

Doctor of Audiology (Au.D.) Program Handbook



Department of Communication
Sciences and Disorders

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GENERAL INFORMATION

CSD MISSION STATEMENT

The mission of the Department of Communication Sciences and Disorders is to prepare highly competent and caring Audiologists and Speech-Language Pathologists and to provide pre-professional undergraduate students with a strong background in the basic processes underlying speech, language, and hearing. As a preeminent research and teaching department with national and global reach, we are committed to providing an academic environment in which the highest standards of scholarship and clinical service are practiced.

CSD GOALS

1. To advance knowledge through innovative basic and clinical research and scholarship,
2. To provide outstanding pre-professional training in speech and hearing science,
3. To train competent and caring speech-language pathologists, audiologists, educators, and research scientists,
4. To provide compassionate, comprehensive, state-of-the-art clinical services to the community, and
5. To raise awareness of the professions of audiology and speech-language pathology and to recruit exceptional students to our programs.

ACCREDITATION

The Au.D. program at the University of Utah was awarded full accreditation in 2004 by the American Speech-Language-Hearing Association (ASHA).

FACULTY AND STAFF

AUDIOLOGY FACULTY

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 Division of Otolaryngology
 University of Utah Hospital

Clough Shelton, M.D.
 Division of Otolaryngology
 University of Utah Hospital

Maj. John Foster, Au.D.

Michael Page, Au.D.
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RESEARCH LABS

- Acquired Neurogenic Communication Disorders Laboratory
 - Julie Wambaugh, Ph.D.
- Auditory Perception and Physiology Laboratory
 - Skyler Jennings, Au.D., Ph.D., CCC-A
- Child Language Laboratory
 - Sean Redmond, Ph.D., CCC-SLP
- Child Speech Studies Laboratory
 - Kathy Chapman, Ph.D., CCC-SLP
- Early Childhood Communication Laboratory
 - Stacy Manwaring, Ph.D., CCC-SLP
- English Learner Laboratory (ELL)
 - Robert Kraemer, Ph.D., CCC-SLP
- Speech Acoustics and Perception Laboratory
 - Sarah Ferguson, Ph.D., CCC-A
- Speech Fluency Laboratory
 - Michael Blomgren, Ph.D.
- Voice Laboratory
 - Nelson Roy, Ph.D., CCC-SLP

DEPARTMENTAL POLICIES AND REGULATIONS

ADMISSION REQUIREMENTS

Competitively based on the pool of applicants for any given year.

Deadline for application: January 15th

The following materials are to be submitted for the application:

- Statement of Purpose (1-2 pages)
- Writing sample: (2-10 pages), Cannot include clinical writing
- GRE scores
- 3 Letters of Recommendation

If English is not the applicant's native language, the Test of English as a Foreign Language (TOEFL) exam will be required. The entire application is weighed to determine the ability of the student to complete the program successfully.

GRADUATE STUDENT ADVISEMENT

Each Au.D. student is assigned a supervisory committee chair and two additional committee members. The Au.D. Program Director serves as the committee chair and academic advisor to all Au.D. students, and will meet with each student on a regular basis to review academic coursework, plan future courses, as well as, oversee the coordination of community clinical rotations and the 4th year externship experience.

DIFFERENTIAL TUITIONS IN GRADUATE PROGRAMS

- 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.
- 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.

CSD DEPARTMENT & CLINIC CONTACT INFORMATION

Behavioral Science Building (BEHS)

390 S. 1530 E.

12th Floor, Room 1201

SLC, UT 84112

Phone: 801-581-6725

Speech-Language-Hearing Clinic

417 Wakara Way #1201

SLC, UT 84108

Phone: 801-581-3506

USEFUL CAMPUS INFORMATION & CONTACTS

Name	About	Contact Information
Admissions Office	Manages Undergraduate, International, Transfer, and Graduate admissions.	Website: http://admissions.utah.edu Phone: 801-581-7281 Location: Student Services Building, Rm. 205
Office of the Registrar	Students may attend class without registering. See the Au.D. Class Sequence to sign up for appropriate classes. Classes will not fill up in graduate courses. For undergraduate courses, sign up as early as possible for guaranteed spot. You can register online through the Campus Information System (CIS). Contact Leigh Ann Benevides, Graduate Program Assistant, by email for a permission code into courses if needed (leighann.benevides@utah.edu).	Website: http://registrar.utah.edu/ Phone: 801-581-5808 Fax: 801-585-7860
Tuition	Tuition rates can be found on this website. Go to Resident or Nonresident Detailed Tuition & Fee Schedule to calculate tuition and differential tuition rates.	Website: http://fbs.admin.utah.edu/income/tuition/college-of-health/ Phone: 801-581-7344 Fax: 801-581-4277 Location: Student Services Building, Rm. 165
Residency	The Admissions Office will provide requirements and assistance in applying for Utah residency.	Website: https://admissions.utah.edu/apply/residency/ Phone: 801-581-8761 Location: Student Services Building, Rm. 250
Office of Scholarships and Financial Aid	This office helps students with receiving financial aid, work study, and/or scholarships.	Website: https://financialaid.utah.edu Financial aid phone: 801-581-6211 Financial aid fax: 801-585-6211 Work study phone: 801-581-6581 Work study fax: 801-585-6350 Scholarships phone: 801-581-6211 Scholarships fax: 801-585-6350 Location: Student Services Building, Rm. 105
J Willard Marriott Library	Books, computers, study rooms, classrooms, quiet areas, interlibrary loans, writing center, café	Website: http://www.lib.utah.edu/ Interlibrary Loan: http://www.lib.utah.edu/ill/
Testing Center	Some classes (particularly online classes) require exams to be taken at the testing center, proctored by employees.	Website: http://testingcenter.utah.edu Location: Marriott Library, first floor
University Campus Store	You can rent, buy, and sell textbooks here. A full-service United States Postal Service Office, University Federal Credit Union, and Starbucks are all inside the campus store. Collegiate apparel and technology (computers, tablets, etc.) are also sold here.	Website: https://www.campusstore.utah.edu/utah/home Phone: 801-581-6326 Location: 270 S. 1500 E, SLC, UT 84112 (next to Marriott Library)
Associated Students of the University of Utah (ASUU)	Governing body of student organizations on campus, including the National Student Speech Language Hearing Association (NSSHLA) and Student Academy of Audiology (SAA) chapters. Provides information about daycare center for student parents.	Website: https://asuu.utah.edu/ Email: info@asuu.utah.edu Phone: 801-581-2788 Location: Student Union Building, 200 S. Central Campus Drive, Ste. 234

