# AUDIOLOGY PROGRAM HANDBOOK

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AuD Program Overview

Audiology is one of the fastest growing healthcare professions in the United States (U.S. Department of Labor, 2002), offering a diverse range of practice settings and the opportunity to positively impact the lives of children and adults with hearing loss. At least 80% of audiologists work in healthcare settings today, providing both diagnostic and rehabilitative clinical services. Drawing upon the strengths of the location of our program in the College of Health, the Au.D. curriculum at the University of Utah offers a broad range of clinical education and training. The professional doctorate (Au.D.) program is a 4-year post baccalaureate degree that is designed to meet all requirements for national accreditation and clinical certification in audiology. The program is comprised of 3 years of didactic and practical experience, followed by a year of full-time supervised clinical practice in the form of a residency. A total of 103 credit hours are required, of which 57-60 are didactic, 6-9 are research and 37 are clinical experiences. Students are required to pass a written comprehensive exam in the middle of their 3rd year or complete a collaborative research project by the end of the 3rd year prior to commencing the 4th year traineeship. The program also admits qualified students who already have a Master’s degree in audiology. The fourth year of clinical practice will be waived for post-Master’s students who already hold licensure or certification in audiology. The research requirement may also be waived for those students who have completed a Master’s thesis.

The purpose of the Au.D. is to educate audiologists for professional practice as specialists in the evaluation and management of individuals with hearing impairment and balance disorders. Graduating students will be qualified to enter a wide range of professional careers in private practice, clinical settings in hospitals and outpatient facilities, educational settings, and industry. The professional doctorate will replace the Master’s degree as the entry-level degree for those who are pursuing clinical practice, while the Ph.D. degree in Audiology will remain for individuals who are pursuing careers in research and academics. As a result of expanded and more in-depth didactic knowledge and practical experience, the clinical doctoral degree will confer a higher degree of professional autonomy compared to the traditional Master’s degree. Development of the Au.D. degree will allow the Department of Communication Sciences and Disorders to meet recently established accreditation standards, without using the Ph.D. degree, which is primarily a research and teaching degree in training clinicians. The professional doctorate model is based on approaches similar to those used by other health care professions including pharmacy, optometry and dentistry. The proposed program at the University of Utah is consistent with the national model, which requires four years of professional education beyond the baccalaureate degree.

Expected outcomes of an Au.D. program at the U of U are that all graduating students will meet American Speech-Language Hearing Association (ASHA) mandated requirements for entry to the practice of audiology and that the program will be responsive to higher levels of training demanded today by employers of audiologists. The expanded program is also designed to be responsive to the needs of students who wish to enter a variety of employment settings. Providing students with greater depth and breadth of clinical training as well as research experience allows them to compete for careers in audiology with more responsibility and greater personal and financial rewards. National data indicates that graduates of Au.D. programs are more likely to enter private practice independently as opposed to accepting employment under
other professionals. Logically, because they can practice autonomously, private practice audiologists will be more likely to practice in smaller cities and towns, thereby increasing access to hearing healthcare services in rural areas. They have been more likely to obtain positions in academic training programs, which will increase clinical training capacity in academic programs.

**Mission Statement**

*The mission of the University of Utah is to educate the individual and to discover, refine, and disseminate knowledge. As a major teaching and research university, the flagship institution of the Utah state system of higher education, the University of Utah strives to create an academic environment where the highest standards of scholarship and professional practice are observed and where responsibilities to students are conscientiously met. It recognizes the mutual relevance and interdependence of teaching and research as essential components of academic excellence.*

In keeping with the mission statement for the University of Utah, the Au.D. program is designed to provide the highest level of academic and clinical training that is contemporary, based on a foundation of research, relevant to practice, and responsive to community needs. The intent to develop a nationally recognized Au.D. program is embodied in the mission statement for the program:

*To provide nationally recognized academic and clinical training for audiologists in a program that is both intensive and extensive at the doctoral level.*

**Accreditation**

The Au.D. program at the University of Utah was awarded full accreditation by the American Speech-Language Hearing Association (ASHA) for the maximal 8-year period through the year 2012.

**Admission Requirements**

Applications for admission to the Au.D. program will be reviewed by an admissions committee consisting of regular audiology faculty, at least one clinical audiology faculty member and at least one speech-language pathology faculty member. Admission requirements will be at least the minimum requirements of the Graduate School, and will be competitive based on the pool of applicants for any given year. The departmental deadline for applying to any of the graduate programs is February 1. A Letter of Intent (1-2 pages), undergraduate transcripts, GRE scores, 3 letters of recommendation, and a sample of scholarly writing will be required. In addition, if English is not the applicant’s native language, the Test of English as a Foreign Language (TOEFL) and Test of Spoken English (TSE) will also be required. The entire application is weighed to determine the ability of the student to complete the program successfully. Appropriate undergraduate programs would be those found in traditional Colleges of Arts and Sciences, Education and Allied Health that include a solid foundation in the basic sciences such as biology, psychology, pre-nursing, pre-medicine, and engineering. Applications from traditionally under-represented groups are encouraged.
Need

- Health Sciences’ graduate programs with extensive clinical components are high-cost programs. They typically have low student/faculty ratios and they are labor intensive, requiring that much time and effort be spent in coordinating and managing the clinical settings.

- Charges for clinical programs in the College of Health, Nursing, and Pharmacy and the School of Medicine at the University of Utah are well below the average for comparable programs at other public universities.

Differential Tuition

- A tuition surcharge is levied on students in the following graduate programs: clinical dietetic, communication sciences and disorders, medicine, occupational therapy, pharmacy, and physical therapy. A total of approximately 1000 students will pay the surcharge for clinical programs.

- The surcharge is administered on a flat-rate basis to resident and non-resident students alike.

- All of the programs that assess the additional tuition are high demand programs and are unique in the state.

- The additional tuition charge will qualify for Federal Student Loan programs. In addition, program directors have expressed an intention to use a portion of the revenue for financial aid. The University has adequate room within Title 53 provisions to make tuition waivers available.
Student Advisement

Each student will be assigned an academic advisor and two additional committee members, one of whom may be a speech-language faculty member, and one of whom may be an auxiliary faculty member. The academic advisor will meet with each student at least once a semester to review academic coursework, plan future courses, plan and review clinical experiences, decide upon the research project or comprehensive exams, and fill out necessary paperwork including the Graduate School candidacy application, department program of study, and ASHA application for certification.

Full-time Faculty, Department of Communication Sciences and Disorders:

Audiology Faculty:
Sarah Ferguson, Ph.D., CCC-A, Assistant Professor
Brooke Hammond, Au.D., CCC-A, F.A.A.C., Clinical Supervisor, Instructor
Skyler Jennings, Ph.D., CCC-A, Assistant Professor
Anne Lobdell, M.S., CCC-A, Clinical Supervisor, Instructor
Susan Naidu, Ph.D. CCC-A, Director, Au.D. Program; Assistant Chair, Associate Professor (Clinical)
Kirsti Raleigh, M.S., CCC-A, Clinical Supervisor, Instructor

Speech-Language Faculty:
Michael Blomgren, Ph.D. CCC-SLP, Associate Professor and Department Chair
Kathy Chapman, Ph.D. CCC-SLP, Professor
Janet Goldstein, M.S. CCC-SLP, Assistant Professor (Clinical), Clinic Director
Julia Lidgard, M.S., CCC-SLP, Clinical Supervisor, Instructor
Mark Cantor, M.S., CCC-SLP, Clinical Supervisor
Mary Foye, M.S. CCC-SLP, Clinical Supervisor
Sean Redmond, Ph.D. CCC-SLP, Associate Professor
Nelson Roy, Ph.D. CCC-SLP, Associate Professor
Bruce Smith, Ph.D., Professor
Stacy Shumway, Ph.D., CCC-SLP, Assistant Professor
Julie Wambaugh, Ph.D. CCC-SLP, Associate Professor

Auxiliary Faculty (Audiology):
Bryan Layton, Au.D., (IHC Hearing and Balance Center)
Clough Shelton, M.D. (Division of Otolaryngology, University of Utah Hospital)

Professional Staff:
Sharon Benavides, Administrative Officer (Payroll, financial records)
Amy Collard, Academic Coordinator (Student admissions and records)
Leslie Calvert, Clinic Receptionist and Secretary
Ellen Carter, Clinic Billing
Research Labs in the Department of Communication Sciences and Disorders

Audiology Laboratory – Dr. Skyler Jennings

Autism and ACC Laboratory – Dr. Stacy Shumway

Child Language Laboratory - Dr. Sean Redmond

Motor Speech Laboratory (Salt Lake City VA Hospital) - Dr. Julie Wambaugh

Phonology and Cleft Palate Laboratory - Dr. Kathy Chapman

Speech Acoustics Laboratory - Dr. Bruce Smith

Speech Fluency Laboratory - Dr. Michael Blomgren

Speech Perception Laboratory – Dr. Sarah Ferguson

Voice Production Laboratory - Dr. Nelson Roy
Undergraduate Prerequisites for Doctorate of Audiology Program (for students with degrees outside Communication Sciences and Disorders)

3 credits Statistics
3 credits Physical Sciences (physics, astronomy, geology, etc)
3 credits Biological Sciences (biology, physiology, etc.)
3 credits Social Sciences (psychology, sociology, etc.)

CSD 3100 Phonetics
CSD 3120 Anatomy and Physiology
CSD 4400 Language Science
CSD 5380 Language Development
CSD 4200 Hearing Science
CSD 4500 Hearing Disorders

25 observation hours in audiology and speech-language pathology
Academic Requirements

The Au.D. program at the University of Utah requires 103 semester credit hours, of which 60 are didactic, 6-9 are research, and 37 are clinical credits. Additionally, successful completion of a clinical practical qualifying examination and either a written comprehensive exam or research project is required. The program at the University of Utah meets or exceeds the minimum requirements established by the American Speech-Language Hearing Association, and is comparable to other programs nationally. Students rotate through a series of externship sites that provide both sufficient breadth and depth of experiences in medical and educational settings. Students are placed at a minimum of three different sites prior to their 4th traineeship year, including hospitals, schools, private practices and both pediatric and adult settings.

Technical Standards

Technical standards are the expectations that all students need to be able to meet in order to complete all program requirements. The Au.D. program is designed to meet academic and clinical practicum standards of the American Speech-Language Hearing Association as well as applicable state licensure laws for audiology. Graduates of the Au.D. program, therefore, must have the requisite knowledge and skills to practice Audiology. All individuals admitted to the program must be able to meet the following abilities and expectations with or without accommodation(s).

Reasonable accommodation will be made to qualified individuals who disclose a disability, request accommodation, and provide appropriate documentation to the Center for Disability Services.

Statement from the University of Utah Center for Disability Services

(http://www.sa.utah.edu/ds/)

The University of Utah is committed to providing reasonable accommodations to students whose disabilities may limit their ability to function in the academic setting. In order to meet the needs of students, and to make University activities, programs, and facilities accessible, the Center for Disability Services can provide the following services to students who provide documentation of a disability.

Students who are experiencing academic difficulties may want to investigate the possibility that these difficulties may be disability-based by speaking to a Disabilities Advisor.
Technical Standards: Expectations for the University of Utah Au.D. Program

Adapted from: Kansas University Intercampus Program and University of Wisconsin-Stevens Point

I. Clinical Reasoning:
   a. The most important ability that a practicing audiologist must exhibit is clinical reasoning. Clinical reasoning is the ability to take in information gleaned from academic study, practical experience, observation, interview, direct testing and other professional sources, and combine these various sources of information to reach a clinical impression.
   b. Clinical reasoning requires the following skills: measurement, calculation, reasoning, analysis and synthesis.

II. Observation: Sensory and Motor Skills:
   a. Observe and listen to demonstrations and learn from experiences in the classroom, laboratory, and clinical situations.
   b. Carry out auditory and balance assessments and plan intervention strategies including the operation of complex electronic instrumentation. Diagnosis, assessment and intervention of hearing and balance problems requires the functional use of the senses of vision, hearing, and touch.
   c. Be able to read and comprehend text, numbers and graphs displayed in print and video at a graduate school level.
   d. Observe and respond to subtle cues of clients’ and their families’ moods, temperament, and social behavior.

III. Physical/Psychomotor Skills:
   a. Perform actions requiring coordination of gross and fine motor movement and equilibrium.
   b. Respond quickly and with sound judgment in clinic situations for the safety and therapeutic benefit of clients.
   c. Travel to various clinical sites for practical experience.
   d. Use an electronic keyboard, monitor, mouse and associated complex electronic equipment to record, calculate, evaluate and transmit clinical information.

IV. Communication Skills:
   a. Speak Standard American English intelligibly, including the ability to model English phonemes, grammatical features, or other aspects of speech and language.
   b. Maintain attention and concentration for sufficient time to complete academic and clinical activities; typically 2-4 hours with 1-2 breaks.
   c. Comply with administrative, legal and regulatory policies within the Department of Communication Sciences and Disorders and the University of Utah.
   d. Be able to share and elicit information from clients, supervisor, peers and other health professionals verbally and in a recorded format.
   e. Effectively, confidently, and sensitively converse with patients and their families.
   f. Read and comprehend technical and professional materials.
g. Prepare papers, produce reports, and complete documentation for patient records in a timely and professional manner.

h. Assimilate information from written sources (texts, journals, medical/school records).

i. Take paper, computer, and laboratory examinations and prepare scholarly papers.

