

1. An application and fee specified in s. 440.05 (6), Stats.

2. Evidence the applicant does not have an arrest or conviction record, subject to ss. 111.321, 111.322, and 111.335, Stats.

3. Evidence the applicant has completed one of the following:
a. A supervised clinical practicum and received a master’s degree in speech–language pathology from a college or university approved by the board.

b. Education or training that the board determines is substantially equivalent to the completion of the supervised clinical practicum and master’s degree in speech–language pathology.

4. Evidence of the applicant is registered to take the next available Praxis Speech–Language Pathology examination or has passed the Praxis Speech–Language Pathology examination or has completed education or training that the board determines is substantially equivalent to passing the examination.

(b) A temporary license to practice speech–language pathology is valid for 18 months. A temporary license may be renewed once by the board.

(c) Notwithstanding par. (b), a temporary license to practice speech–language pathology shall terminate in 90 days if an applicant fails to take the next available examination for reasons other than inaction by the examining board or hardship.

(d) A person holding a temporary license to practice speech–language pathology shall be supervised face-to-face, at least monthly, by a licensed speech–language pathologist. The person holding the temporary license shall have the supervisor, once a month, provide written approval in the client files of the clinical services provided.

(2) AUDIOLOGY. (a) A temporary license to practice audiologist may be granted by submitting all of the following:

1. An application and fee specified in s. 440.05 (6), Stats.

2. Evidence the applicant does not have an arrest or conviction record, subject to ss. 111.321, 111.322, and 111.335, Stats.

3. Evidence the applicant has completed a supervised clinical practicum and one of the following:

a. Possesses a doctoral degree in audiology from an accredited academic institution approved by the board. The doctoral degree program shall consist of not less than 3 years of educational course work and not less than 12 months of clinical rotation or externship.

b. Education or training that the board determines is substantially equivalent to the completion of the requirement under subd. 3. a.

4. Evidence the applicant has passed the Praxis Audiologist examination.

(b) A temporary license to practice audiology is valid for 6 months. A temporary license may be renewed once by the board, for a time period to allow the applicant time to take the next available examination and receive the results of the examination, if one of the following occurs:

1. The applicant fails the practical exam required under s. 459.26 (2) (b), Stats., and applies to take the next available examination.

2. The applicant shows to the satisfaction of the examining board sufficient cause for the renewal.

History: CR 00–043: cr. Register October 2001 No. 550, eff. 11–1–01; CR 05–026: am. (1) (intro.) and (2), renum. (3) to be (6), cr. (3) to (5)

HAS 6.14 Definitions. In this chapter and in ch. 459, Stats.:

1. “Assist in the practice of speech–language pathology” means providing speech–language pathology services, while under direct supervision, that include any of the following:

- Assisting the speech–language pathologists with speech–language screenings.
- While in the presence of the speech–language pathologist, providing assistance during client evaluations.
- Helping with informal documentation such as taking a written language sample; organizing test materials; preparing treatment materials; developing communication boards and performing assigned clerical duties.
- Scheduling activities, preparing charts, records, graphs or displaying data related to client performance.
- Performing calibration and regular maintenance of equipment.
- Participating in research projects, in–service training and public relations programs.
- While in the presence of the speech–language pathologist, providing assistance during a treatment session conducted by the speech–language pathologist that may include any of the following:

a. Structured speech–language drills; oral motor exercises; practice and reinforcement of established speech–language skills and applications to communication activities of daily living.

b. Informal documentation of the client’s response to treatment.

- Providing treatment to clients selected by the speech–language pathologist by adhering to the treatment plans established by the speech–language pathologist who is available on site for consultation, as needed.

b. “Assist in the practice of speech–language pathology” does not include any of the following:

1. Performing formal or informal speech–language pathology evaluations.

2. Interpreting screening or test results.

3. Participating in client conferences or interdisciplinary team meetings or communicating with a client’s family or other individuals outside of the presence of the supervising speech–language pathologist unless authorized by the speech–language pathologist.

4. Writing evaluation consultation reports.

5. Counseling or consulting with the client, the client’s family or other individuals regarding the client’s status or service.