Housing and Residential Education	Information on undergraduate and graduate living and learning communities	Website: https://housing.utah.edu/ Email: info@housing.utah.edu Phone: 801-587-2002 Off-Campus housing website: https://www.offcampushousing.utah.edu Family housing website: https://apartments.utah.edu
Campus Security	The University of Utah Campus Security Division consists of one police lieutenant, one police sergeant, 21 full-time and 7 part-time security officers. Several campus security officers are on duty and available 24 hours a day, 7 days a week. The Campus Security Division works closely with University Police to coordinate personal safety and property protection throughout campus. Campus security officers are responsible for conducting safety patrols, the locking/unlocking of buildings, the monitoring of campus-wide security cameras, courtesy escorts, and motorist assists.	Website: https://dps.utah.edu/ Emergency phone: 911 Campus security: 801-585-COPS (2677)
Commuter Services	Information regarding parking permits, shuttle map, parking map, parking regulations, and more. Parking permits can be purchased online or in-person. Make sure to take your license and registration when you buy a parking permit.	Website: https://commuterservices.utah.edu Phone: 801-581-6415 Location: 1901 E. South Campus Dr., Rm 101, SLC, UT 84112
Public Transportation	Your student/employee U-Card works as a UTA pass for transportation on UTA: Trax, Busses, and Frontrunner. This is free for registered, full-time University of Utah students and employees. The Purple campus shuttle and certain public busses transport back and forth from Behavioral Science Building (department) to U of U Speech-Language-Hearing Clinic on Wakara Way. Download the Ride Systems app for campus shuttle and the iRide UTA app to plan your trips.	Website: https://www.rudeuta.com/
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.	Website: https://deanofstudents.utaeh.edu/
Center for Disability and Access	Evaluates disability documentation, determines eligibility, and implements reasonable accommodations for enrolled students.	Website: https://disability.utah.edu Phone: 801-581-5020
Proof of Immunity Requirement (PIR) Student Immunization Office	All students admitted to the University who were born after December 31, 1956, and who are enrolled at the University of Utah are required to submit proof of immunity. Immunization records must provide documentation of two MMR vaccinations after your first birthday, or results of a titer test providing measles, mumps, and rubella immunity. For more information, see website. More information on immunizations will be provided by Communication Sciences and Disorders.	Website: https://studenthealth.utah.edu
Umail	This is the official form of communication at the University of Utah. You <u>must</u> use this email to stay informed about important information from the Department and University.	Website: https://it.utah.edu/help/
Student ID Number/U-Number	A student's user ID is "u" + the last seven digits of the student number (i.e. student number is 00123456, so the ID # is u0123456).	
U-Card Services	You will receive a College of Health U-Card, indicating that you are a student clinician. Bring your photo ID and student number to receive a U-Card.	Website: https://ucard.utah.edu/ Phone: 801-581-CARD (2273) Location: Student Union Building, 200 S Central Campus Drive, Ste. 158, SLC, UT 84112

APPLICATION TO AU.D. PROGRAM

REQUIRED UNDERGRADUATE PREREQUISITES FOR AU.D. PROGRAM

For those applicants who hold an undergraduate degree in an area other than speech and hearing sciences, 6 undergraduate speech and hearing courses must be successfully completed by Year 1 summer semester. Three courses must be completed prior to starting the Au.D. program (Year 1 fall semester). Evidence of completed courses with grades on transcripts must be provided upon completion.

- Anatomy and Physiology of Speech and Hearing – Must be completed prior to Year 1 fall semester
- Hearing Science – Must be completed prior to Year 1 fall semester
- Introduction to Audiology – Must be completed prior to Year 1 fall semester
- Development of Speech and Language
- Phonetics
- Language Science

REQUIRED ALLY HEALTH CLASSES

Regardless of undergraduate degree area, all applicants to the Au.D. program in the Department of Communication Sciences & Disorders must demonstrate completion of the following Allied Health coursework. Undergraduate allied health courses must be satisfied by evidence of completed courses with grades on transcripts. Allied health coursework must be completed by the end of your first year of graduate studies (summer semester).

- Statistics – Stand-alone statistics course; research methodology not accepted (generally a course with the word "statistics" in the title from any department meets this requirement).
- Biological Sciences - Biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, or veterinary science course.
- Physical Sciences – Must be a physics or chemistry course.
- Social/Behavioral Sciences - Psychology, sociology, anthropology, or public health course.

Additionally:

- 25 observation hours in audiology and/or speech-language pathology under an ASHA certified audiologist (CCC-A) and/or speech-language pathologist (CCC-SLP) must be completed prior to beginning clinical training at the U of U Speech-Language-Hearing Clinic

Questions regarding prerequisites or allied health courses, contact Au.D. Program Director:
 Susan R. Naidu, PhD, CCC-A
 susan.naidu@hsc.utah.edu
 801-585-8543

AU.D. REQUIRED PREREQUISITE COURSES CHECKLIST

Undergraduate prerequisite CSD courses must be satisfied if a student's undergraduate degree is not in Communication Sciences & Disorders (aka Speech and Hearing). Evidence of completed courses with grades on transcripts must be provided upon completion. A copy of the following checklist can be obtained at the CSD department (1201 BEHS).

University of Utah Course Number and Title	Credits	Equivalent Course Number and Title	Grade
CSD 3100: Phonetics <i>Description:</i> The analysis of speech through application of phonetic theory and the introduction to applied phonetic transcription.			
CSD 3120: Anatomy and Physiology of the Speech and Hearing Mechanism <i>Description:</i> Anatomical, physiological, and neurological principles fundamental to the understanding of speech production and hearing			
CSD 4200: Hearing Science <i>Description:</i> Fundamental topics in acoustics and auditory physiology are reviewed to provide a foundation for the study of audiology and hearing research. Basic concepts in mathematics and physics are covered. Topics in acoustics include simple harmonic motion, simple/complex sounds, time/frequency representations of sound, wave propagation, decibels, and digital sound processing.			
CSD 4400: Language Science <i>Description:</i> Introduction to the principles and methods of linguistic analysis. Topics include syntax, semantics, pragmatics, language, processing, and language variation. Students engage in exploration/application of language science through sampling and analysis of child and adult language.			
CSD 4500: Introduction to Audiology <i>Description:</i> Introduction to theory and methods of audiological assessment, including pure tone and speech audiometry, masking, and immittance in children and adults as well as an introduction to physiologic procedures and hearing disorders.			
CSD 5380: Speech & Language Development <i>Description:</i> Introduction to the sequence and processes of typical and atypical speech and language development including information about core issues surrounding the study of language acquisition and methodologies used to examine children's linguistics competence.			

ALLIED HEALTH REQUIREMENTS

Undergraduate allied health courses must be satisfied by evidence of completed courses with grades on transcripts. Allied health coursework must be completed by the end of your first year of graduate studies (summer semester).