V. Judgment/Interpersonal Skills:

a. Work effectively in a team concept with peers and supervisors.

b. Demonstrate judgment in the classroom, laboratory, and clinic situations that demonstrate intellect and emotional health necessary to make mature, sensitive and effective decisions in relations with professors, clinical supervisors, peers, and patients.

c. Demonstrate professional and ethical behavior.

d. Demonstrate effective diagnostic, assessment and intervention strategies.

e. Demonstrate an understanding of the rationale and justification for one’s performance.


g. Recognize and take action to correct behaviors that are disruptive to classroom teaching, research and patient care. Some examples include: tardiness, inappropriate dress or comments, lack of discretion regarding private and confidential issues.

h. Manage time to complete competing and demanding requirements of class, clinic and meetings.

i. Recognize potentially hazardous materials, equipment, and situations and take action to minimize risk of injury to those in the area according to University policy.
## Post-Master’s Degree Au.D. Program

### I. Basic Science Coursework (Select 2)

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<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>CSD 6650</td>
<td>Advanced Anat &amp; Phys Hearing</td>
<td>3</td>
</tr>
<tr>
<td>CSD 7420</td>
<td>Psychoacoustics and Instrumentation</td>
<td>3</td>
</tr>
<tr>
<td>PTTH 7050</td>
<td>Neuroanatomy</td>
<td>5</td>
</tr>
<tr>
<td>CSD 6800</td>
<td>Temporal Bone Anat.</td>
<td>3</td>
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<td><strong>SUBTOTAL</strong></td>
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<td><strong>6-8</strong></td>
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### II. Advanced Audiology Courses (Select 4)

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<th>Course Title</th>
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<tbody>
<tr>
<td>CSD 7050</td>
<td>Medical &amp; Physiologic Aspects</td>
<td>3</td>
</tr>
<tr>
<td>CSD 7850</td>
<td>Pediatric Audiology</td>
<td>3</td>
</tr>
<tr>
<td>CSD 7860</td>
<td>Vestibular Assessment and Rehab</td>
<td>3</td>
</tr>
<tr>
<td>CSD 7550</td>
<td>Advanced Seminar Amplification</td>
<td>3</td>
</tr>
<tr>
<td>CSD 7880</td>
<td>Advanced Electrophysiology</td>
<td>4</td>
</tr>
<tr>
<td>CSD 7640</td>
<td>Seminar Implantable Aud Prostheses</td>
<td>3</td>
</tr>
<tr>
<td>CSD 7450</td>
<td>Advanced Aural Habilitation &amp; Rehab.</td>
<td>3</td>
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<tr>
<td>CSD 7740</td>
<td>Grand Rounds Audiology</td>
<td>3</td>
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<tr>
<td>CSD</td>
<td>Speech Perception</td>
<td>3</td>
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<td><strong>SUBTOTAL</strong></td>
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### III. Electives (Select 2 or 3 if selecting 1-2 credit classes)

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<th>Course Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>CSD 7840</td>
<td>Seminar in Audiology</td>
<td>3</td>
</tr>
<tr>
<td>CSD 7210</td>
<td>Professional Practice Aspects in Audiology</td>
<td>3</td>
</tr>
<tr>
<td>CSD 6330</td>
<td>Developmental Language Disorders in Children</td>
<td>3</td>
</tr>
<tr>
<td>CSD 6340</td>
<td>Autism Spectrum Disorders</td>
<td>2</td>
</tr>
<tr>
<td>CSD 6400</td>
<td>Augmentative &amp; Alternative Communication</td>
<td>2</td>
</tr>
<tr>
<td>CSD 6800</td>
<td>Independent Study</td>
<td>3</td>
</tr>
<tr>
<td>CSD 6820</td>
<td>Special Topics</td>
<td>3</td>
</tr>
<tr>
<td>CSD 7350</td>
<td>Aphasia</td>
<td>3</td>
</tr>
<tr>
<td>CSD 7410</td>
<td>Cognitive-Communication Disorders</td>
<td>3</td>
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<tr>
<td><strong>SUBTOTAL</strong></td>
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### IV. Research*

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<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>CMDIS 7730</td>
<td>Capstone Project</td>
<td>6</td>
</tr>
<tr>
<td>CMDIS 7930</td>
<td>Advanced Research Methods</td>
<td>3</td>
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<tr>
<td><strong>SUBTOTAL</strong></td>
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*Research Requirements:
A. If thesis and a research design or statistics course were completed within the past 10 years, the equivalent research category requirements are waived.

B. If a thesis was completed more than 10 years ago, the 6 credit research project will be replaced with the Research Methods course and a 3-credit research-based independent study.
C. If no thesis was completed as part of the Master’s degree program, then category IV must be completed.

**Traineeship requirements:** Must be completed prior to entry to the program, with current state licensure or national audiology certification.

TOTAL SEMESTER CREDIT HOURS FOR PROGRAM: 25-35

Tuition: Department of Communication Sciences and Disorders tuition will be charged for the first 2 semesters “in residency”. After the 2 semesters of residency in the program are complete, then the differential tuition portion is waived, and tuition will be charged at the lower general graduate school rate. For current information on tuition, please refer to the University website at www.acs.utah.edu/tuition/ia-tuit.htm

Applications: Please refer to the applications section of our department website at www.health.utah.edu/csd/degrees/aud/index.html
Registration Requirements

Academic Committee and Meetings

Each student is assigned an academic advisor and 2 committee members. The advisor meets with each student in Fall semester, and the committee meets with the student in Spring. The timeline for advising meetings and important deadlines is listed in the “Checklist for Completion of requirements”.

Record of Knowledge and Skills Acquisition (KASA)

The accreditation standards of the American Speech-Language Hearing Association require that programs track how students are acquiring the knowledge and skills needed to become an audiologist. The tracking of these skills is accomplished by means of the “Record of Knowledge and Skills Acquisition”, or KASA. Outcomes have been established by the CSD Department that meet all applicable standards of ASHA (See Appendix for ASHA standards). These standards are incorporated into coursework and clinical practica in the form of measurable goals, or outcomes. Each course has associated with it a number of specific outcomes you will be asked to meet in order to demonstrate knowledge and skills in that content area. The outcomes may be demonstrated via exams, laboratory or homework assignments, written papers, projects, through contact with clients in the clinic, or other measurable ways. Your instructors will provide you with the course outcomes on your syllabus, and at the end of each semester, will document evidence of how you have, or have not, met these outcomes. If you do not meet the outcomes adequately, a plan will be developed by you and your instructor to remediate the areas that are weak, or to plan how you can gain additional practice, such as in clinic, to meet the outcome area.

Research Component for Au.D. Program

Each student will enroll in Advanced Research Design, a Statistics Course, and for 6 credits of CSD 7730 Capstone Project (3 credits for 2 semesters) OR Grand Rounds class.

Goal: To provide Au.D. students with sufficient training in research to become informed readers of scientific literature.

Capstone Project

All Au.D. students must complete a Capstone project prior to initiation of their 4\textsuperscript{th} year clinical externship. The student will select from three possible types of projects: a laboratory research project, a comprehensive literature review, or a community service learning project. All projects will culminate in a presentation to be given at the annual Au.D. Capstone Day in April of the 3\textsuperscript{rd} year. Projects will be mentored by a faculty committee. Each student will enroll for a total of six credits during their third year; 3 credits in the fall and 3 credits in spring.
Goals

The goals of the capstone project are:

- To provide Au.D. students with an opportunity to contribute to the research base of the audiology discipline
- To help Au.D. students become informed consumers of research and clinical scientific literature and apply this literature to clinical practice
- To increase Au.D. students understanding of the role of audiology in the larger world

Procedures

During the fall semester of the 2nd year, the Au.D. students will meet with the Au.D. Director to discuss the Capstone project. Each student will receive a copy of the Au.D. Capstone Packet describing the capstone project options, possible project topic ideas and the application form. The student will complete the application and rank order the project options and include a brief description of a possible project idea. The applications will be submitted to the Au.D. by mid-February of spring semester (2nd year). The audiology faculty will review the applications and assign projects to appropriate audiology faculty members to serve as chairs for those student’s committees. (See Au.D. Capstone Project for more details).

Following determination of capstone projects and faculty committee chairs, the student will meet with his/her chair to formulate a timeline and determine a second, and possible third, committee member selected from the audiology faculty, speech-language faculty or a member outside the department.

Students who desire to continue on to a Ph.D. may use the Au.D. research project to fulfill one pre-dissertation research experience.

Prerequisites

Prior to the third year, Au.D. students will have completed CSD 7930 Advanced Research Design and a graduate level Introductory Statistics Course.

Program of Study

During Fall of the 3rd year of study, each student will submit a Program of Study to his/her academic advisor for approval. The Program of Study is a contract between the student and the Graduate School, and details every course taken, and plan to take, for the doctoral degree. The form for the Program of Study is in the Appendix, and rules for filling it out are available on the graduate school webpage, or by meeting with the academic advisor.
Clinical Practicum Requirements

Observation requirements

Prior to being scheduled with patients in the Speech, Language and Hearing Clinic, all students must complete a minimum of 25 hours of observation. Documentation of the observation hours must be submitted in writing with the supervising clinician’s ASHA certification number and original signature.

Internship Requirements

All students will complete 7 semester credit hours of clinical practice at the University of Utah Speech, Language and Hearing Clinic. Students will be assigned to apprentice with a 2nd year student in their first semester, and will typically be assigned a 3-4 hour time slot. Clinical practice during this first semester will follow the “apprenticeship” model, in which the student primarily observes the 2nd year student to learn the clinical procedures, and become familiarized with equipment and test protocols. The 2nd year student and the apprentice student are under direct supervision of the audiology supervisor. When the student clinician is scheduled as an apprentice with a 2nd year student, these hours count only as “global” hours, not “direct”.

The 2nd semester of the first year, the 1st year student clinician will be assigned to one full day of clinic each week, as well as, an additional ½ to 1 day of pediatric clinic on a rotation schedule. Once the student clinician begins to see patients directly, those hours obtained are considered ‘direct” clinical contact hours. Clinical practicum continues through the summer and fall of the second year, although there is normally a break between Spring and Summer clinic, and between Summer and Fall clinic.

The contact hours expected throughout the course of the Au.D. program, and the specific content areas are listed in the table in the next section. Each student will be provided with a worksheet to document hours and clinical supervisor signatures. It will be the student’s responsibility to ensure that an accurate and ongoing record is maintained of all clinical contact hours and respective supervisor signatures. The clinic contact hours sheet is to be turned into the Au.D. Director at the end of the semester evaluation meeting. A grade for clinical practicum will not be given if the clinic contact hours sheet is not turned in and filled out correctly with signatures.
# University of Utah

## Timeline of Clinical Requirements During Au.D. Program

<table>
<thead>
<tr>
<th></th>
<th>Fall Semester</th>
<th>Spring Semester</th>
<th>Summer</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Year</strong></td>
<td><strong>Observation and assisting</strong></td>
<td><strong>Direct Service</strong></td>
<td><strong>Direct service</strong></td>
<td><strong>5 credits</strong></td>
</tr>
<tr>
<td></td>
<td>1 credit, 3-4 hrs/wk</td>
<td>2 credits, 7-8 hrs/wk</td>
<td>2 credits, 7-8 hrs/wk</td>
<td>150 hrs</td>
</tr>
<tr>
<td></td>
<td>30 hrs minimum</td>
<td>60 hrs minimum</td>
<td>60 hrs minimum</td>
<td>(80 minimum direct)</td>
</tr>
<tr>
<td><strong>Second Year</strong></td>
<td><strong>Direct Service, in-house</strong></td>
<td><strong>Direct Service, in-house or</strong> First Clinical Rotation</td>
<td><strong>Direct Service</strong></td>
<td><strong>7 credits</strong></td>
</tr>
<tr>
<td></td>
<td>2 credits, 7-8 hrs/wk</td>
<td>2 credits</td>
<td>1st or 2nd Clinical Rotation</td>
<td>240 hrs</td>
</tr>
<tr>
<td></td>
<td>70 hrs minimum</td>
<td>7-8 hrs/wk in-house</td>
<td>3 credits, 24-32 hrs/wk</td>
<td>(150 minimum direct before externship)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16-20 hrs/externship</td>
<td>100 hrs minimum</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>70 hrs minimum</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Third Year</strong></td>
<td><strong>Second or 3rd Clinical Rotation</strong></td>
<td><strong>Third or 4th Clinical Rotation</strong></td>
<td><strong>Externship</strong></td>
<td><strong>12 credits</strong></td>
</tr>
<tr>
<td></td>
<td>3 credits, 24-32 hrs/wk</td>
<td>3 credits, 24-32 hrs/wk</td>
<td>6 credits, 32-40 hrs/wk</td>
<td>800 hrs</td>
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<tr>
<td></td>
<td>100 hrs minimum</td>
<td>100 hrs minimum</td>
<td>Approx. 600 hrs</td>
<td>(500 minimum direct before traineeship)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fourth Year</strong></td>
<td>Externship</td>
<td>Externship</td>
<td>Total:</td>
<td>@ 2300 hrs</td>
</tr>
<tr>
<td></td>
<td>6 credits, 32-40 hrs/wk</td>
<td>6 credits, 32-40 hrs/wk</td>
<td></td>
<td>across all sites</td>
</tr>
<tr>
<td></td>
<td>Approx 600 hrs</td>
<td>Approx 600 hrs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical Rotations: Must include at least one pediatric with amplification, one hospital-based, and either one school or private practice. A minimum of 4 practicum sites, including in-house clinic, must be completed before traineeship. Specialty sites may be split with two sites in a single semester.