6. Writing, developing or modifying a client’s individualized treatment plan.

7. Deviating from the treatment plan.

8. Working with clients without direct supervision by the speech–language pathologist.

9. Signing formal client documents such as evaluations or progress notes.

10. Selecting clients for service or discharging clients from service.

11. Disclosing confidential client information to anyone other than the supervising speech–language pathologist unless authorized by the supervising speech–language pathologist.

12. Referring a client to another health care provider.

13. Representing himself or herself as a speech–language pathologist.

14. Using a checklist to tabulate results of feeding or swallowing evaluations.

HAS 6.12 Use of titles. An individual who holds a temporary license under s. 459.24 (6), Stats., may use the title “audiology intern,” “speech–language pathology intern,” “clinical fellow in audiology,” or “clinical fellow in speech–language pathology.”

History: CR 01–043: cr. Register October 2001 No. 550, eff. 11–1–01.

HAS 6.13 Discipline. Temporary licensees and speech–language pathologists and audiologists who supervise temporary licensees may be subject to discipline under s. HAS 6.18.

History: CR 01–043: cr. Register October 2001 No. 550, eff. 11–1–01.
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15. Demonstrating swallowing strategies or precautions to a client, the family of a client or staff.

(2) (a) “Assist in the practice of audiology” means providing audiology services that include any of the following:

1. Conducting hearing screenings including pure tone thresholds.
2. Servicing hearing instruments including applying lubrication, making tube changes on ear mold surfaces, checking battery status and returning hearing instruments to clients after servicing.
3. Preparing informal documentation of clients’ responses to treatment or service.
4. Performing biological checks, calibrations and regular maintenance of equipment.
5. Preparing charts and records, scheduling activities and performing assigned clerical duties.

(b) “Assist in the practice of audiology” does not mean any of the following:

1. Performing diagnostic audiological evaluations.
2. Interpreting screening or test results.
3. Writing evaluation consultation reports.
4. Providing counseling to the client or the client’s family.
5. Signing formal client documents including evaluations and progress notes.
6. Disclosing confidential client information unless authorized by the supervising audiologist.
7. Referring a client to another health care provider.

(3) “Direct supervision of unlicensed individuals” means:

(a) For purposes of monitoring unlicensed individuals who assist in the practice of speech–language pathology, providing direct observation and supervision of the clinical services provided by the individual to clients at least 50% of client contact time during the first 90 days of employment and no less than 10% thereafter. Direct supervision shall be scheduled and documented. Documentation of direct supervision shall include all of the following:

1. Identifying specific roles and tasks for the individual.
2. Ensuring that the tasks performed by the individual do not require the exercise of professional judgment or entail interpretation of results or the development or modification of treatment plans.
3. Providing appropriate training that is competency-based and specific to job performance.
4. Maintaining a record of direct supervision provided by the speech–language pathologist over the unlicensed individual who assists in the practice of speech–language pathology.

(b) For purposes of monitoring unlicensed individuals who assist in the practice of audiology, providing comprehensive, periodic and documented supervision that includes:

1. Identifying specific roles and tasks for the individual.
2. Ensuring that the tasks performed by the individual do not require the exercise of professional judgment or entail interpretation of results or the development or modification of treatment plans.
3. Providing appropriate training that is competency-based and specific to job performance.

(4) “Full–time equivalent individual” means an unlicensed individual who, alone or in conjunction with other unlicensed individuals, assists in the practice of speech–language pathology or audiology for a combined total of 40 hours per week.

History: CR 03–025: am. (1) a) 1. and 2., (b) 5. and 7., (2) a) 2., (3) a) (intro.), and 4., remum. (1) (a) 2. a. to d. and 3. (intro.) to be (1) (a) 3., 4., 5. and 7. and remum. and am. (1) (a) 4. to be (1) (a) 8., 9. (1) (b) 13., 14. and 15. Register January 2004 No. 577, eff. 2–1–04.

HAS 6.15 Direct supervision. (1) An unlicensed individual may assist in the practice of speech–language pathology or audiology only under the direct supervision of a speech–language pathologist or audiologist, as appropriate.