Statistics: Stand-alone statistics course; research methodology not accepted (generally a course with the word “statistics” in the title from any department meets this requirement).

Course prefix and number: _____ Grade: _____

Course title: _____

Semester/Year: _____

Biological Sciences: Biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, or veterinary science course.

Course prefix and number: _____ Grade: _____

Course title: _____

Semester/Year: _____

Physical Sciences: Physics or chemistry course.

Course prefix and number: _____ Grade: _____

Course title: _____

Semester/Year: _____

Social/Behavioral Sciences: Psychology, sociology, anthropology, or public health course.

Course prefix and number: _____ Grade: _____

Course title: _____

Semester/Year: _____

If you have completed at least 25 hours of guided clinical observations in audiology and/or speech-language pathology, submit your completed observation form to Dr. Susan Naidu at your initial advisory meeting.

Student Name: _____

Student Signature: _____

Au.D. Program Director Signature: _____ Date: _____

OVERVIEW OF THE DOCTOR OF AUDIOLOGY (AU.D.) PROGRAM

The Au.D. program at the University of Utah is accredited by the Council of Academic Accreditation (CAA) in Audiology and Speech-Language Pathology through the American Speech-Language-Hearing Association (ASHA). The Au.D. program meets or exceeds the minimum requirements established ASHA.

The Au.D. program is 11-semesters long and includes required didactic and clinical coursework. A cohort makes up 10-12 Au.D. students. Upon entrance to the Au.D. program, all students receive and acknowledge understanding of the Essential Functions document. Au.D. students should demonstrate essential skills in the areas of communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social skills to become highly competent audiologists. As part of the Au.D. curricula, assessment of clinical skills is conducted through a clinical practical examination during the 2nd year. Additionally, all Au.D. students complete an Au.D. Capstone project by the end of their 3rd year and before beginning the 4th year externship.

ESSENTIAL FUNCTIONS AND SKILLS OF AUDIOLOGY GRADUATE EDUCATION AT THE UNIVERSITY OF UTAH: ADMISSION, RETENTION AND GRADUATION STANDARDS

The Doctorate of Audiology degree is recognized as a broad degree requiring the acquisition of general knowledge and basic skills in all applicable domains of communication sciences and disorders. The education of audiologists requires assimilation of knowledge, acquisition of skills and development of judgment through patient care experience in preparation for independent and appropriate decisions required in practice. The current practices of audiology emphasize collaboration among audiologists, speech-language pathologists, other health care and education professionals, the patient/client and the patient/client's family.

POLICY

The University of Utah Department of Communication Sciences and Disorders endeavors to accept graduate students who have the ability to become highly competent audiologists. As an accredited program, the University of Utah curriculum in Speech and Hearing Sciences adheres to the standards and guidelines of the Council on Academic Accreditation in Audiology and Speech-Language Pathology. Within these guidelines, the University of Utah Department of Communication Sciences and Disorders has the responsibility for selecting and evaluating its students; designing, implementing, and evaluating its curriculum; and determining who should be awarded a degree. Admission and retention decisions are based not only on satisfactory academic achievement but also on other academic factors, which serve to ensure that the candidate can complete the essential functions and skills of the program required for graduation. The Department has a responsibility to the public that its graduates can become fully competent and caring audiologists and speech-language pathologists, capable of doing benefit and not harm. Thus, it is important that persons admitted and retained in our program possess the

intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice audiology and/or speech-language pathology.

ESSENTIAL FUNCTIONS AND SKILLS

To acquire the knowledge and skills requisite to the practice of audiology, to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, individuals must have essential skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social. These skills enable a student to meet graduate and professional requirements as measured by state and national credentialing agencies.

Through their preparatory education, students are assumed to have many of these skills when they enter the graduate program while other essential functions and skills are acquired during the course of the graduate program through coursework and clinical training. Failure to develop or maintain these Essential Functions and Skills may result in action against the student, including, but not limited to dismissal from the program.

A. COMMUNICATION

A student must possess adequate communication skills to:

- Communicate proficiently in both oral and written English language.
- Possess reading and writing skills sufficient to meet curricular and clinical demands.
- Perceive and demonstrate appropriate verbal and non-verbal communication for culture and context. Modify communication style to meet the communication needs of clients, caregivers and other persons served.
- Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals and community or professional groups, including the ability to give live-voice test items to clients.
- Communicate professionally, effectively, and legibly on patient documentation, reports, and scholarly papers required as a part of coursework and professional practice.
- Convey information accurately with relevance to context and cultural sensitivity.

B. MOTOR

A student must possess adequate motor skills to:

- Sustain necessary physical activity level in required classroom and clinical activities.
- Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.
- Access transportation to clinical and academic placements.
- Participate in classroom and clinical activities both on campus and in external placements for the defined workday.
- Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.

- Manipulate patient-utilized equipment (e.g. durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.
- Access technology for clinical management (i.e. billing, charting, therapy programs, etc.).

C. INTELLECTUAL/ COGNITIVE

- A student must possess adequate intellectual and cognitive skills to:
- Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.
- Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
- Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation.
- Self-evaluate, identify, and communicate limits of one's own knowledge and skill to appropriate professional level and be able to identify and use resources to increase knowledge.
- Use detailed written and verbal instruction to make unique and dependent decisions.

D. SENSORY-OBSERVATIONAL

In conjunction with intellectual and cognitive skills, a student must possess adequate sensory skills of vision, hearing, touch, and smell to:

- Identify normal and disordered (fluency, articulation, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing cognition, social interaction related to communication).
- Identify the need for alternative modalities of communication.
- Visualize and identify anatomic structures.
- Visualize and discriminate video imaging and/or digital display findings.
- Identify and discriminate findings on video imaging and/or digital display studies.
- Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
- Recognize and adjust when a client and/or client's family does or does not understand the clinician's written and or verbal communication.
- Identify and discriminate a client's spoken responses.
- Accurately monitor through both visual and auditory modalities, equipment displays and controls, including those of hearing instruments, used for assessment and treatment of patients.

E. BEHAVIORAL/ SOCIAL

A student must possess appropriate behavioral and social skills to:

- Display mature, empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.
- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, gender identity, race, religions, sexual orientation and cultural and socioeconomic backgrounds.
- Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and university, state and federal privacy policies.
- Maintain general good physical and mental health and self-care so as not to jeopardize the health and safety of self and others in the academic and clinical setting.
- Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).
- Align priorities to prevent work from interfering with academic classes or clinical responsibilities.
- Maintain appropriate workplace behavior, including punctuality and regular attendance.
- Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
- Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.
- Dress appropriately and professionally.