### Minimum expectations for specific clinical areas completed prior to 4th year traineeship:

<table>
<thead>
<tr>
<th>Clinical Area</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Diagnostics (Audiometry, Immittance, OAEs, APD age 13 and above)</td>
<td>100 hrs</td>
</tr>
<tr>
<td>Pediatric Diagnostics (ABI, VRA, Play Audiometry, Immittance, OAEs, APD up to age 12 yrs)</td>
<td>75 hrs</td>
</tr>
<tr>
<td>Pediatric Amplification (Hearing Aid Eval, Fitting, Verification, Counseling, Adjust/repair)</td>
<td>25 hrs</td>
</tr>
<tr>
<td>Adult Amplification (Hearing Aid Eval, Fitting, Verification, Counseling, Adjust/repair)</td>
<td>75 hrs</td>
</tr>
<tr>
<td>Aural Rehabilitation (Individual and Group Habilitation and Rehabilitation)</td>
<td>20 hrs</td>
</tr>
<tr>
<td>Cochlear Implants (Candidate Evaluation, Mapping, Verification)</td>
<td>10 hrs</td>
</tr>
<tr>
<td>Balance Assessment (ENG, Rotary Chair, Platform Posturography, Rehabilitation)</td>
<td>15 hrs</td>
</tr>
<tr>
<td>Evoked Potentials (ABR, ECOG, MLR, ALR, ASSR, Intra-op Monitor, ENOG, VEMP)</td>
<td>15 hrs</td>
</tr>
<tr>
<td>Hearing Conservation/Screening (Adult and Pediatric Hearing Screening, Cerumen Removal)</td>
<td>5 hrs</td>
</tr>
<tr>
<td>Speech-Language Diagnostics/Therapy</td>
<td>5 hrs</td>
</tr>
</tbody>
</table>

500 hrs minimum direct hrs overall, 360 hrs in specific areas above

Requirement for contact time by end of 4th year per ASHA standards to obtain the CCC-A: 1820 hours (total time is counted, not just direct contact), supervised by certified audiologists (holding the CCC-A).
Clinical Rotation Requirements

Initial Guidelines

All Audiology student clinicians are required to complete clinical practicum at the University of Utah Speech, Language and Hearing Clinic for a minimum of 4 semesters prior to participating in off-campus experiences. More experience may be required at the discretion of the audiology clinical faculty to ensure that students are adequately prepared to begin outside placements. Students must successfully pass the Practicum Exam before being eligible to begin outside Clinical rotation placements. Clinical rotation experiences must be coordinated with the assistance and approval of the Au.D. Director.

Prior to the first clinical rotation, students must pass the Practical Qualifying Exam, normally taken in the Fall of the 2nd year. Students cannot be on clinic probation and must also be in good academic standing (not on probation) to be recommended for a clinical rotation and be enrolled fulltime during the semester the placement is completed, except during the summer.

In addition to the in-house practicum, student clinicians are expected to complete at least 4 outside clinical rotations, culminating in a minimum of 500 direct patient contact hours including the in-house and rotation sites. The sites chosen should include a diversity of settings and must include at least 3 different types of settings, such as hospitals or rehabilitation centers, community clinic, private practice clinic or public school setting. At least one school setting externship is required as one requirement for the school certification.

Steps for Setting up a Clinical Rotation:

1. During the 3rd semester of in-house clinical practicum (Fall of 2nd year), the student clinician will meet with the Au.D Director to the first clinical rotation site and ASHA-certified supervisors chosen from the approved rotation site list. After the first clinical rotation, the student will use the Clinical Rotation Packet to apply to sites for subsequent placements. The sites chosen will take into account the student’s level of experience and performance in the clinic, and will be selected to maximize the range of pediatric, adult, hospital, private practice, school, and other clinic settings possible. The Au.D. Director will have final approval of each rotation placement.
2. The Au.D Director will be responsible to contact the selected sites/supervisors to:
   - Update the status of the Clinical Training Agreement (contract) and to inquire about availability of supervisors.
   - Obtain information regarding the application process for each site (typically a letter of intent, a copy of the student’s transcript, and letter of recommendation written by audiology clinical coordinator, however, some sites have other requirements and their own application form) and post that information in the Clinical Rotation Packet.
   - Discuss anticipated length of externship, beginning/ending dates, and required number of days per week. The following timeline for length of each clinical rotation will be followed:
     - 2 full days a week (16-20 hrs) 12-14 weeks
     - 3 full days a week (24 hrs) 8-12 weeks
     - 4 full days a week (32 hrs) 6 – 8 weeks
3. During the spring semester of the 2nd year, the student will develop a packet used to apply to various clinical rotation sites. The students will write a letter template designed to initiate an interest in completing a clinical rotation at a specific site. The student will also develop a resume describing his/her classes completed in the Au.D. Program, as well as, work experiences, research projects, and other pertinent information. The student may also be asked to provide a site a copy of his/her graduate transcripts, and 2-3 letters of recommendation. One of the letters of recommendation will always be provided by the Au.D. Director.

4. The student clinician must contact the site contact person(s) or supervisor(s) to arrange a date and time for an interview and a tour of the site.

5. During the interview, the student clinician should:
   - Submit the required application forms to the site contact person(s) or supervisor(s)
   - Discuss expectations on a clinical rotation
   - Tour the facility.

6. The student must be accepted by the supervisor for placement at a particular site prior to beginning and externship.

7. The Au.D Director must be notified by the student clinician of offers and must obtain **written approval** of the final arrangements for beginning/ending dates and for days/times to be spent in the experience from the site supervisor. The student will complete the Clinical Rotation Agreement, sign it, obtain site supervisor’s signature and return to the Au.D. for her signature.

8. The Au.D. Director will send the site supervisor the Final Evaluation form prior to the end of the clinical rotation. The student’s grade will be determined by the site supervisor’s evaluation score.

**Decision-Making Policy**

Major decisions made by an extern regarding evaluation and management of a client must only be implemented or communicated to the client after approval of the supervisor holding ASHA certification. (Major decisions include such activities as feedback to clients and their families with respect to diagnostic conclusions, referrals to allied professionals for additional evaluation, recommendations for the trial use or purchase of prosthetic devices such as hearing aids, termination of treatment, etc.)

**Completion of a Clinical Rotation**

Clinical rotations normally last between 8-16 weeks; depending upon the total number of hours onsite per week, as well as, requirements of an individual site. Students are expected to complete longer clinical rotations (e.g. 3-4 days/week) during their 3rd year. Students should be aware that clinical rotation sites have their own schedules and holidays that are not consistent with University holidays. The clinical rotation schedule takes precedence over the University schedule, so student clinicians are expected to attend their clinical rotation even during University holidays, unless specifically excused. A clinical rotation is not considered complete until the student has fulfilled the agreed-upon schedule, has met site supervisor and site requirements/expectations, demonstrated a competent level of performance (as judged by the site supervisor) in the diagnosis, treatment, and counseling of clients, and exhibited an appropriate level of professionalism in interactions with the supervisor, other professionals, peers, and clients. As stated above, a student’s first externship experience may only require 2 fulltime days.
per week; however, after that, students should expect to be at a clinical rotation site 3-4 fulltime days per week for the required number of weeks.

The student clinician may be required to postpone the clinical rotation ending date as a result of observed inadequate performance. This postponement may occur only after discussion and agreement between the site supervisor and the Au.D. Director, with input from academic faculty as appropriate. The final date of the clinical rotation will be postponed until that time at which the clinician demonstrates adequate performance levels as judged by the site supervisor and university faculty/staff.

Early termination of a clinical rotation may also occur after discussion with and approval from the University of Utah Au.D. Director and/or academic faculty.

**Supervisor/Preceptor Requirements**

In order to qualify as a clinical rotation or externship site, the supervising audiologist must hold a current ASHA CCC-A. As well, audiology supervisors must have completed at least 2 years work experience post an Au.D. degree or 3 years work experience post a master’s degree.

**Policy on Audiology Experiences Outside of the Au.D. Program**

Audiology observations, clinical experience and audiology positions sought by students enrolled in the AuD Program must be approved by the Au.D. Director before a student contracts any outside site for any paid or unpaid experience. This policy is necessary to avoid any possible misinterpretations of a student’s skill or knowledge level, to prevent any conflicts of interest in level of supervision, conflicts with the Council on Academic Accreditation standards, state of Utah Audiology Licensure law, state of Utah Hearing Aid Dispenser Licensure law, and Medicare and Medicaid billing laws. Additionally, this policy is intended to foster appropriate communication between the University of Utah Speech, Language & Hearing Clinic, external audiology practices, and our students.

**Externship Requirements**

The culminating practical experience of the Au.D. program is the full-time externship in the 4th year. This externship is indirectly supervised by a University of Utah clinical supervisor, who will assist students in identifying appropriate externship sites, will develop a contract with the site, will monitor students’ experience, and will work with the primary supervisor at the externship site to make the experience as rewarding as possible. Tuition applies during the fourth year since students are still a student, graduate credit is awarded for the externship (CSD 7720), and the clinical staff will be actively involved in monitoring the experience.

Some externships are paid positions, while others are not. Some externships are full-time at only one location that offers a wide range of experiences, while others are part-time and need to be combined with complementary sites to cover a wide range of activities. It is also possible to combine externships in sequence, for example, 6 months at one site and 6 month at another site.
The externship must be at least 32 hours a week to be considered full-time, and by the end of the student’s experience and the 4th year, s/he must have at least 1820 hours of clinical experience. Prior to starting the externship, a student should have at least 500 contact hours, and have fulfilled the hours in specific areas as noted in the “Timeline of Clinical Experiences” Table.
ASHA Praxis Exam – Information Sheet and Guidelines

Background: The Praxis Exam (formerly the National Examination in Speech Pathology and Audiology, or the ASHA exam) is currently the comprehensive examination for students wishing to be awarded the master’s degree in Speech-Language Pathology or the doctoral degree in Audiology. It is also the culminating examination that must be passed as part of the process of receiving the Certificate of Clinical Competence (CCC) from ASHA. Au.D. students normally take the Praxis exam in Spring of their 3rd year, prior to commencing the 4th year externship.

Guidelines for Taking the Praxis Examination:

A) The exam should be taken prior to beginning the 4th year externship (generally Spring Semester of the 3rd year of full-time study).

B) A Notice of Intent to take the Praxis Exam must be filled out by each student and signed by his/her advisor and Department Chair by the end of the semester preceding that in which the student intends to take the examination (i.e. Fall of the 3rd year).

C) If for any reason the student needs to postpone taking the exam, s/he must notify the Academic Coordinator within 48 hours of not taking a previously scheduled exam. (The student will also need to reschedule the exam with the Praxis Center within 2 weeks, or s/he will lose any fees already paid.)

The student is required to list the University of Utah Department of Communication Sciences and Disorders as a faculty to receive a report of your score. Be sure to use the Department Code, **0308. DO NOT USE THE UNIVERSITY CODE.** This request must be made at the time of initial registration for the exam. If this guideline is not followed, the student’s graduation may be delayed and additional expenses will be incurred for having Praxis scores sent again.

If A Student Passes the Praxis Exam:

Congratulations! You have passed your departmental comprehensive examination.

If A Student Fails the Praxis Exam:

Students who fail the exam on their first attempt will have one opportunity to retake the exam following the above guidelines. Students who fail the exam twice must petition the Department faculty with a proposed plan for taking some form of a comprehensive exam in order to comply with Graduate School policies of graduation. This might include options such as re-taking the Praxis exam again, or some other written or oral exam. All such circumstances will be handled on a case-by-case basis to determine an appropriate course of action. In order to become ASHA-certified, it is ultimately necessary to pass the Praxis exam at some point.
If A Student Has Any Questions:

A student should ask the Au.D. Director or the Academic Coordinator (Amy Collard) any questions early. Ignorance of any procedure or guideline will not excuse the violation of any of the guidelines listed above.

I acknowledge receiving the information listed on the notice “Information Sheet and Guidelines for Taking Praxis Exam.” I understand the procedures for taking the Praxis Examination and acknowledge my rights and responsibilities emanating from those procedures.

__________________________________________________________
Signature of Student Candidate
NOTICE OF INTENT TO TAKE THE PRAXIS EXAM

YOU ARE RESPONSIBLE FOR REQUESTING THAT YOUR PRAXIS SCORES ARE SUBMITTED DIRECTLY TO THE CSD DEPARTMENT

(circle one:) Speech-Language Pathology Audiology

It is my intent to take the Praxis Exam ___________________________ semester on ___________________________ (date of exam, month/day/year). It is my understanding that the Praxis Exam is considered the Comprehensive Examination for students wishing to be awarded the Master’s Degree in Speech-Language Pathology or the Doctoral Degree in Audiology.