(2) For purposes of supervising unlicensed individuals who assist in the practice of speech–language pathology or audiology:

(a) A speech–language pathologist may supervise up to 2 full–time equivalent individuals at any given time.
(b) Except as provided in par. (c), an audiologist may supervise up to 5 full–time equivalent individuals at any given time.

(c) In industrial settings, an audiologist may supervise up to 10 full–time equivalent individuals at any given time.

History: CR 01–043: cr. Register October 2001 No. 550, eff. 11–1–01.

HAS 6.16 Prohibited practice and use of titles. No person may engage in the practice of speech–language pathology or use the title “speech–language pathologist” or any similar title or engage in the practice of audiology or use the title “audiologist,” “clinical audiologist” or any similar title, unless the person holds a current speech–language pathologist or audiologist license, as appropriate, granted by the board.

History: CR 01–043: cr. Register October 2001 No. 550, eff. 11–1–01.

HAS 6.17 Discipline. A speech–language pathologist or audiologist who supervises an unlicensed individual may be subject to discipline under s. HAS 6.18.

History: CR 01–043: cr. Register October 2001 No. 550, eff. 11–1–01.

Subchapter IV — Discipline

HAS 6.175 Definitions. In this subchapter and in subchapter II of ch. 459, Stats.:

(1) “Cerumen management” means the removal of cerumen from the external auditory canal by the utilization of methods and techniques performed in accordance with minimum standards and procedures established in the audiological profession.

(1m) “Deceptive advertising” means creating, using, or promoting the use of any advertising material, promotional literature, testimonial, guarantee, warranty, label, brand, insignia, or other representation, however disseminated or published, which is misleading, false, or untruthful.

(2) “Full terms of sale” means the conditions of a sale agreed to by an audiologist and the purchaser of a hearing instrument.

(3) “Personal guarantee” means a promise made by an audiologist to a hearing instrument purchaser to provide the minimum product warranty offered by a manufacturer.

(4) “Sell” or “sale” has the meaning given in s. 459.20 (3), Stats.

(5) “Unprofessional conduct” means the violation of any standard of professional behavior, which through experience, state statute or administrative rule has become established in the practice of speech–language pathology or audiology.

History: CR 05–026: cr. Register September 2005 No. 597, eff. 10–1–05; CR 12–050: cr. (1m) Register August 2013 No. 692, eff. 9–1–13.

HAS 6.18 Grounds for discipline. (1) The board may reprimand a speech–language pathologist, audiologist, temporary licensee or a permittee, or deny, limit, suspend or revoke a license or permit, if it finds that the applicant, licensee or permittee has done any of the following:

(a) Made a material misstatement in an application for a license or permit or for renewal of a license.
(b) Engaged in conduct in the practice of speech–language pathology or audiology which evidences a lack of knowledge or ability to apply professional principles or skills.
(c) Subject to ss. 111.321, 111.322 and 111.335, Stats., been convicted of an offense the circumstances of which substantially relate to the practice of speech–language pathology or audiology.
(d) Engaged in deceptive advertising.

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(e) Advertised, practiced, or attempted to practice under another individual’s name.

(f) Subject to ss. 111.321, 111.322 and 111.34, Stats., practiced speech–language pathology or audiology while the person’s ability to practice was impaired by alcohol or other drugs.

(g) Violated ch. 459, Stats., subchapter II, or any rule promulgated by the board under that subchapter.

(h) Engaged in unprofessional conduct.

(2) In this subchapter and in s. 459.34 (2) (h), Stats., the following, without limitation because of enumeration, are violations of standards of professional behavior that constitute unprofessional conduct:

(a) Subject to ss. 111.321, 111.322 and 111.34, Stats., practicing or attempting to practice speech–language pathology or audiology while the person’s ability to practice is impaired by a mental or emotional disorder.

(b) Using the title “speech–language pathologist,” “audiologist” or any similar title unless the individual holds a current speech–language pathologist or audiologist license granted under s. 459.24 (2) or (3), Stats.