The University of Utah is committed to providing access, equal opportunity, and reasonable accommodation in its services, programs, activities, education, and employment for individuals with disabilities. Enrolled students who believe they have a disability for which they require accommodation should request disability accommodation from the *Center for Disability Services (CDS)* at (Voice), 801-581-5487 (FAX), or info@disability.utah.edu.

By signing the Essential Functions and Skills Document, I certify that I have read and understand the “Essential Functions and Skills of Communication Sciences and Disorders Education” and have no concerns about my ability to carry out these Essential Functions and Skills. I also understand that should I fail to develop and/or maintain these Essential Functions and Skills, I may be subject to action against me by the University, including but not limited to dismissal from the graduate program.

Signature of Student

Date

Print Name

Reference: Adapted from the Council of Academic Programs in Communication Sciences and Disorders (2007) and Essential Functions Document for University of Washington (2009).

EXAMPLE OF AUD CLASS SEQUENCE

AU.D. PROGRAM CLASS SEQUENCE					
20__ – 20__					
Subject to modification: See Dr. Naidu with questions					
Fall 2019	Credits	Spring 2020	Credits	Summer 2020	Credits
CSD 6510 Principles of Audiol. Assess.	3	CSD 6520 Adv. Audiological Assessment	3	CSD 7825 Seminar: Hearing	1
CSD 6650 Adv. Physiology of Hearing I	3	CSD 7420 Psychoacoustics	3	EDPS 6010 Statistics	3
CSD 6651 Adv. Physiology of Hearing Lab Class	1	CSD 7850 Pediatric Audiology	3	CSD 6720 Clinical Internship in Audiology	2
CSD 6610 Principles of Amplification	4	CSD 6720 Clinical Internship in Audiology	2		
CSD 7450 Advanced Aural Rehabilitation	3				
CSD 6720 Clinical Internship in Audiology	1				
Total Credits	15	Total Credits	11	Total Credits	6
Fall 2020	Credits	Spring 2021	Credits	Summer 2021	Credits
CSD 6630 Advanced Amplification	3	CSD 7835 Adv. Physiology of Hearing II	3	CSD 7210 Professional Practices	3
CSD 7860 Vestibular Assessment & Rehab	3	CSD 7945 Au.D Capstone Project	2	CSD 7840 Educational Audiology	1
KINES 7102 Intro to Research Methods	3	CSD 7880 Electrophysiology	4	CSD 6940 Clinical Rotation in Audiology	3
CSD 6720 Clinical Internship in Audiology	2	CSD 6940 Clinical Rotation in Audiology	2		
Clinical Practical Exam					
Total Credits	11	Total Credits	11	Total Credits	7
Fall 2021	Credits	Spring 2022	Credits	Summer 2022	Credits
CSD 7640 Cochlear Implants	3	CSD 7945 Au.D. Capstone Project	2	4th Year Externship Begins	
CSD 7945 Au.D. Capstone Project	2	CSD 7845 Speech Perception	2		
CSD 7825 Seminar: Temporal Bone	3	CSD 7630 Hearing Conservation	3		
CSD 6940 Clinical Rotation in Audiology	3	CSD 6940 Clinical Rotation in Audiology	3		
IPE Foundations		IPE Simulation			
Total Credits	11	Total Credits	10	Total Credits	0
Fall 2022	Credits	Spring 2023	Credits	Graduation - May 2023	
CSD 7720 Clinical Externship in Audiology	6	CSD 7720 Clinical Externship in Audiology	6		
CSD 7740 Grand Rounds	3	CSD 7740 Grand Rounds	3		
Total Credits	9	Total Credits	9		
Total Credits 100					

 POST-MASTER'S DEGREE AU.D. PROGRAM

The U of U Au.D. program offers a Doctor of Audiology (Au.D.) degree for individuals who hold a clinical master's degree in 2006, and are a licensed audiologist. The post-master's Au.D. program includes a series of required didactic coursework and completion of an Au.D. capstone project. Clinical work is not required as part of the post-master's Au.D. curricula. Post-master's coursework includes:

I. Basic Science Coursework (Select 2)

CSD 6650	Advanced Physiology of Hearing I	3
CSD 7420	Psychoacoustics	3
PTTH 7050	Neuroanatomy	5
CSD 7825	Seminar: Temporal Bone	3
	SUBTOTAL	6-8

II. Advanced Audiology Courses (Select 4)

CSD 7835	Advanced Physiology of Hearing II	3
CSD 7850	Pediatric Audiology	3
CSD 7860	Vestibular Assessment and Rehab	3
CSD 6630	Advanced Amplification	3
CSD 7880	Electrophysiology	4
CSD 7640	Cochlear Implants	3
CSD 7450	Advanced Aural Rehabilitation	3
CSD 7845	Speech Perception	3
	SUBTOTAL	12-13

III. Electives (Select 2 or 3 if selecting 1- 2 credit classes)

CSD 7840	Educational Audiology	1
CSD 7210	Professional Practices	3
CSD 7630	Hearing Conservation	3
CSD 6330	Developmental Language Disorders in Children	3
CSD 6340	Autism Spectrum Disorders	2
CSD 6400	Augmentative & Alternative Communication	2
CSD 7350	Aphasia	3
CSD 7410	Cognitive-Communication Disorders	3

*Courses in Nursing, Psychology, and other areas may be taken upon approval of Au.D. Program Director

SUBTOTAL 6-8

IV. Research*

CSD 7945	Au.D. Capstone Project	6
KINES 7102	Introduction to Research Methods (Or equivalent)	3
	SUBTOTAL	9

*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, this 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.

Student must have already met requirements for state licensing.

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 portion is waved, and tuition will be charged at the lower general graduate school rate. For current information on tuition, please refer to the University website at <https://fbs.admin.utah.edu/income/tuition/>

Contact Dr. Susan Naidu, Au.D. Program Director, for information regarding application to post-master's Au.D. program at susan.naidu@hsc.utah.edu or 801-585-8543.

CSD GRADUATE PROGRAM POLICY ON COMPETENCIES AND GRADES

DOCUMENTATION OF ACADEMIC AND CLINICAL PROGRESS

Students in clinical professional degree programs that lead to ASHA certification must demonstrate competency in each of ASHA's Knowledge and Skills Acquisition (KASA) Standards. Graduate Program Directors cannot approve a student's KASAs as being met until a student demonstrates competency in each KASA standard.

In order to fulfill requirements for the ASHA certificate of Clinical Competence (CCC), knowledge and skills assessment (KASA) "tracking records" are maintained for each Au.D. student. The KASA guidelines dictate the knowledge and skills that the CSD program expects students to master by the time of their graduation. 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 receives a grade of C+ or lower in an academic course s/he must remediate⁴ 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 individual exam or overall course grade. 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, s/he will be required to repeat that course and obtain a grade of B or higher. The student may not begin his/her 4th year 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 student's committee will meet along with involved instructors and, if applicable, Audiology Clinic Coordinator, to determine an appropriate plan for remediation, if necessary. For example, the committee may require the student to repeat any or all of the problem courses (and obtain grades higher than C+) prior to the student beginning his/her clinical rotations or 4th year externship. 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.