I certify that I will have completed 90% or more of my academic coursework leading to the applicable Degree by the end of this semester. I further certify that I have read and signed the Information Sheet and Guidelines for Taking Praxis Exam form, which lists the conditions under which the examination must be taken. Finally, my graduate committee chair knows of and has approved of my plan to take the Praxis Exam on the above date and has indicated such by signing below.

________________________________________  ____________________
Signature of Au.D. Degree Candidate   Date

________________________________________  ____________________
Signature of Committee Chair    Date

Note: Please return the completed form to Amy Collard in the main office, BEHS 1201. This form must be kept in your personal file located in the CSD office.
RECOMMENDATION FOR CHANGE OF GRADUATE CLASSIFICATION

Name of Student ________________________________________ Department _____________
Last  First  Middle
U of U ID# ___________________________ Student Email ____________________________
International Student _________ or Domestic student _________    (Please check one)
Master’s Degree Awarded _______________________________________________________
( Department)                                         ( Date)

DEPARTMENTAL ACTION

_____ Effective ______________ semester/year _____________________
_____ Student recommended for continue graduate study for higher degree in department.
_____ Student not approved for continued graduate study in this department
_____ Student needs active Peoplesoft career for graduation.

Comment:
______________________________________________________________________________
______________________________________________________________________________

Signed ______________________________________       Date_________________
( Departmental Chair of Director of Graduate Studies)

Approved ____________________________________       Date ________________
(Dean Graduate School)

Original copy should be submitted to Graduate Records Office. Once processed and approved, the Graduate Records Office will send copies to Graduate Admission, Academic Department, and Student.
## Au.D. PROGRAM GRADUATION CHECKLIST

**Student Name:** ________________________  **Committee Chair:** ____________________

**Semester/Year Entered:** ________________

<table>
<thead>
<tr>
<th>Activity</th>
<th>Monitor</th>
<th>Initials</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate Transcript Filed</td>
<td>ES</td>
<td>______</td>
<td>_____</td>
</tr>
<tr>
<td>Verification of 25 hours of Observation</td>
<td>CD</td>
<td>______</td>
<td>_____</td>
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<tr>
<td><strong>Year 1 Fall Semester</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss course of study</td>
<td>CC</td>
<td>______</td>
<td>_____</td>
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<tr>
<td>Request for Supervisory Committee</td>
<td>CC</td>
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<td>_____</td>
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<tr>
<td>Pre-requisite list completed</td>
<td>CC</td>
<td>______</td>
<td>_____</td>
</tr>
<tr>
<td><strong>Year 1 Spring Semester</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review academic and clinical progress</td>
<td>CC/CD</td>
<td>______</td>
<td>_____</td>
</tr>
<tr>
<td><strong>Year 2 Fall Semester</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss course of study</td>
<td>CC</td>
<td>______</td>
<td>_____</td>
</tr>
<tr>
<td>Discuss research project requirements</td>
<td>CC</td>
<td>______</td>
<td>_____</td>
</tr>
<tr>
<td><strong>Year 2 Spring Semester</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review academic and clinical progress</td>
<td>CC/CD</td>
<td>______</td>
<td>_____</td>
</tr>
<tr>
<td>Research Project Plan Approval</td>
<td>CC</td>
<td>______</td>
<td>_____</td>
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<tr>
<td>IRB Human Subjects Approval</td>
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<tr>
<td><strong>Year 3 Fall Semester</strong></td>
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<td></td>
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<tr>
<td>Take Qualifying exams</td>
<td>CC/CD</td>
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<td>_____</td>
</tr>
<tr>
<td>Discuss research project progress</td>
<td>CC</td>
<td>______</td>
<td>_____</td>
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<tr>
<td>Application for Candidacy for Au.D.</td>
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<td>_____</td>
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<tr>
<td><strong>Year 3 Spring Semester</strong></td>
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<td></td>
</tr>
<tr>
<td>Academic requirements completed</td>
<td>CC</td>
<td>______</td>
<td>_____</td>
</tr>
<tr>
<td>Clinical requirements completed</td>
<td>CD</td>
<td>______</td>
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</tr>
<tr>
<td>Application for Traineeship</td>
<td>CD</td>
<td>______</td>
<td>_____</td>
</tr>
<tr>
<td>Research Project completed</td>
<td>CC</td>
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<tr>
<td><strong>Year 4 Spring Semester</strong></td>
<td></td>
<td></td>
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<tr>
<td>Registered for coursework continuously</td>
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<td>______</td>
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<tr>
<td>Completed Clinical Traineeship</td>
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<td>______</td>
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<tr>
<td>Public School Certification</td>
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<tr>
<td>Completed Final Graduation paperwork</td>
<td>ES</td>
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<td>_____</td>
</tr>
</tbody>
</table>

Leave of Absence _____________  Change of Committee Request ____________  Extension Request ___________

Monitor Codes:  ES = Executive Secretary  CC = Committee Chair  CD = Clinic Director

Revised:  August 10, 2012  LLH

**Student Code of Conduct and Academic Integrity**
The current policies governing academic integrity and the student code of conduct, as well as grievance procedures, is available at [http://www.admin.utah.edu/ppmanual/8/8-10.html](http://www.admin.utah.edu/ppmanual/8/8-10.html)
Please take the time to visit this webpage and familiarize yourself with this important University policy.

**Student Complaint Procedure**

Standard 4.3 of the Council on Academic Accreditation in Audiology and Speech-Language Pathology requires that: Students are informed about the program policies and procedures, degree requirements, requirements for professional credentialing, and ethical practice. A student complaint process is documented.

Suggestions for addressing concerns regarding a course or clinical practicum “situation.”

1. Talk with the course instructor or clinic supervisor. S/he needs to be aware of any concerns in order to attempt to address them.

2. If the instructor/supervisor is not responsive and there are continued concerns, speak with your advisor, the Director of Graduate Studies, the Clinic Director, and/or the Department Chair.

3. If there continues to be an issue needing attention, the Dean of the College of Health or the Dean of the Graduate School would be the next level of administration within the University.

4. Outside the University level (e.g., if there are concerns about policies or practices at the level of the Department), one can contact the Council on Academic Accreditation of the American Speech-Language-Hearing Association. Should the need arise, the contact information is:

   Council on Academic Accreditation  
   ASHA National Office  
   10801 Rockville Pike  
   Rockville, MD 20852  
   (301) 897-5700

Although problems that need attention can arise and should be dealt with appropriately, the following excerpts/paraphrases from Don’t Sweat the Small Stuff…And It’s All Small Stuff (by Richard Carlson) may help provide some useful perspectives.

Mark Twain said: “I have been through some terrible things in my life, some of which actually happened.”

Change your perspective when dealing with people. Ask yourself what you can learn from someone who upsets you.
See the innocence in other people; they aren’t typically trying to upset you.

Many of the things we think of as “big stuff” are really just small things that we turn into big stuff.

Even though they mess up, most people are doing the best they can.
CSD Graduate Program Policy on Competencies and Grades

Effective for graduate students beginning the graduate program in Fall 2009

Documentation of Academic and Clinical Progress

In order to fulfill requirements for the ASHA Certificate of Clinical Competence (CCC), knowledge and skills assessment (KASA) "tracking records" are maintained for each graduate student (MS, MA, AuD). The KASA guidelines dictate the knowledge and skills that the CSD program expects students to master by the time of their graduation. Assessments are conducted each semester to determine if students have demonstrated adequate progress relative to the KASA guidelines. In addition to receiving an overall course grade for a class, students are also evaluated by the course instructor for specific knowledge and skills. If a student's knowledge and skills in a particular area are lacking, the student will be required to undertake remediation activities to demonstrate that they have achieved competency.

If a student receives a grade of C+ or lower in an academic course, s/he must remediate that portion failed or the entire class (depending upon the discretion of the instructor) in order to demonstrate completed KASA competency. Completion of these remediation activities does not result in changes to a student's overall grade in a course. Only one opportunity for course remediation is allowed. If a student fails to remediate a course they will be required to retake the course (with a grade of B or better) in order to demonstrate KASA competency.

If a student receives a single grade of D+ or lower as an overall course grade in any academic or clinical course, he or she will be required to repeat that course and obtain a grade of B or higher. The student may not begin his/her externship until the problem course is repeated successfully.

CSD Grade Policy

Academic Probation

If a student receives a grade of C+ or lower in more than one academic course, s/he is put on "academic probation" by the Department. The graduate program probation and dismissal policy also applies to any required undergraduate courses taken by graduate students. Following a grade of C+ or lower, the instructor will contact the Clinic Director and/or the student’s Committee to determine an appropriate plan for remediation, if necessary. For example, the Clinic Director and/or the Committee may require the student to repeat any or all of the problem courses (and obtain a grade of B or higher) prior to the student beginning his/her externships. Remediation of the courses must be completed within a timeline designed by the instructor(s). The student is given one opportunity to remediate the course. For the clinically-related courses, remediation must occur prior to the student working clinically in that area.

Clinic Probation

If a student receives a grade of C+ or lower as an overall grade for a clinic registration, s/he is put on "clinic probation" by the Department. The Clinic Director and Clinic Instructors will determine an appropriate plan of action to remediate the relevant deficiencies. The remediation plan will be developed and carried out in the semester immediately following the semester the student was placed on probation. The student must obtain a grade of B or higher in the subsequent clinic practicum registration and meet all requirements of the remediation contract/plan that were established. Both of these requirements must be met in the semester immediately following the semester that resulted in the student being placed on probation. A student will not be able to begin his/her externships until the remediation plan has been satisfactorily completed.
**Dismissal from the Program**

The Doctor of Audiology and Master’s Degree in speech-language pathology are clinical training programs. Appropriate academic proficiency and clinical competence must be achieved in order for individuals to function as ethical and competent audiologists or speech-language pathologists. Dismissal from the clinical graduate programs in CSD will be effective beginning the semester immediately following the occurrence of any one of the following:

1. An overall GPA of less than 3.0 for two consecutive semesters.
2. Three or more grades of C+ or lower in any academic or clinic courses.
3. An overall grade of D or F in any academic or clinical course and either:
   a) a grade of C+ or lower earned in any other class, or
   b) an overall GPA of less than 3.0.
4. A clinical practicum (e.g., CSD 6710, 6820, 7700) grade of C+ or lower for two semesters and/or failure to complete any applicable remediation plans.

Notes:

1 Retaking a course to improve the grade will not affect the Dismissal Policy.

2 The Graduate School requires that students maintain an overall GPA of 3.0 in order to graduate. A cumulative GPA below will place a student on probation with the Graduate School. A grade below C- is not accepted for credit toward a graduate degree.

See web page: [http://www.health.utah.edu/csd/degrees/grade_policy.html](http://www.health.utah.edu/csd/degrees/grade_policy.html)
Fingerprint Instructions for Students


2. Select “Start Your Background Check”

3. Enter login information (beginning with SSN and DOB).

4. New or Matching Records
   a. If a record is found, you will verify the information is correct and make any necessary changes.
   b. If a record is NOT found, you will be prompted to create a new record by filling out the necessary information.

5. Select Background Check method – you can choose to do print cards or the LiveScan process. LiveScan is significantly faster, but can only be used in Utah. If you are outside of Utah, you will need to do print cards.

6. LiveScan release. If you choose the LiveScan method, you will be shown release information on-screen and be required to acknowledge review of this information.

7. Additional Questions. USOE requires you to answer a few questions in order to complete the background check. Answer the questions and verify their accuracy.

8. Payment. Pay the $75 fee online using Visa, MasterCard, American Express or Discover credit card.

9. Generate Forms. Once the payment has been processed – it might take a few minutes – you will receive a confirmation of payment.
   a. LiveScan – If you selected the LiveScan process, you will need to click on the “Generate Form” button. An email with this receipt information and LiveScan document will also be emailed to the address you entered or verified in Step 4.
   b. If you chose the manual card method, print cards will be sent to you by the USOE at the address you verified or entered in step 4.

10. LiveScan Form. You will need to generate the LiveScan form (it is in .pdf format) and print it. You will take this form to a LiveScan location, pay the $10 fee ($13 at the Bureau of Criminal Investigation in Kearns) and have your prints scanned.

11. Take the receipts to your advisor to verify that you have completed this process.

12. Once your fingerprints clear, your clearance information will be sent to the College of Education Deans Office and disseminated to your advisor.
Special Procedures

Prior to being allowed to work in the U of U Speech-Language-Hearing Clinic or in any external clinical site during her/his program of study in the Department of Communication Sciences and Disorders, each student must complete certain requirements. The requirements include having fingerprints taken and passing FBI (Federal Bureau of Investigation) and BCI (Bureau of Criminal Investigation) background checks.

If a student does not pass either or both of the background investigations, the following will occur:

1. The U of U Office of Educational Advising, the Department of Communication Sciences and Disorders, the Utah Professional Practices Advisory Committee (UPPAC), the Utah State Office of Education (USOE), and the student involved will be receiving a letter of notification from the FBI and/or BCI.

2. UPPAC will review the reasons for the student’s failure to pass the background check (i.e., type(s) of violation) and will subsequently make recommendations accordingly (i.e., prohibited from working in the public school system, placed under a court order for a specific type of treatment, or placed on probation, etc.)

3. According to provisions established by the Utah Professional Practices Advisory Committee, the Utah State Office of Education and the Department of Communication Sciences and Disorders the student will not be allowed to work in the U of U Speech-Language-Hearing Clinic until s/he has been cleared by UPPAC or until any relevant court order(s) have been lifted.