(c) Violating the conditions or limitations placed upon a license or permit by the board.

(d) Engaging in conduct likely to deceive, defraud, or harm an individual or the public in the course of the practice of speech–language pathology or audiology.

(e) Having a license, certificate, permit or registration issued by another jurisdiction to practice as a speech–language pathologist or audiologist limited, suspended or revoked.

(f) Aiding or abetting an unlicensed person, knowingly conspiring with an unlicensed person, or allowing one’s license to be used by an unlicensed person to evade the use of a title prohibited under s. 459.24 (1) or (1m), Stats.

(g) Engaging in sexual intimacies in connection with the practice of speech–language pathology or audiology.

(h) Failing to fully inform persons served of the nature and possible adverse effects of services rendered and products dispensed.

(i) Failing to evaluate the effectiveness of services rendered or products dispensed.

(j) Providing services or dispensing products when benefits cannot reasonably be expected.

(k) Guaranteeing the results of any treatment or procedure, directly or by implication, except that a reasonable statement of prognosis may be made.

(L) Evaluating or treating speech, language, or hearing disorders except in a professional relationship.

(m) Treating solely by correspondence.

(n) Failing to maintain adequate records of professional services rendered and products dispensed for a period of 5 years.

Note: Speech–language pathologists and audiologists are also required to maintain patient health care records in accordance with ss. 146.81 to 146.84, Stats.

(o) Failing to provide access to records of professional services rendered and products dispensed when requested by the board or its representative in connection with an investigation of a complaint filed against the applicant, licensee or permittee.

(p) Failing to record all of the following information in each client record:

1. The name of the licensee.
2. The date of entry of pertinent information.
3. Information sufficiently legible to allow interpretation by other individuals for the benefit of the client.

(q) Misrepresenting diagnostic information, services rendered, or products dispensed or engaging in any scheme to defraud in connection with obtaining reimbursement.

(r) Using persons in research or as the subject of a teaching demonstration without obtaining their informed consent.

(s) Failing to practice speech–language pathology or audiology within the scope of the licensee’s competence, education, training and experience.

(t) Delegating the provision of clinical services to an unlicensed individual for whom the licensee does not provide direct supervision.

(u) Delegating the provision of clinical services to a temporary licensee for whom the licensee does not provide supervision.

(v) Knowingly permitting any professional staff or unlicensed individual to provide clinical services that exceed that person’s competence, education, training and experience.

(w) Failing to assign credit to persons who have contributed to clinical services, a publication, presentation or product in proportion to their contribution.

(x) Violating any federal or state statute, rule or regulation that relates to the practice of speech–language pathology or audiology, as appropriate.

(3) In addition to the bases for unprofessional conduct set forth under sub. (2), the board may reprimand an audiologist, or deny, limit, suspend or revoke a license or permit, if it finds that the applicant, licensee or permittee has engaged in the following unprofessional conduct:

(a) Violated any federal or state statute, rule or regulation that relates to the practice of fitting and dealing in hearing aids.

(b) Failed to conduct a direct observation of the ear canal of a person for whom a hearing aid is purchased.

(c) Sold a hearing aid for use by a person who was not given tests by a hearing instrument specialist or an audiologist licensed under ch. 459, Stats., or in another state using appropriate procedures and instrumentation or without proper measurement of the functional intensity and range of the person’s hearing.

(d) Failed to calibrate audiometric equipment at least once every 12 months.

(e) Failed to maintain adequate records of certification of calibrations of audiometric equipment for a period of 5 years or failed to provide access to those records when requested by the board or its representative.

(f) Failed to clearly state the full terms of sale on a receipt, as required in s. 459.24 (3m), Stats., or failed to comply with those terms. The full terms of sale shall include all of the following:

1. The amount and method of payment.
2. The date and place of delivery.
3. The terms of any personal guarantee.
4. The nature and duration of the trial period and extension, if any.
5. The refund policy and amount, if any.
6. The product return and exchange policy, if any.
7. The product repair policy, if any.

(g) Failed to perform cerumen management in a competent manner.