The graduate program probation and dismissal policy also applies to the required undergraduate courses taken by non-matriculated graduate students.

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 “clinical probation” by the Department. The Clinic Director and Clinic Instructors will determine an appropriate course of action to remediate the relevant deficiencies. A student will not be able to begin his/her externships until satisfactory completion of the remediation plan developed.

If a student is placed on clinic probation, a remediation plan will be developed and carried out the semester immediately following the semester the student was placed on probation. The student must obtain a grade of B- or higher in clinic practicum course and meet all requirements of the remediation contract/plan that was were established. Both of these requirements must be met in the semester immediately following the semester during which the student was placed on probation. Failure to successfully pass all aspects of the remediation plan will result in dismissal from the Au.D. program.

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 course is repeated successfully.

Dismissal from the Program

- (1) If a student receives a grade of C+ or lower as an overall course grade in any academic or clinic course, and had previously received two final grades of C+ or lower in two other academic or clinic courses, s/he will be dismissed from the program.
- (2) If a student receives a D or F as an overall course grade in any academic or clinical course, s/he will be dismissed from the program under the following conditions:
 - a. If a grade of C+ or lower has been obtained in any other class, or
 - b. If s/he has an overall GPA of 2.75 or lower
 - i. The dismissal will be effective beginning the semester immediately following the receipt of the D or F (including Summer Semester).
- (3) If a student receives a C+ or lower in a clinical practicum course (CSD 6720, 6940, or 7720) and does not successfully achieve a B- or higher and does not complete all of the requirements of the remediation plan in the following semester, s/he will be dismissed from the program. The dismissal will be effective beginning the semester immediately following failure to pass clinic remediation.

A student will not be considered for readmission into the CSD Graduate Program following dismissal from the program except in the situation in which the University Disabilities Offices formally requires accommodation.

Notes:

- (1) Retaking a course to improve the grade will not affect the Dismissal policy.

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 degree.

See website: <https://health.utah.edu/communication-sciences-disorders/degrees/grade-policy.php>

ACADEMICS WITHIN AU.D. PROGRAM

ACADEMIC COMMITTEE AND MEETINGS

The Au.D. Program Director is the academic and clinical advisor for each Au.D. student. Each Au.D. student is assigned a committee comprised of the advisor and two additional academic faculty members. The advisor meets regularly with each student, and conducts group advising meetings prior to registering for subsequent semester courses.

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 practice in the form of measurable goals, or outcomes. Each course has associated with it a number of specific outcomes the Au.D. student meets 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. Instructors will provide the course outcomes on the syllabus, and at the end of each semester, will document evidence of how the student has, or has not, met these outcomes. If a student does not meet the outcomes adequately, a plan will be developed by the student and instructor to remediate the areas that are weak, or to plan how the student can gain additional clinical practice to meet the outcomes area.

RESEARCH COMPONENT FOR AU.D. PROGRAM

Each student will enroll in a statistics course, an introduction to research methods course, and for 6 credits of CSD 7945 Au.D. Capstone Project (2 credits for 3 semesters). See Au.D. Program Class Sequence for specific courses.

AU.D. CAPSTONE PROJECT

All Au.D. students must complete a Capstone project prior to initiation of the 4th year clinical externship. The Au.D. capstone is research based; either in a research lab or clinical research. All projects will culminate in a poster presentation to be given at the annual Au.D. Symposium in April of the 3rd year. Capstone projects will be mentored by a faculty committee. Each student will enroll for a total of 6 credits; 2 credits across 3 semesters during Year 2 and 3.

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 Audiology faculty will review the applications and assign projects to appropriate audiology faculty members to serve as chairs for those students' committees during fall semester of Year 2 (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 for formulate a project timeline.

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

CLINICAL EDUCATION

OBSERVATION REQUIREMENTS

All Au.D. students must complete a minimum of 25 hours of observation in audiology and/or speech-language pathology with an ASHA certified audiologist or SLP. Documentation of the observation hours must be submitted in writing with the supervising clinician's current ASHA certification number and original signature.

IN-HOUSE CLINICAL EDUCATION

The University of Utah Speech-Language-Hearing Clinic is a full-service patient care facility serving infants to geriatrics with communication and hearing related disorders. The clinic is open year-round, including the week of fall break. Students are not required to participate in clinic between semester breaks. All Au.D. students will complete 4 semesters (or 7 credit hours) of clinical practice at the U of U Speech-Language-Hearing clinic. During Year 1 fall semester, Au.D. students will apprentice with 2nd year students approximately one half to one full day a week. 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.

The 2nd semester of the first year (spring semester) the 1st year Au.D. student clinician will be assigned a rotating clinic schedule one half to one full day per week. This includes appointments in adult diagnostics, pediatric diagnostics, amplification, aural rehabilitation, cochlear implant mapping, vestibular/balance assessment, and auditory processing disorder evaluations.

UNIVERSITY OF UTAH TIMELINE OF CLINICAL EDUCATION

	Fall Semester	Spring Semester	Summer Semester	Subtotal
Year One	Apprenticeship 1 credit U of U Speech-Language-Hearing Clinic	Direct Patient Care 2 credits U of U Speech-Language-Hearing Clinic	Direct Patient Care 2 credits U of U Speech-Language-Hearing Clinic	5 credits
Year Two	Direct Patient Care 2 credits U of U Speech-Language-Hearing Clinic	Direct Patient Care 2 credits (16-24 hr/wk) Community Clinical Rotation	Direct Patient Care 3 credits (24-32 hrs/wk) Community Clinical Rotation	7 credits
Year Three	Direct Patient Care 3 credits (24-32 hrs/wk) Community Clinical Rotation	Direct Patient Care 3 credits (24-32 hrs/wk) Community Clinical Rotation	4 th Year Externship (0 credits)	6 credits
Year Four	4 th Year Externship 6 credits (32-40 hrs/wk)	4 th Year Externship 6 credits (32-40 hrs/wk)		12 credits

*Community Clinical Rotations: Minimum of 4 rotation sites

* 4th Year Externship: 12 months; fulltime

Clinical clock hours must be attained in all areas of audiology, including:

- | | |
|--------------------------|------------------------|
| -Adult Diagnostics | -Balance Assessment |
| -Pediatric Diagnostics | -Evoked Potentials |
| -Pediatric Amplification | -Hearing |
| -Adult Amplification | Conservation/Screening |
| -Aural Rehabilitation | -Speech-Language |
| -Cochlear Implants | Screening |

*To qualify for the Certificate of Clinical Competence—Audiology (CCC-A), a minimum of 1820 clinical clock hours, supervised by an audiologist preceptor holding current CCC-A, must be completed by the end of 4th year.