4. Upon receipt of a letter from UPPAC indicating that the student has now been cleared to continue her/his educational program, s/he may be assigned clients in the clinic.

For specific information regarding UPPAC procedures, please visit the Utah State Office of Education website at: USOE.k12.ut.us.
You have graduated – now what?

1. **Apply for ASHA Certification in Audiology**
   - a. Go to the ASHA web page: [http://www.asha.org/Certification/AudCertification.htm](http://www.asha.org/Certification/AudCertification.htm)
   - b. Once you have officially graduated, fill out the “Application for Audiology Certification” under the 2011 Standards. The student fills out pages one and two and page three is completed by the department chair. Send page 3 to the CSD Dept along with a self-addressed stamped envelope. Once your completion and graduation from the Au.D. Program has been approved, the department chair will sign page 3 and it will be returned to you.

2. **Apply for Utah Department of Education School License**
   - a. You can apply for school licensure if you have completed a school clinical rotation and taken CSD 7840 Educational Audiology. The Au.D. Director will meet with you to review your clinical clock hours and cleared you for graduation.
   - b. Amy Collard will recommend you if you have completed a school externship.
   - c. Go to web site [https://secure.utah.gov/elr/ur/welcome.html](https://secure.utah.gov/elr/ur/welcome.html)
   - d. Select “University Recommendations.”
   - e. Enter credit card information.
   - f. Go back to the site a little later and you will be able to download your certification.
   - g. Scan a copy of the certification and send it to amy.collard@hsc.utah.edu. This copy is for your academic file.

3. **Apply for your Utah State Professional License (temporary and permanent)**
   - b. Choose Application- SLP or Audiology, Choose Temporary SLP or Audiology (p7 of form)
   - c. The $120.00 fee includes the temporary ($50) and permanent license ($70) fees.
   - d. You can apply for your permanent license after you complete your 4th year externship and received your degree of graduation from the U of U program.
GENERAL INFORMATION

ADMISSIONS OFFICE:  http://admissions.utah.edu/
This office can help you with becoming admitted to the University of Utah as a student in your selected program of interest.  The Admissions Office manages Undergraduate, International, Transfer, and Graduate Admissions.  Their main office phone number is 801-581-7281.
They are located in the Student Services Building on campus.  Room 250 S

After the Admissions Office evaluates transcripts, they will post accepted credit from other accredited institutions to a student’s record.

RESIDENCY OFFICE:  http://admissions.utah.edu/residency/index.php
This office is also part of the Admissions Office.  They declare a student’s residency for tuition purposes. (All students pay In-State Tuition costs during the summer.)
For questions about Residency requirements, please consult this website:

REGISTRATION:
Students may attend class without registering on the first day of class.
See the sequence of classes to sign up for the appropriate classes within the major.
Do not worry about classes filling up.  We have a spot reserved for you.
For undergraduate and non-matriculated students, it is best to sign up as early as you can for a guaranteed spot in the class.

Last day to add without a permission code, Sunday, August 28.  Contact Amy Collard, the Academic Coordinator, by email for a permission code after that date. (amy.collard@hsc.utah.edu)

Last day to add, elect CR/NC, or audit classes, Tuesday, September 6.

You may register online through the Campus Information System or CIS, using your student ID number and a password.  The default password is usually set to your birthday (mmddyy).

CONTINUOUS REGISTRATION:
A student must maintain continuous registration throughout the Master’s program until all clinical/course work requirements have been completed.  Application for re-admission to the program will be required if a student is unable to meet this requirement.

REGISTRAR’S OFFICE:  http://registrar.utah.edu/
This office can help you with questions about how to add/drop a class once you’ve been admitted to the University.  Their office number is 801-581-8969 and their website is

NON-MATRICULATED STUDENTS:
These are non-degree seeking students, or students only taking the prerequisites into the Master’s program.  (Non-matriculated students are not eligible for financial aid.)

STUDENT ID NUMBER OR U-NUMBER:
Your user ID is “u” + the last seven digits of your student number (i.e. student number is 00123456, then your ID is u0123456.)

This is the Student Handbook for the entire University.

ACADEMIC CALENDAR:  http://registrar.utah.edu/academic-calendars/index.php
This contains important deadlines to follow with the general University schedule for each class taught at the University of Utah.
TESTING CENTER: http://testingcenter.utah.edu/
(For the Praxis exam and the GRE) is located in the Student Services Building: 801-581-8733

TUITION/INCOME ACCOUNTING OFFICE:
This office is where students pay their tuition. Their office number is 801-581-7344.
Tuition rates may be found on this website: http://fbs.admin.utah.edu/income/tuition/college-of-health/
Anticipate at least 14 credits for the first semester for speech students, 12 for audiology in the Master's program.

FINANCIAL AID OFFICE: http://financialaid.utah.edu/
This office helps students with receiving financial aid and/or scholarships. Their office phone number is 801-581-6211

ON CAMPUS HOUSING: http://www.housing.utah.edu/
801-587-2002
Undergraduate, graduate living and learning communities

*Note: There is often a VERY long waiting list for graduate student housing. If you are interested in this option you will want to get on the waiting list immediately. However, you should have a back-up plan as graduate student housing is very limited.

There are student apartments that also provide living arrangements for married students and/or student families. Website: http://www.apartments.utah.edu/

DISABILITY SERVICES: http://disability.utah.edu/
801-581-5020
Statement of Equal Access: “The University of Utah seeks to provide equal access to its programs, services and activities for people with disabilities. If you will need accommodations in this class, reasonable prior notice needs to be given to the instructor and to the Center for Disability Services, http://disability.utah.edu/ 162 Olpin Union Bldg, 581-5020 (V/TDD) to make arrangements for accommodations. This information is available in alternative format with prior notification.

GRADUATION:
This link will take you to the Graduation Application: http://registrar.utah.edu/_pdf/Graduate%20Student%20Graduation%20Application.pdf

CAMPUS SECURITY: Information can be found at this website: http://dps.utah.edu/

PARKING PERMIT:
Go to Commuter Services (see map)
As students, you can buy U permits ($120) or E permits ($60)
See map for where you can park with each permit.
Make sure you bring your license and registration when you go to get a permit.
Go to http://www.parking.utah.edu/ for additional info.

U-CARD/STUDENT ID: http://www.ucard.utah.edu/
801-581-CARD
Go to the U-Card Office, room 225 of the Union Building.
Bring photo ID and your student number.

PUBLIC TRANSIT/LIGHT RAIL:
Your U-Card works as a UTA pass for transportation on UTA: Trax, Busses, and Frontrunner.
This is free for registered, full time U of U students
Go to http://www.rideuta.com/ for additional information.

CAMPUSS SHUTTLE SYSTEM: http://www.parking.utah.edu/
You can use the Purple Shuttle to get back and forth from Behavioral Science Building to Clinic on Wakara Way.
Go to website for times and schedules/map of shuttles.

UMAIL: The official form of communication at the University of Utah. You must use this address to stay informed about important information from the Department and University.
This U-Mail can also be forwarded to another email address. Go to https://go.utah.edu and log in.

DEPARTMENT OFFICE:
Behavioral Science Building, 12th Floor, room 1201
Phone number: 801-581-6725

COMPUTER LABS:
13th floor has the student work room
Clinic Workroom with wireless laser printer (fee)

SPEECH LANGUAGE HEARING CLINIC:
Address: 417 Wakara Way, Suite 1112
Free parking in the lower lot, by building 421; then walk upstairs to get to 417.
Student computer work room
Student lockers
Due to a large number of students, and limited number of computers, please give priority to students needing to prepare for clinic.
Clinical Supervisor's offices.
Student Mail
Red Onion Grill – close by clinic; great for lunch

J WILLARD MARRIOTT LIBRARY
Website: http://www.lib.utah.edu/
Interlibrary Loan: http://www.lib.utah.edu/ill/

CAMPUS BOOKSTORE:
Address: 270 S. 1500 E. (next to Marriott Library)
Phone: 801-581-6326
Website: http://www.bookstore.utah.edu/utah/home.aspx
Rent, buy, and sell textbooks
United States Postal Service Office
Collegiate apparel

ASSOCIATED STUDENTS OF THE UNIVERSITY OF UTAH (ASUU): http://www.asuu.utah.edu/
All the student organizations on campus
Info about daycare center for student parents.
Info about Crimson Nights
National Student Speech Language Hearing Association chapter
Student Academy of Audiology chapter

Immunizations
All new and transfer students born after December 31, 1956 are required to submit proof of immunity for measles, mumps, and rubella (MMR).
Instructions and forms will be mailed upon admission to the University and must be returned to the Student Health Service, 555 Foothill Blvd., Salt Lake City, Utah 84112.

Submit the Proof of Immunity Requirement Form by the second Friday of the first semester after the initial enrollment to avoid a registration hold.

Contact the Student Health Service Immunization Programs Office at (801) 585-6009, if you have questions or concerns, or consult the University General Catalog.

http://studenthealth.utah.edu/services/immunization.htm
List of External Practicum Sites and Supervisors with Current Contracts for Externships in Audiology

<table>
<thead>
<tr>
<th>FACILITY</th>
<th>CONTACT PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alta View Ear, Nose and Throat</td>
<td>Alan Anderson</td>
</tr>
<tr>
<td>Audiology Associates</td>
<td>Rex Scott</td>
</tr>
<tr>
<td>Utah State Health Dept.</td>
<td>Richard Harward, Kurt Randall</td>
</tr>
<tr>
<td>Bureau of Communication Disorders</td>
<td></td>
</tr>
<tr>
<td>Canyons School District</td>
<td>Frank Jarvis</td>
</tr>
<tr>
<td>Cottonwood Hospital</td>
<td>Robert Baird</td>
</tr>
<tr>
<td>Davis County School District</td>
<td>Laura Dewsnup</td>
</tr>
<tr>
<td>Granite School District</td>
<td>Janene Radley</td>
</tr>
<tr>
<td>Hearing Zone (3 locations)</td>
<td>Alan Young</td>
</tr>
<tr>
<td>IHC Hearing and Balance Center</td>
<td>Bryan Layton</td>
</tr>
<tr>
<td>Intermountain Medical Center</td>
<td>Mike Walker</td>
</tr>
<tr>
<td>Jordan School District</td>
<td>Lynette Roper</td>
</tr>
<tr>
<td>Jordan Valley Regional Med Ctr</td>
<td>Pam Cronin</td>
</tr>
<tr>
<td>McKay-Dee Regional Med Ctr</td>
<td>Kurt Randall</td>
</tr>
<tr>
<td>Nebo School District</td>
<td>Alan Gurney</td>
</tr>
<tr>
<td>Nebo School District</td>
<td>Candy Brown</td>
</tr>
<tr>
<td>Primary Children’s Medical Center</td>
<td>Nancy Hohler</td>
</tr>
<tr>
<td>Provo School District</td>
<td>Stacey Butler</td>
</tr>
<tr>
<td>Provo School District</td>
<td>Patty Harrington</td>
</tr>
<tr>
<td>Rocky Mtn Hearing &amp; Balance</td>
<td>Tina Osborne</td>
</tr>
<tr>
<td>Salt Lake Clinic</td>
<td>Tammy James</td>
</tr>
<tr>
<td>Salt Lake School District</td>
<td>Mary Lou Reitz</td>
</tr>
<tr>
<td>University of Utah Hospital</td>
<td>Lisa Dalhstrom</td>
</tr>
<tr>
<td>Utah School for the Deaf &amp; Blind</td>
<td>Christine Reese</td>
</tr>
<tr>
<td>Utah Valley Regional Med Ctr</td>
<td>Kelly Dick</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>Names</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Veteran’s Administration Medical Center</td>
<td>Susan Sundstrom</td>
</tr>
<tr>
<td></td>
<td>Vera Draper</td>
</tr>
<tr>
<td></td>
<td>Loren Randolph</td>
</tr>
<tr>
<td></td>
<td>Heidi Sullivan</td>
</tr>
<tr>
<td>Weber School District</td>
<td></td>
</tr>
</tbody>
</table>
THE UNIVERSITY OF UTAH GRADUATE SCHOOL

REQUEST FOR SUPERVISORY COMMITTEE

Return one copy to
GRADUATE RECORDS
Room 224 Building 44

Approved copies will be distributed to the department and student.

This form is to be filled in by the student and submitted to Department Chair:

Degree sought: ______________________ Thesis: ___________ Nonthesis: ________

Name: ____________________________ Last First Middle
Salt Lake City Address: ____________________________

UofU ID #: ____________________________ Phone: ____________________________

Major: ____________________________

Supervisory Department: ____________________________

Bachelor's Degree (Date): Major ___________ Institution ____________________________

Master's Degree (Date): Major ___________ Institution ____________________________

STUDENT'S SUPERVISORY COMMITTEE: The committee, consisting of a chair plus two faculty members for the master's degree and a chair plus four members for the doctor's degree are to be nominated by the Chair of the supervisory department or the Director of Graduate Studies according to departmental policy. One or more members of the supervisory committee shall be appointed from another department. Recommended changes in committee appointments must be submitted to the Dean of The Graduate School. Committee appointments are not final until approved by the Dean of The Graduate School.

Please type names and have member initial or sign next to it.

COMMITTEE Chair ____________________________

Member: ____________________________ Department: ____________________________

Member: ____________________________ Department: ____________________________

Member: ____________________________ Department: ____________________________

Member: ____________________________ Department: ____________________________

Member: ____________________________ Department: ____________________________

The above committee members have been nominated to serve on the student's supervisory committee.

Action by (Signature) ____________________________ Dept. Chair or Director of Graduate Studies of: ____________________________ Department: ____________________________ Date: ____________________________

Action by the Graduate School ____________________________

Committee approved by (Signature) ____________________________ Dean of The Graduate School Date: ____________________________

THIS FORM IS DUE BY THE SECOND YEAR OF THE GRADUATE PROGRAM
Program of Study/Candidacy Form for the Doctor of Audiology Degree
(Due NO LATER than SEP 30 3rd Year)

Full legal name ______________________________________  U of U ID# ________________________

Present address ____________________________________________ Telephone ___________________

Permanent address (if different) ___________________________________________________________

Home State ___________________________________________________________________________

Degree(s) previously received ___________________  Institution ________________________________
(B.S., M.S., etc.)

Degree(s) previously received ___________________  Institution ________________________________
(B.S., M.S., etc.)

This degree is expected to be complete at the end of ___________________ (Semester) _________(Year)

The program of study as outlined has been approved by the student’s supervisory committee listed below:

Chair ___________________________________ Signature ____________________________________

Member ________________________________  Signature ________________ ____________________

Member ________________________________  Signature ____________________________________

This program of study fulfills departmental requirements:

_______________________________________________________  Date _____________

Signature, Department Chair or Director of Graduate Studies

Program approved by _________________________________ Date ______________

Dean of the Graduate School

Graduate Records

_______ Total Hours

On the attached sheet, list chronologically only those courses that apply toward the proposed degree. Course work should be projected through the intended date of completion. List only 5000-level or above coursework for this graduate program. A maximum of 6 semester credit hours may be transferred from graduate Audiology coursework completed at this or another University (for example, from a Master’s degree program).

Background and/or undergraduate courses required for qualification as a graduate student in the major subject normally do no count toward the degree. Likewise, courses taken toward a professional degree normally do not
count toward an M. Phil. Or Ph.D. degree.

SEND ORIGINAL AND 4 COPIES TO GRADUATE RECORDS, 302 PARK BLDG.

Approved for graduation by ________________________________  Date _____________
Dean of the Graduate School

<table>
<thead>
<tr>
<th>Institution</th>
<th>When Registered</th>
<th>Department and Course Number</th>
<th>Course Title</th>
<th>Major or Allied</th>
<th>Semester Hours</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>U of Utah</td>
<td>Fall 2000</td>
<td>CSD XXXX</td>
<td>Example Course Title</td>
<td>Major</td>
<td>3</td>
<td>A</td>
</tr>
</tbody>
</table>

TOTAL CREDIT HOURS
TRAINEDESHIP SITE:

PRECEPTOR NAMES: LICENSURE # ASHA CERT#  
(Include date of expiration)

STUDENT NAME:

UNIVERSITY PRECEPTOR: LICENSURE # ASHA CERT#  
(Include date of expiration)

Start and End dates:

Number of Days/Wk (Average):

Goals (Competency Areas):
1)
2)
3)
4)
5)

Details of Plan:
1) Dress:
2) Work Hours:
3) Communication Plan (Between Site, Student and University):
4) Documentation (Supervision, Co-signing):
5) Methods and Frequency of Feedback to Student:
6) Formative (Midpoint) and Summative (Endpoint) Evaluation Method:

7) Liability Insurance:

8) Basic Skills Life Training:

9) HIPAA Training:

10) Cultural Competency Training:

11) Funding or Stipend:

12) Billing Expectations:

13) Travel (i.e. to satellite centers)

14) Other:

Note: Attach any documents to this plan that specify further expectations or site-specific policies.

Signatures:

Primary Site Preceptor: ___________________________ Date: ___________________________

University Preceptor: ___________________________ Date: ___________________________

Au.D. Student: ___________________________ Date: ___________________________
2011 Standards and Implementation Procedures for the Certificate of Clinical Competence in Audiology

Effective January 1, 2011

Introduction

A Practice and Curriculum Analysis of the Profession of Audiology was conducted in 2007 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the Council For Clinical Certification in Audiology and Speech-Language Pathology (CFCC). Respondents were asked to rate clinical activity statements and foundational knowledge areas in terms of importance and in terms of where the activity should be learned (in graduate school versus on the job). The respondents were also able to indicate whether an activity or area would not be performed by a newly graduated doctoral level audiologist.

The CFCC reviewed the survey data and determined that the standards for clinical certification and the Praxis examination blueprint needed revision in order to be in line with the results of the survey. It is noteworthy that because there is no longer a period of supervised practice following the completion of graduate school, activities that are an essential part of clinical practice must be included in graduate education and in the certification standards. The Scope of Practice in Audiology and the Preferred Practice Patterns for the Profession of Audiology documents also served as resources in the development of the new standards. The proposed Standards were distributed for select and widespread peer review in 2008 and all comments were considered in the final version of the document. The CFCC approved the new standards in July 2009 and set an implementation date of January 1, 2011. For more detailed information—including knowledge and skill requirements—please consult the side-by-side comparison of the 2007 and 2011 standards.

Citation


The Standards for the Certificate of Clinical Competence in Audiology are shown in bold. The Council For Clinical Certification implementation procedures follow each standard.
Standard I—Degree

Applicants for certification should have a doctoral degree. The course of study must address the knowledge and skills necessary to independently practice in the profession of audiology. Beginning January 1, 2012, applicants for certification must have a doctoral degree.

Implementation:

Verification of the graduate degree is required of the applicant before the certificate is awarded. Beginning January 1, 2012, applicants for certification must have a doctoral degree. Degree verification is accomplished by submitting (a) an application signed by the director of the graduate program, indicating the degree date, and (b) an official transcript showing that the degree has been awarded, or a letter from the university registrar verifying completion of requirements for the degree.

Individuals educated outside the United States or its territories must submit official transcripts and evaluations of their degrees and courses to verify equivalency. These evaluations are typically conducted by credential evaluation services agencies recognized by the National Association of Credential Evaluation Services (NACES). Information that must be provided is (a) confirmation that the degree earned is equivalent to a U.S. graduate degree (doctoral degree effective January 1, 2012), (b) translation of academic coursework into the American semester hour system, and (c) indication as to which courses were completed at the graduate level.

The CFCC has the authority to determine eligibility of all applicants for certification.

Standard II: Education Program

The graduate degree must be granted by a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

Implementation:
Applicants whose graduate degree was awarded by a U.S. institution of higher education must have graduated from a program holding CAA-accreditation in audiology.

Satisfactory completion of academic course work, clinical practicum, and knowledge and skills requirements must be verified by the signature of the program director or official designee of a CAA-accredited program or a program admitted to CAA candidacy.

**Standard III: Program of Study**

Applicants for certification must complete a program of study that includes academic course work and a minimum of 1,820 hours of supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes stipulated in Standard IV. The supervision must be provided by individuals who hold the ASHA Certificate of Clinical Competence (CCC) in Audiology.

Implementation:

The program of study must address the knowledge and skills pertinent to the field of audiology. Clinical practicum must be approved by the academic program from which the student intends to graduate. The student must maintain documentation of time spent in supervised practicum, verified by the academic program in accordance with Standard IV.

Students shall participate in practicum only after they have had sufficient preparation to qualify for such experience. Students must obtain a variety of clinical practicum experiences in different work settings and with different populations so that they can demonstrate skills across the scope of practice in audiology. Acceptable clinical practicum experience includes clinical and administrative activities directly related to patient care. Clinical practicum is defined as direct patient/client contact, consultation, record keeping, and administrative duties relevant to audiology service delivery. Time spent in clinical practicum experiences should occur throughout the graduate program.

Supervision must be sufficient to ensure the welfare of the patient and the student in accordance with the ASHA Code of Ethics. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence. The amount of supervision must also be appropriate to the student's level of training, education, experience, and competence.

Supervisors must hold a current ASHA CCC in the appropriate area of practice. The supervised activities must be within the scope of practice of audiology to count toward certification.
Standard IV: Knowledge and Skills Outcomes

Applicants for certification must have acquired knowledge and developed skills in six areas: foundations of practice, prevention/identification, assessment, (re)habilitation, advocacy/consultation, and education/research/administration.

Implementation:

This standard distinguishes between acquisition of knowledge for Standards IV-A.1–21 and IV-C.1, and the acquisition of knowledge and skills for Standards IV-A.22–29, IV-B, IV-C.2–11, IV-D, IV-E, and IV-F. The applicant must submit a completed application for certification signed by the academic program director verifying successful completion of all knowledge and skills in all six areas of Standard IV. The applicant must maintain copies of transcripts, and documentation of academic course work and clinical practicum.

Standard IV-A: Foundations of Practice

The applicant must have knowledge of:

A1. Embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology

A2. Genetics and associated syndromes related to hearing and balance

A3. Normal aspects of auditory physiology and behavior over the life span

A4. Normal development of speech and language

A5. Language and speech characteristics and their development across the life span

A6. Phonologic, morphologic, syntactic, and pragmatic aspects of human communication associated with hearing impairment

A7. Effects of hearing loss on communication and educational, vocational, social, and psychological functioning

A8. Effects of pharmacologic and teratogenic agents on the auditory and vestibular systems

A9. Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services
A10. Pathologies related to hearing and balance and their medical diagnosis and treatment

A11. Principles, methods, and applications of psychometrics

A12. Principles, methods, and applications of psychoacoustics

A13. Instrumentation and bioelectrical hazards

A14. Physical characteristics and measurement of electric and other nonacoustic stimuli

A15. Assistive technology

A16. Effects of cultural diversity and family systems on professional practice

A17. American Sign Language and other visual communication systems

A18. Principles and practices of research, including experimental design, statistical methods, and application to clinical populations

A19. Legal and ethical practices (e.g., standards for professional conduct, patient rights, credentialing, and legislative and regulatory mandates)

A20. Health care and educational delivery systems

A21. Universal precautions and infectious/contagious diseases

The applicant must have knowledge and skills in:

A22. Oral and written forms of communication

A23. Principles, methods, and applications of acoustics (e.g., basic parameters of sound, principles of acoustics as related to speech sounds, sound/noise measurement and analysis, and calibration of audiometric equipment), as applicable to:

a. occupational and industrial environments

b. community noise
c. classroom and other educational environments

d. workplace environments

A24. The use of instrumentation according to manufacturer's specifications and recommendations

A25. Determining whether instrumentation is in calibration according to accepted standards

A26. Principles and applications of counseling

A27. Use of interpreters and translators for both spoken and visual communication

A28. Management and business practices, including but not limited to cost analysis, budgeting, coding and reimbursement, and patient management

A29. Consultation with professionals in related and/or allied service areas

Standard IV-B: Prevention and Identification

The applicant must have the knowledge and skills necessary to:

B1. Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems

B2. Promote hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating universal newborn hearing screening, school screening, community hearing, and occupational conservation and identification programs

B3. Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive, and age- and site-specific screening measures

B4. Screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate, culturally sensitive, and age- and site-specific screening measures

B5. Educate individuals on potential causes and effects of vestibular loss
B6. Identify individuals at risk for balance problems and falls who require further vestibular assessment and/or treatment or referral for other professional services

Standard IV-C: Assessment

The applicant must have knowledge of:

C1. Measuring and interpreting sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment

The applicant must have knowledge and skills in:

C2. Assessing individuals with suspected disorders of hearing, communication, balance, and related systems

C3. Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning

C4. Performing otoscopy for appropriate audiological assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral

C5. Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function

C6. Conducting and interpreting behavioral and/or electrophysiologic methods to assess balance and related systems

C7. Conducting and interpreting otoacoustic emissions and acoustic immittance (reflexes)

C8. Evaluating auditory-related processing disorders

C9. Evaluating functional use of hearing

C10. Preparing a report, including interpreting data, summarizing findings, generating recommendations, and developing an audiologic treatment/management plan

C11. Referring to other professions, agencies, and/or consumer organizations

Standard IV-D: Intervention (Treatment)
The applicant must have knowledge and skills in:

D1. The provision of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication

D2. Development of a culturally appropriate, audiologic rehabilitative management plan that includes, when appropriate, the following:

a. Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning devices, and educating the consumer and family/caregivers in the use of and adjustment to such technology

b. Determination of candidacy of persons with hearing loss for cochlear implants and other implantable sensory devices and provision of fitting, mapping, and audiologic rehabilitation to optimize device use

c. Counseling relating to psychosocial aspects of hearing loss and other auditory dysfunction, and processes to enhance communication competence

d. Provision of comprehensive audiologic treatment for persons with hearing loss or other auditory dysfunction, including but not exclusive to communication strategies, auditory training, speech reading, and visual communication systems

D3. Determination of candidacy for vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments

D4. Treatment and audiologic management of tinnitus

D5. Provision of treatment services for infants and children with hearing loss; collaboration/consultation with early interventionists, school based professionals, and other service providers regarding development of intervention plans (i.e., individualized education programs and/or individualized family service plans)
D6. Management of the selection, purchase, installation, and evaluation of large-area amplification systems

D7. Evaluation of the efficacy of intervention (treatment) services

Standard IV-E: Advocacy/Consultation

The applicant must have knowledge and skills in:

E1. Educating and advocating for communication needs of all individuals that may include advocating for the programmatic needs, rights, and funding of services for those with hearing loss, other auditory dysfunction, or vestibular disorders

E2. Consulting about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services

E3. Identifying underserved populations and promoting access to care

Standard IV-F: Education/Research/Administration

The applicant must have knowledge and skills in:

F1. Measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services

F2. Applying research findings in the provision of patient care (evidence-based practice)

F3. Critically evaluating and appropriately implementing new techniques and technologies supported by research-based evidence

F4. Administering clinical programs and providing supervision of professionals as well as support personnel

F5. Identifying internal programmatic needs and developing new programs

F6. Maintaining or establishing links with external programs, including but not limited to education programs, government programs, and philanthropic agencies

Standard V: Assessment
Applicants for certification must demonstrate successful achievement of the knowledge and skills delineated in Standard IV by means of both formative and summative assessments.