CLINICAL ROTATION REQUIREMENTS

INITIAL GUIDELINES

All Audiology student clinicians are required to complete clinical practicum at the University of Utah Speech-Language-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. Clinical rotation experiences are coordinated with the assistance and approval of the Au.D. Director.

Prior to the first community-based clinical rotation, students must pass the Clinical Practical Exam, typically taken in the Fall semester 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. Au.D. students complete **at least** 4 community-based clinical rotations, culminating in approximately 500 direct patient contact hours by the end of the 3rd year. The sites include hospitals or rehabilitation centers, ENT/Audiology clinics, private practice clinics, or public school settings. At least one school setting is mandatory to fulfil one requirement for the school certification.

2ND & 3RD YEAR CLINICAL ROTATIONS

1st Clinical Rotation

Students will be at their 1st clinical rotation during the Spring semester of 2nd year. Students are typically at this rotation 16-24 hours per week. As students leave the U of U Speech-Language-Hearing clinic and transition to community placements, they will continue gaining skills needed to become a more well-rounded and successful clinician.

2nd-4th Clinical Rotations

Each subsequent semester, students will be placed at a different community clinic to develop their audiologic skills while working with diverse patient populations and unique clinical environments. Students will be at their rotation 24-32 hours per week. The Au.D. Director will work with students to determine appropriate community placements based on their individual interests. Each semester, students will work towards gaining independence with clinical skills and patient care.

Throughout each clinical rotation, students will receive guidance and direct feedback from supervisors, as well as a grade at the end of each semester.

4TH YEAR EXTERNSHIP

Au.D. students are required to complete a 12 month-long, fulltime externship. The purpose of the 4th year externship is to solidify clinical skills that prepare the student to be an independent clinician upon graduation. This rotation can be completed on a local, national, or even international level, keeping in mind supervisor/preceptor requirements (to be discussed in the next section of this handbook). The 4th year externship will begin at the conclusion of Spring semester of the student's 3rd year (typically from May-May of the following year).

Students will begin applying to 4th year placements during the Summer semester following their 2nd year. Students can check <https://hearcareers.audiology.org/jobseekers/internships/> to find current openings nation-wide, as well as requirements and instructions for applying. Additionally, U of U students will be provided with a 4th year externship handbook with a list of placements throughout the country.

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 9 months' work experience post an Au.D. degree or 3 years' work experience post a master's degree.

ASHA PRAXIS EXAM

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 culmination 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 the 3rd year, prior to commencing the 4th year externship.

Guidelines for Taking the Praxis Examination

- It is recommended the Praxis exam be taken during the externship year, or no earlier than the semester prior to beginning the 4th year externship.
- Passing of the Praxis exam is not a requirement to graduate from the Au.D. program; however, all students are strongly encouraged to take the Praxis exam during the externship year. Successful completion of the Praxis exam is required for obtaining state licensure following graduation.
- The Praxis exam can be re-taken.

- **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.

STUDENT CODE OF CONDUCT AND ACADEMIC INTEGRITY

Important websites:

- Student Code of Conduct: <https://regulations.utah.edu/academics/6-400.php>
- Official Grievance Form and Notice: <https://asuu.utah.edu/officialgrievanceformnotice>
- Student Consumer Complaints: <https://registrar.utah.edu/student-consumer-complaints.php>

Suggestions for addressing concerns regarding a course or clinical practicum placement:

- (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 the Au.D. Program 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

AU.D. PROGRAM COURSE DESCRIPTIONS

Course	Description
EDPS 6010: Statistics	Provides basic knowledge in descriptive and inferential statistics, as well as a survey of the basics of research design. Topics covered include graphing of data, percentiles, mean, median, mode, standard deviation, the standard normal distribution, correlation, simple regression, probability, logic of hypothesis testing, z-tests, students' t-ratios, one and two sample hypothesis tests, independent and correlated samples hypothesis tests, research design and planning, reliability, instrument validity, internal validity, population generalizability, and a survey of various approaches to research.
CSD 6510: Principles of Audiological Assessment I	Causes and assessment of auditory disorders across the age span. Theory and techniques for pure tone audiometry, masking and speech audiometry. Implications of cultural differences related to assessment.
CSD 6520: Advanced Audiological Assessment	The purpose of this course is to expand upon the basic foundations of the audiometric test battery that was covered in the prerequisite course. The class will focus on the integration of fundamental audiological test principles to the clinical setting. Increased complexity in the areas of calibration, pure-tone and speech audiometry, masking, counseling, report writing, and various auditory disorders will be covered. Introductory information will be covered in areas of pediatrics, auditory processing disorders, medical disorders, and special populations.
CSD 6610: Principles of Amplification	Review of electroacoustic characteristics of hearing instruments and techniques for clinical fitting and verification of fit.
CSD 6630: Advanced Amplification	This course is an advanced course covering recent research on digital and programmable amplification including specialized selection, fitting and validation approaches for digital hearing aids. Current theory and practice regarding special populations, including fitting and validation procedures is covered. Evidence-based practice research is explored for achieving improved outcomes with amplification. Additional topics will include counseling techniques related to amplification, an introduction to non-traditional amplification options.
CSD 6650: Advanced Physiology of Hearing I	The first portion of the class is dedicated to the theory and quantitative aspects of signals and systems. For the remainder of the course, the anatomy and physiology of the peripheral auditory nervous system is reviewed, with emphasis on mechanisms underlying normal and abnormal auditory perception. Cochlear mechanics are covered in depth and are approached from a signals and system perspective. A framework based on active and passive processes is provided as a foundation for future lectures and courses on cochlear hearing loss, auditory perception, and electrophysiological measures of cochlear function. Gross electrical potentials and single unit potentials of neurons innervating the cochlea are discussed. Rate based and temporal based theories of neural coding are evaluated. Hearing disorders of the auditory periphery are discussed throughout the course with an emphasis on pathophysiology.
CSD 6651: Advanced Physiology of Hearing I, Lab	This laboratory course accompanies CSD 6650. Lectures and activities in this course cover the quantitative aspects of hearing science, the anatomy of the auditory periphery, and clinical/laboratory measurements of peripheral auditory physiology.
CSD 6720: Clinical Internship in Audiology	Supervised clinical internship in University Speech-Language-Hearing Clinic. The University of Utah Department of Communication Sciences and Disorders requires training of audiology graduate students in a minimum of 100 clinical/contact hours spent in on-campus clinical experiences for a Doctorate of Audiology Degree and for ASHA certification. This course provides graduate audiology students with clinical practicum at the University of Utah Speech-Language-Hearing clinic provided by persons holding the ASHA Certificate of Clinical Competence.