**Standard V-A: Formative Assessment**

The applicant must meet the education program’s requirements for demonstrating satisfactory performance through ongoing formative assessment of knowledge and skills.

Implementation:

Applicants and program faculties should use the ongoing assessment to help the applicant achieve requisite knowledge and skills. Thus, assessments should be followed by implementation strategies for acquisition of knowledge and skills.

**Standard V-B: Summative Assessment**

The applicant must pass the national examination adopted by ASHA for purposes of certification in audiology.

Implementation:

Evidence of a passing score on the ASHA-approved national examination in audiology must be submitted to the ASHA National Office by the testing agency administering the examination. Acceptable exam results are those submitted for initial certification in audiology that have been obtained no more than 5 years prior to the submission of the certification application, and no more than 2 years after the application for certification is received by the Certification Unit of the ASHA National Office.

**Standard VI: Maintenance of Certification**

Demonstration of continued professional development is mandated for maintenance of the Certificate of Clinical Competence (CCC) in Audiology. The renewal period will be three (3) years. This standard will apply to all certificate holders, regardless of the date of initial certification.

Implementation:

Once certification is awarded, maintenance of that certification is dependent upon accumulation of the requisite professional development hours every three years. Payment of annual dues and/or
certification fees is also a requirement of certification maintenance. A certificate holder whose dues and/or fees are in arrears on August 31, will have allowed their certification to expire on that date.

Individuals who hold the CCC in Audiology must accumulate 30 contact hours of professional development over the 3-year period and must submit a compliance form in order to meet this standard. Individuals will be subject to random review of their professional development activities.

If certification maintenance requirements are not met, certification will lapse. Reinstatement of certification will be required, and certification reinstatement standards in effect at the time of submission of the reinstatement application must be met.
The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.
Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

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**Principle of Ethics I**

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

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**Rules of Ethics**

1. Individuals shall provide all services competently.
2. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
3. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
4. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
5. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
6. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
7. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
8. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
9. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
10. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
11. Individuals shall not provide clinical services solely by correspondence.
12. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
13. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
14. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
15. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
16. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.
17. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
18. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics

1. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.
2. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
3. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
4. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.

5. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

Rules of Ethics

1. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.

2. Individuals shall not participate in professional activities that constitute a conflict of interest.

3. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.

4. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.

5. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.

6. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

7. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.
Principle of Ethics IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

Rules of Ethics

1. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
2. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
3. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
4. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
5. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
6. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
7. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
8. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
9. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
10. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
11. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
12. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
13. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
14. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.
Index terms: ethics


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Scope of Practice in Audiology

This scope of practice in audiology statement is an official policy of the American Speech-Language-Hearing Association (ASHA). The document was developed by the Coordinating Committee for the ASHA vice president for professional practice in audiology and approved in 2003 by the Legislative Council (11-03). Members of the coordinating committee include Donna Fisher Smalley (chair), Michael Bergen, and Jean-Pierre Cagné with Vic S. Gladstone and Tina R. Mullins (ex officio). Susan Brannek, ASHA vice president for professional practices in audiology (2001–2003), served as monitoring vice president. This statement supersedes the Scope of Practice in Audiology statement (LC.08-95), (ASHA, 1996).

Statement of Purpose

The purpose of this document is to define the scope of practice in audiology in order to (a) describe the services offered by qualified audiologists as primary service providers, case managers, and/or members of multidisciplinary and interdisciplinary teams; (b) serve as a reference for health care, education, and other professionals, and for consumers, members of the general public, and policy makers concerned with legislation, regulation, licensure, and third-party reimbursement; and (c) inform members of ASHA, certificate holders, and students of the activities for which certification in audiology is required in accordance with the ASHA Code of Ethics.

Audiologists provide comprehensive diagnostic and treatment/rehabilitative services for auditory, vestibular, and related impairments. These services are provided to individuals across the entire age span from birth through adulthood; to individuals from diverse language, ethnic, cultural, and socioeconomic backgrounds; and to individuals who have multiple disabilities. This position statement is not intended to be exhaustive; however, the activities described reflect current practice within the profession. Practice activities related to emerging clinical, technological, and scientific developments are not precluded from consideration as part of the scope of practice of an audiologist. Such innovations and advances will result in the periodic revision and updating of this document. It is also recognized that specialty areas identified within the scope of practice will vary among the individual providers. ASHA also recognizes that credentialed professionals in related fields may have knowledge, skills, and experience that could be applied to some areas within the scope of audiology practice. Defining the scope of practice of audiologists is not meant to exclude other appropriately credentialed postgraduate professionals from rendering services in common practice areas.

Audiologists serve diverse populations. The patient/client population includes persons of different race, age, gender, religion, national origin, and sexual orientation. Audiologists' caseloads include individuals from diverse ethnic, cultural, or linguistic backgrounds, and persons with disabilities. Although audiologists are prohibited from discriminating in the provision of professional services based on these factors, in some cases, such factors may be relevant to the development of an appropriate treatment plan. These factors may be considered in treatment plans only when firmly grounded in scientific and professional knowledge.

This scope of practice does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.


Index terms: ASHA reference products, AUD education and qualifications, AUD practice settings, AUD roles and activities, audiology, practice scope and patterns, World Health Organization (WHO) framework

Document type: practice guidelines and policies
The schema in Figure 1 depicts the relationship of the scope of practice to ASHA’s policy documents that address current and emerging audiology practice areas; that is, preferred practice patterns, guidelines, and position statements. ASHA members and ASHA-certified professionals are bound by the ASHA Code of Ethics to provide services that are consistent with the scope of their competence, education, and experience (ASHA, 2003). There are other existing legislative and regulatory bodies that govern the practice of audiology.

Framework for Practice

The practice of audiology includes both the prevention of and assessment of auditory, vestibular, and related impairments as well as the habilitation/rehabilitation and maintenance of persons with these impairments. The overall goal of the provision of audiology services should be to optimize and enhance the ability of an individual to hear, as well as to communicate in his/her everyday or natural environment. In addition, audiology provides comprehensive services to individuals with normal hearing who interact with persons with a hearing impairment. The overall goal of audiology services is to improve the quality of life for all of these individuals.

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability, and Health (ICF) (WHO, 2001). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the role of audiology in the prevention, assessment, and habilitation/rehabilitation of auditory, vestibular, and other related impairments and restrictions or limitations of functioning.

The ICF is organized into two parts. The first part deals with Functioning and Disability, while the second part deals with Contextual Factors. Each part has two components. The components of Functioning and Disability are:

- Body Functions and Structures: Body Functions are the physiological functions of body systems and
Body Structures are the anatomical parts of the body and their components. Impairments are limitations or variations in Body Function or Structure such as a deviation or loss. An example of a Body Function that might be evaluated by an audiologist would be hearing sensitivity. The use of tympanometry to access the mobility of the tympanic membrane is an example of a Body Structure that might be evaluated by an audiologist.

Activity/Participation: In the ICF, Activity and Participation are realized as one list. Activity refers to the execution of a task or action by an individual. Participation is the involvement in a life situation. Activity limitations are difficulties an individual may experience while executing a given activity. Participation restrictions are difficulties that may limit an individual’s involvement in life situations. The Activity/Participation construct thus represents the effects that hearing, vestibular, and related impairments could have on the life of an individual. These effects could include the ability to hold conversations, participate in sports, attend religious services, understand a teacher in a classroom, and walk up and down stairs.

The components of Contextual Factors are:

- Environmental Factors: Environmental Factors make up the physical, social, and attitudinal environment in which people live and conduct their lives. Examples of Environmental Factors as they relate to audiology include the acoustical properties of a given space and any type of hearing assistive technology.

- Personal Factors: Personal Factors are the internal influences on an individual’s functioning and disability and are not a part of the health condition. These factors may include but are not limited to age, gender, social background, and profession.

Functioning and Disability are interactive and evolutionary processes. Figure 2 on the following page illustrates the interaction of the various components of the ICF. Each component of the ICF can be expressed on a continuum of function. On one end of the continuum is intact functioning. At the opposite end of the continuum is completely compromised functioning. Contextual Factors (Environmental and Personal Factors) may interact with any of the components of functioning and disability. Environmental and Personal Factors may act as facilitators or barriers to functioning.

The scope of practice in audiology encompasses all of the components of the ICF. During the assessment phase, audiologists perform tests of Body Function and Structure. Examples of these types of tests include otoscopic examination, pure-tone audiometry, tympanometry, otoacoustic emissions measurements, and speech audiometry. Activity/Participation limitations and restrictions are sometimes addressed by audiologists through case history, interview, questionnaire, and counseling. For example, a question such as “Do you have trouble understanding while on the telephone?” or “Can you describe the difficulties you experience when you participate in a conversation with someone who is not familiar to you?” would be considered an assessment of Activity/Participation limitation or restriction. Questionnaires that require clients to report the magnitude of difficulty that they experience in certain specified settings can sometimes be used to measure aspects of Activity/Participation. For example, “Because of my hearing problems, I have difficulty conversing with others in a restaurant.” In addition, Environmental and Personal Factors also need to be taken into consideration by audiologists as they treat individuals with auditory, vestibular, and other related impairments. In the above question regarding conversation in a restaurant, if the factor of “noisy environment” is added to the question, this represents an Environmental Factor. Examples of Personal Factors might include a person’s background or culture that influences his or her reaction to the use of a hearing aid or cochlear implant. The use of the ICF framework (WHO, 2001) may help audiologists broaden their perspective concerning their role in evaluating a client’s needs or when designing and providing comprehensive services to their clients. Overall, audiologists work to improve quality of life by reducing impairments of body functions and structures. Activity limitations/Participation restrictions and Environmental barriers of the individuals they serve.

Definition of an Audiologist

Audiologists are professionals engaged in autonomous practice to promote healthy hearing, communication competency, and quality of life for persons of all ages through the prevention, identification, assessment, and rehabilitation of hearing, auditory function, balance, and related systems. They facilitate prevention through the fitting of hearing protective devices, education programs for industry and the public, hearing screening/conservation programs, and research. The audiologist is the professional responsible for the identification of impairments and dysfunction of the auditory, balance, and other related systems. Their unique education and training provides them with the skills to assess and diagnose dysfunction in hearing, auditory function, balance, and related disorders. The delivery of audiological (re)habilitation services includes not only the selecting, fitting, and dispensing of hearing aids and other hearing assistive devices, but also the assessment and follow-up services for persons with cochlear implants. The audiologist providing audiological (re)habilitation does so through a comprehensive program of therapeutic services, devices, counseling, and other management strategies. Functional diagnosis of
vestibular disorders and management of balance rehabilitation is another aspect of the professional responsibilities of the audiologist. Audiologists engage in research pertinent to all of these domains.

Audiologists currently hold a master's or doctoral degree in audiology from a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association. ASHA-certified audiologists complete a supervised postgraduate professional experience or a similar supervised professional experience during the completion of the doctoral degree as described in the ASHA certification standards. Beginning January 1, 2012, all applicants for the Certificate of Clinical Competence in Audiology must have a doctoral degree from a CAA-accredited university program. Demonstration of continued professional development is mandated for the maintenance of the Certificate of Clinical Competence in Audiology. Where required, audiologists are licensed or registered by the state in which they practice.

Professional Roles and Activities

Audiologists serve a diverse population and may function in one or more of a variety of activities. The practice of audiology includes:

A. Prevention
1. Promotion of hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating occupational, school, and community hearing conservation and identification programs.
2. Participation in noise measurements of the acoustical environment to improve accessibility and to promote hearing wellness.

B. Identification
1. Activities that identify dysfunction in hearing, balance, and other auditory-related systems;
2. Supervision, implementation, and follow-up of newborn and school hearing screening programs;
3. Screening for speech, oral-facial myofunctional disorders, language, cognitive communication disorders, and/or preferred communication modalities that may affect education, health, development or communication and may result in recommendations for rescreening or comprehensive speech-language pathology assessment or in referral for other examinations or services;
4. Identification of populations and individuals at risk for hearing loss and other auditory dysfunction, balance impairments, tinnitus, and associated communication impairments as well as those with normal hearing;
5. In collaboration with speech-language pathologists, identification of populations and individuals at risk for developing speech-language impairments.

C. Assessment
1. The conduct and interpretation of behavioral, electroacoustic, and/or electrophysiologic methods to assess hearing, auditory function, balance, and related systems;
2. Measurement and interpretation of sensory and motor evoked potentials, electromyography, and other electrodagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment;
3. Evaluation and management of children and adults with auditory-related processing disorders;
4. Performance of otoscopy for appropriate audiologic management or to provide a basis for medical referral;
5. Geriatric management to prevent obstruction of the external ear canal and of amplification devices;
6. Preparation of a report including interpreting data, summarizing findings, generating recommendations and developing an audiologic treatment/management plan;
7. Referrals to other professions, agencies, and/or consumer organizations.

D. Rehabilitation
1. As part of the comprehensive audiological (re)habilitation program, evaluates, selects, fits and dispenses hearing assistive technology devices to include hearing aids;
2. Assessment of candidacy of persons with hearing loss for cochlear implants and provision of fitting, mapping, and audiologic rehabilitation to optimize device use;
3. Development of a culturally appropriate, audiologic rehabilitative management plan including, when appropriate:
   a. Recommendations for fitting and dispensing, and educating the consumer and family/caregivers in the use of and adjustment to sensory aids, hearing assistive devices, alerting systems, and captioning devices;
   b. Availability of counseling relating to psychosocial aspects of hearing loss, and other auditory dysfunction, and processes to enhance communication competence;
   c. Skills training and consultation concerning environmental modifications to facilitate development of receptive and expressive communication;
   d. Evaluation and modification of the audiologic management plan.
4. Provision of comprehensive audiologic rehabilitation services, including management procedures for speech and language habilitation and/or rehabilitation for persons with hearing loss or other auditory dysfunction, including but not exclusive to speechreading, auditory training, communication strategies, manual communication and counseling for psychosocial adjustment for persons with hearing loss or other auditory dysfunction and their families/caregivers;
5. Consultation and provision of vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments;
6. Assessment and non-medical management of tinnitus using biofeedback, behavioral management, masking, hearing aids, education, and counseling;
7. Provision of training for professionals of related and/or allied services when needed;
8. Participation in the development of an Individual Education Program (IEP) for school-age children or an Individual Family Service Plan (IFSP) for children from birth to 36 months old;
9. Provision of in-service programs for school personnel, and advising school districts in planning educational programs and accessibility for students with hearing loss and other auditory dysfunction;
10. Measurement of noise levels and provision of recommendations for environmental modifications in order to reduce the noise level;
11. Management of the selection, purchase, installation, and evaluation of large-area amplification systems.

E. Advocacy/Consultation

1. Advocacy for communication needs of all individuals that may include advocating for the rights/funding of services for those with hearing loss, auditory, or vestibular disorders;
2. Advocacy for issues (i.e., acoustic accessibility) that affect the rights of individuals with normal hearing;
3. Consultation with professionals of related and/or allied services when needed;
4. Consultation in development of an Individual Education Program (IEP) for school-age children or an Individual Family Service Plan (IFSP) for children from birth to 36 months old;
5. Consultation to educators as members of interdisciplinary teams about communication management, educational implications of hearing loss and other auditory dysfunction, educational programming, classroom acoustics, and large-area amplification systems for children with hearing loss and other auditory dysfunction.
6. Consultation about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services;
7. Consultation to individuals, public and private agencies, and governmental bodies, or as an expert witness regarding legal interpretations of audiological findings, effects of hearing loss and other auditory dysfunction, balance system impairments, and relevant noise-related considerations;
8. Case management and service as a liaison for the consumer, family, and agencies in order to monitor audiological status and management and to make recommendations about educational and vocational programming;
9. Consultation to industry on the development of products and instrumentation related to the measurement and management of auditory or balance function.

F. Education/Research/Administration

1. Education, supervision, and administration for audiology graduate and other professional education programs;
2. Measurement of functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiological services;
3. Design and conduct of basic and applied audiological research to increase the knowledge base, to develop new methods and programs, and to determine the efficacy, effectiveness, and efficiency of assessment and treatment paradigms; disseminate research findings to other professionals and to the public;
4. Participation in the development of professional and technical standards;
5. Participation in quality improvement programs;
6. Program administration and supervision of professionals as well as support personnel.

Practice Settings

Audiologists provide services in private practice, medical settings such as hospitals and physicians' offices; community and university hearing and speech centers; managed care systems; industry; the military; various state agencies; home health, subacute rehabilitation, long-term care, and intermediate care facilities; and school systems. Audiologists provide academic education to students and practitioners in universities, to medical and surgical students and residents, and to other related professionals. Such education pertains to the identification, functional diagnosis/assessment, and non-medical treatment/management of auditory, vestibular, balance, and related impairments.

References


Resources

General

(Central) Auditory Processing Disorders


Business Practices


Diagnostic Procedures


Educational Audiology


Electrophysiological Assessment


Geriatric Audiology


Occupational Audiology


American Speech-Language-Hearing Association. (2004). The audiologist’s role in occupational hearing conservation and hearing loss prevention programs. ASHA Supplement 24, in press. What type of document is this? Different from the following reference?

Pediatric Audiology


Vestibular
Course Descriptions

5520 Aural Habilitation and Rehabilitation (3) Prerequisite: CSD 3400 and 4500.
Auditory development and current methodologies for management of children and adults with peripheral hearing loss and/or auditory processing disorders.

6320 Assessment of Child Language Disorders (3)
Examination of the diagnostic process and its application to children with language disorders.

6510 Behavioral Audiological Assessment (3)
Causes and assessment of auditory disorders across the age span. Theory and techniques for pure tone audiometry, masking and speech audiometry. Related areas including pharmacology, imaging procedures, genetics, professional practice and implications of cultural differences related to assessment.

6610 Principles of Amplification (4)
Review of electroacoustic characteristics of hearing instruments and techniques for clinical fitting and verification of fit.

6650 Advanced Anatomy and Physiology of Audition (3) Prerequisite: CSD 3120.
Anatomy and physiology of the peripheral and central auditory system, including structure and function of the outer and middle ear, the cochlea and auditory nerve, and the central auditory system pathways. The course covers normal aspects of structure and function, as well as effects of pathology and aging.

6710 Clinical Practicum in Speech-Language Pathology (1 to 3) Prerequisite: 25 Observation Hours.
The University of Utah Department of Communication Sciences and Disorders requires training of graduate students in a minimum of 150-175 clinical clock hours in on-campus clinical experiences or in off-campus activities under the supervision of university approved and ASHA certified personnel in preparation for extern ships for a Master's Degree in Communication Sciences and Disorders and for ASHA certification. This course provides graduate speech-language students with clinical practicum in The University of Utah Speech-Language Clinic and at selected off-campus facilities with supervision provided by persons holding the ASHA Certificate of Clinical competence.

6720 Clinical Internship in Audiology (1 to 3) Prerequisite: 25 Observation Hours.
Supervised clinical internship in University Speech-Language-Hearing Clinic.

6800 Independent Study (1 to 3) Prerequisite: Instructor's consent.
Topic to be arranged with the instructor depending on the needs of the individual student.

6810 Vice President's Multidisciplinary Student Forum I (1) Cross listed as OC TH 6810, NUTR 6810, H EDU 6810, ESS 6810, PRT 6810, PH TH 6810.
This is the first course in a two-course sequence. This is a prestigious seminar series, in which
select health professions’ students have an opportunity to gain in-depth knowledge of health care issues and trends. Students will be invited to participate in active discussions with local and national leaders, as they enhance their leadership and civic knowledge and skills, as well as learn about other health professions and the process of working within a multidisciplinary team. Additionally, students will have the opportunity to interact and be mentored by the deans of each of the Health Sciences colleges.

6812 Vice President's Multidisciplinary Student Forum II (1) Cross listed as OC TH 6812, NUTR 6812, H EDU 6812, ESS 6812, PRT 6812, PH TH 6812.
   This is the 2nd of a two-course sequence and continues the discussion of the 1st course.

6930 Nonthesis Research Apprenticeship (2)
   Audiology research experience.

6940 Clinical Externship in Audiology (4) Prerequisite: CSD 6720 and 7720.
   Supervised clinical practicum in approved off-campus facilities.

6980 Faculty Consultation (3)
   Continuing registration allowing time with faculty for consultation on research, project, or clinic.

7010 Language Services in School Age Populations and Public School Externship (3)
   Language intervention for children in primary, middle, and high school grades. Covers school laws, IEPs, and service-delivery models.

7050 Medical and Physiologic Aspects of Audiology (3)
   Medical aspects of audiologic disorders. Theory and techniques for acoustic immittance and otoacoustic emissions assessment.

7150 Counseling and Multicultural Issues in Audiology (3)
   This course reviews the complex psychosocial and emotional aspects of hearing loss, examines several counseling approaches, investigates the role of the audiologist as a non-professional counselor, and examines how different cultures view disability and ways to modify counseling approaches accordingly.

7210 Professional Practice Aspects in Audiology (3) Prerequisite: CSD 6610.
   Historical and current status of audiology within the healthcare system; Federal and state regulations as applies to audiology; theoretical and practical marketing procedures for audiological services and products; personal management strengths and skills; audiological ethical principles and their rationale; development of business plan for purchase and management of a private audiology practice; maintenance of records; implementation of an infection control plan in an audiology practice.

7370 Language Differences and Disorders in Multicultural Populations (3)
   Advanced course that will train clinicians to treat persons with language disorders or differences in a manner that prepares the person for interaction in society.
7410 Cognitive-Communication Disorders (3)
Nature, diagnosis, assessment, and remediation of a wide variety of cognitive-communication disorders will be covered. The course will focus on communication deficits secondary to traumatic brain injury, right hemisphere brain damage, and dementia. Additional professional practice issues covered in this course will involve issues of aging, ramifications of cultural diversity, and the rationale and methods for providing family-focused treatment.

7420 Psychoacoustics and Instrumentation (3)
Concepts and principles basic to understanding the acoustic, biological, and psychological bases of human hearing. Normal auditory function and effects of sensorineural hearing impairment. Instrumentation used in the measurement of acoustic signals and auditory function.

7450 Advanced Aural Rehabilitation (3) Prerequisite: CSD 4500.
Advanced course on the principles and treatment practices for aural rehabilitation therapy for children and adults with hearing loss and/or auditory disorders. Knowledge regarding hearing loss, amplification, cochlear implants, and assistive listening devices applied to aural rehabilitation therapy. Aural rehabilitation therapy approaches for children and adults, including auditory development skill level, intervention techniques and application of skills to everyday living and communication.

7550 Advanced Amplification (3) Prerequisite: CSD 6610.
Recent research on amplification, current theory and practice regarding special populations, including pediatric fitting and validation procedures, evidence-based practice research. Advanced digital signal processing concepts and applications. Counseling techniques related to amplification.

7640 Seminar in Implantable Prostheses (3) Prerequisite: CSD 6610.
Cochlear implant and other implantable devices such as bone-anchored hearing aids and middle ear implantable hearing aids. Technical and surgical aspects, candidacy issues, audiologic mapping and coordination with habilitative and rehabilitative services across the age span.

7720 Clinical Traineeship in Audiology (1 to 8) Prerequisite: Instructor's consent.
Fulltime experience in audiologic settings. Provides final experience necessary for doctoral preparation as a clinical audiologist.

7730 Research Capstone Project (1 to 6) Prerequisite: CSD and Graduate Level Introductory Statistics.
Research project for clinical doctorate completed prior to initiation of final clinical traineeship year. Research may be individual or collaborative, is mentored by a faculty committee, and a final written paper must be submitted to and approved by the committee. Each student will enroll for 6 credits Doctoral research (2 credits for 3 consecutive semesters).

7740 Grand Rounds in Audiology (1)
Presentation of audiologic cases from routine to challenging, including literature reviews of audiologic conditions, technical aspects of assessment, and rehabilitative or treatment aspects of
audiologic cases. Discussion via group format to determine alternative assessment and treatment approaches to improve audiologic outcomes.

**7800 Independent Study: Doctoral (1 to 9)**
Individually performed study, in consultation with the instructor, on a topic relevant to the doctoral student's course of study.

**7810 Special Populations (3)**
The class addresses the language and communication needs of children from special populations (e.g., children with cleft palate, autism, and motor impairments).

**7820 Seminar: Speech Behavior (3)**
Doctoral or master's students. Advanced study of normal and/or disordered aspects of speech and/or voice product in children and/or adults. Course may be repeated for credit.

**7830 Seminar: Language Behavior (3)**
Doctoral or master's students. This course is an advanced seminar. Subject is open in the area of normal and/or disordered language behavior in children through adult populations. Course may be repeated for credit.

**7840 Seminar: Audiology (3)**
Doctoral or master's students. Advanced study in auditory disorders, diagnosis and pathology. May be repeated.

**7850 Pediatric Audiology (3)**

**7860 Vestibular Assessment and Rehabilitation (3)**
Medical aspects of vestibular disorders. Theory and techniques assessment and rehabilitation of vestibular disorders.

**7880 Advanced Electrophysiology (4) Prerequisite: CSD 7050.**
Anatomical and physiologic components of the peripheral and central auditory pathways as related to generation of evoked potentials; current electrophysiologic systems, administration and interpretation of electrophysiologic tests; assessment of electrophysiologic function of the auditory system across the age span of infants, children and adults.