CSD 6830: Counseling in Communication Disorders	This course will provide students with an overview of counseling theory and specific counseling techniques they may use to assist their clients with the broader emotional challenges associated with communication difficulties. Students will participate in practice exercises designed to help them develop sound therapeutic communication and counseling skills. The course is largely experiential with practice exercises, role-plays, and group dialogue as key formats.
CSD 6940: Clinical Rotation in Audiology	Supervised clinical practicum in approved off-campus facilities.
KINES 7102: Introduction to Research Methods	A survey of common research methods in health-related disciplines with a focus on the practical application of these research methods for graduate student research projects.
CSD 7210: Professional Practice Aspects in Audiology	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; infection control and cerumen management.
CSD 7420: Psychoacoustics	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.
CSD 7450: Advanced Aural Rehabilitation	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.
CSD 7630: Hearing Conservation	Principles of noise hazard evaluation, effects of noise on the auditory mechanism, and development and maintenance of an effective hearing conservation program.
CSD 7640: Cochlear Implants	Current technology, surgical aspects, candidacy issue, audiologic mapping and rehabilitation, and proven benefits of cochlear implants and related devices.
CSD 7720: Clinical Externship in Audiology	Full time experience in audiologic settings. Provides final experience necessary for doctoral preparation as a clinical audiologist.
CSD 7740: Grand Rounds in Audiology	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.
CSD 7825: Seminar, Temporal Bone	Advanced study of normal and/or disordered aspects of hearing in children and/or adults.
CSD 7835: Anatomy and Physiology II	Advanced study of normal and/or disordered aspects of hearing in children and/or adults.
CSD 7840: Educational Audiology	Educational audiology topics or other similar seminar format topics. The purpose of this course is to provide the student with a comprehensive understanding of the role of the audiologist and implementation of audiology services in all education settings. Topics to be covered include historical and current policy in regards to educational audiology services, roles and responsibilities of the educational audiologist, hearing screening and assessment, collaboration with other team members, the audiologist's role in Individualized Education Programs, professional collaboration within communities, and program development, management and evaluation.
CSD 7845: Speech Perception	A seminar-style investigation of speech perception. Begins with overview of acoustic phonetics and normal perception of speech and then expands to listeners with hearing loss, children, and

	older adults. Includes considerations for clinical assessment of speech understanding as well as hearing aid applications.
CSD 7850: Pediatric Audiology	Principles of normal auditory development, auditory development in deaf and hard-of-hearing infants and children, assessment of hearing disorders in infants and children including study of causation of hearing loss. Principles for treatment of hearing loss in children, and choices of communication modality. Laboratory practice to apply principles provided.
CSD 7860: Vestibular Assessment and Rehabilitation	Anatomical and physiologic components of the peripheral and central vestibular system; current assessment techniques and interpretation; administration of assessment and rehabilitation procedures across the age span.
CSD 7880: Advanced Electrophysiology	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.
CSD 7945: Au.D. Capstone Project	Capstone project for clinical doctorate completed prior to initiation of final clinical traineeship year. Project may consist of research project, literature review, or community service project. It is mentored by a faculty committee, and a final written paper must be submitted to and approved by the committee. An oral presentation of the project must also be given before start of clinical traineeship year. Each student will enroll for 6 credits (3 credits for 2 consecutive semesters)

ASHA STANDARDS

STANDARD II: KNOWLEDGE AND SKILLS OUTCOMES

Applicants for certification must have acquired knowledge and developed skills in the professional areas of practice as identified in Standards II A–F, as verified in accordance with Standard III.

Implementation: The knowledge and skills identified in this standard, although separated into areas of practice, are not independent of each other. The competent practice of audiology requires that an audiologist be able to integrate across all areas of practice. Therefore, assessments used to verify knowledge and skills acquisition must require that the candidate for certification demonstrate integration of the knowledge and skills found in Standards II A – F below.

STANDARD II-A: FOUNDATIONS OF PRACTICE

Applicant has demonstrated knowledge of:

- A1. Genetics, embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology of hearing and balance over the life span
- A2. Effects of pathogens, and pharmacologic and teratogenic agents, on the auditory and vestibular systems
- A3. Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span
- A4. Principles, methods, and applications of acoustics, psychoacoustics, and speech perception, with a focus on how each is impacted by hearing impairment throughout the life span
- A5. Calibration and use of instrumentation according to manufacturers' specifications and accepted standards
- A6. Standard safety precautions and cleaning/disinfection of equipment in accordance with facility-specific policies and manufacturers' instructions to control for infectious/contagious diseases
- A7. Applications and limitations of specific audiologic assessments and interventions in the context of overall client/patient management
- A8. Implications of cultural and linguistic differences, as well as individual preferences and needs, on clinical practice and on families, caregivers, and other interested parties
- A9. Implications of biopsychosocial factors in the experience of and adjustment to auditory disorders and other chronic health conditions
- A10. Effects of hearing impairment on educational, vocational, social, and psychological function throughout the life span
- A11. Manual and visual communication systems and the use of

interpreters/transliterators/translators

A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication

A13. Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making

A14. Assessment of diagnostic efficiency and treatment efficacy through the use of quantitative data (e.g., number of tests, standardized test results) and qualitative data (e.g., standardized outcome measures, client/patient-reported measures)

A15. Client-centered, behavioral, cognitive, and integrative theories and methods of counseling and their relevance in audiologic rehabilitation

A16. Principles and practices of client/patient/person/family-centered care, including the role and value of clients'/patients' narratives, clinician empathy, and shared decision making regarding treatment options and goals

A17. Importance, value, and role of interprofessional communication and practice in patient care

A18. The role, scope of practice, and responsibilities of audiologists and other related professionals

A19. Health care, private practice, and educational service delivery systems

A20. Management and business practices, including but not limited to cost analysis, budgeting, coding, billing and reimbursement, and patient management

A21. Advocacy for individual patient needs and for legislation beneficial to the profession and the individuals served

A22. Legal and ethical practices, including standards for professional conduct, patient rights, confidentiality, credentialing, and legislative and regulatory mandates

A23. Principles and practices of effective supervision/mentoring of students, other professionals, and support personnel

STANDARD II-B: PREVENTION AND SCREENING

Applicant has demonstrated knowledge of and skills in:

B1. Educating the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders

B2. Establishing relationships with professionals and community groups to promote hearing wellness for all individuals across the life span

B3. Participating in programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems

B4. Utilizing instrument(s) (i.e. sound-level meter, dosimeter, etc.) to determine ambient noise levels and providing strategies for reducing noise and reverberation time in educational, occupational, and other settings

B5. Recognizing a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk

to determine a need for hearing screening

B6. Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements

B7. Participating in occupational hearing conservation programs

B8. Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span

B9. Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation

B10. Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function

B11. Screening for comprehension and production of language, including the cognitive and social aspects of communication

B12. Screening for speech production skills (e.g., articulation, fluency, resonance, and voice characteristics)

B13. Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate

B14. Evaluating the success of screening and prevention programs through the use of performance measures (i.e., test sensitivity, specificity, and positive predictive value)

STANDARD II-C: AUDIOLOGIC EVALUATION

Applicant has demonstrated knowledge of and skills in:

C1. Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors

C2. Obtaining a case history and client/patient narrative

C3. Obtaining client/patient-reported and/or caregiver-reported measures to assess function

C4. Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system

C5. Providing assessments of tinnitus severity and its impact on patients' activities of daily living and quality of life

C6. Providing assessment of tolerance problems to determine the presence of hyperacusis

C7. Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function

C8. Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated

C9. Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSs); obtaining a performance intensity function with standardized speech materials, when indicated

- C10. Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used
- C11. Selecting, performing, and interpreting physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold testing, and click stimuli for neural diagnostic purposes
- C12. Selecting, performing, and interpreting otoacoustic emissions testing
- C13. Selecting, performing, and interpreting tests for nonorganic hearing loss
- C14. Selecting, performing, and interpreting vestibular testing, including electronystagmography (ENG)/videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and cervical vestibular evoked myogenic potential (cVEMP)
- C15. Selecting, performing, and interpreting tests to evaluate central auditory processing disorder

Applicant has demonstrated knowledge of:

- C16. Electrophysiologic testing, including but not limited to auditory steady-state response, auditory middle latency response, auditory late (long latency) response, and cognitive potentials (e.g., P300 response, mismatch negativity response)
- C17. Posturography
- C18. Rotary chair tests
- C19. Video head impulse testing (vHIT)

STANDARD II-D: COUNSELING

Applicant has demonstrated knowledge of and skills in:

- D1. Identifying the counseling needs of individuals with hearing impairment based on their narratives and results of client/patient and/or caregiver responses to questionnaires and validation measures
- D2. Providing individual, family, and group counseling as needed based on client/patient and clinical population needs
- D3. Facilitating and enhancing clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders
- D4. Enhancing clients'/patients' acceptance of and adjustment to hearing aids, hearing assistive technologies, and osseointegrated and other implantable devices
- D5. Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for the client/patient, family members, and/or caregivers to enhance their well-being and quality of life
- D6. Facilitating patients' acquisition of effective communication and coping skills
- D7. Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment problems
- D8. Enhancing adherence to treatment plans and optimizing treatment outcomes

D9. Monitoring and evaluating client/patient progress and modifying counseling goals and approaches, as needed

STANDARD II-E: AUDIOLOGIC REHABILITATION ACROSS THE LIFE SPAN

Applicant has demonstrated knowledge of and skills in:

- E1. Engaging clients/patients in the identification of their specific communication and adjustment difficulties by eliciting client/patient narratives and interpreting their and/or caregiver-reported measures
- E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues
- E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship
- E4. Providing assessments of family members' perception of and reactions to communication difficulties
- E5. Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning
- E6. Engaging clients/patients (including, as appropriate, school-aged children/adolescents) and family members in shared decision making regarding treatment goals and options
- E7. Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties
- E8. Selecting and fitting appropriate amplification devices and assistive technologies
- E9. Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input–output characteristics
- E10. Verifying that amplification devices meet quality control and American National Standards Institute (ANSI) standards
- E11. Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance
- E12. Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices
- E13. Conducting individual and/or group hearing aid orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately
- E14. Identifying individuals who are candidates for cochlear implantation and other implantable devices
- E15. Counseling cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options

- E16. Providing programming and fitting adjustments; providing postfitting counseling for cochlear implant clients/patients
- E17. Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS) based on clients'/patients' communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit
- E18. Providing HATS for those requiring access in public and private settings or for those requiring necessary accommodation in the work setting, in accordance with federal and state regulations
- E19. Ensuring compatibility of HATS when used in conjunction with hearing aids, cochlear implants, or other devices and in different use environments
- E20. Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)
- E21. Providing auditory, visual, and auditory–visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication
- E22. Counseling clients/patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder
- E23. Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations
- E24. Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances
- E25. Monitoring and assessing the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s)
- E26. Providing canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV)
- E27. Providing intervention for central and peripheral vestibular deficits
- E28. Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome

STANDARD II-F: PEDIATRIC AUDIOLOGIC (RE)HABILITATION

Applicant has demonstrated knowledge of and skills in:

- F1. Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment
- F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment
- F3. Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social–emotional development and functioning
- F4. Educating parents regarding optional and optimal modes of communication; educational

laws and rights, including 504s, individualized education programs (IEPs), individual family service plans (IFSPs), individual health plans; and so forth

F5. Selecting age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation

F6. Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS

F7. Planning and implementing parent education/support programs concerning the management of hearing impairment and subsequent communication and adjustment difficulties

F8. Providing for intervention to ensure age/developmentally appropriate speech and language development

F9. Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome

F10. Providing ongoing support for children by participating in IEP or IFSP processes

F11. Counseling the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills

F12. Evaluating acoustics of classroom settings and providing recommendations for modifications

F13. Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals

ASHA CODE OF ETHICS

PREAMBLE

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as "The Association") has been committed to a framework of common principles and standards of practice since ASHA's inception in 1925. This commitment was formalized in 1952 as the Association's first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional's role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers,

supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

- a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)
- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

TERMINOLOGY

ASHA Standards and Ethics

The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

advertising

Any form of communication with the public about services, therapies, products, or publications.

conflict of interest

An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

crime

Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the "Disclosure Information" section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

diminished decision-making ability

Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

fraud

Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

impaired practitioner

An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health-related conditions.

individuals

Members and/or certificate holders, including applicants for certification.

informed consent

May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

jurisdiction

The "personal jurisdiction" and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual's geographic location.

know, known, or knowingly

Having or reflecting knowledge.

may vs. shall

MAY denotes an allowance for discretion; SHALL denotes no discretion.

misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

negligence

Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s); failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere

No contest.

plagiarism

False representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

publicly sanctioned

A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

reasonable or reasonably

Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report

A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

shall vs. may

SHALL denotes no discretion; MAY denotes an allowance for discretion.

support personnel

Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders). For more information, read the Issues in Ethics Statements on [Audiology Assistants](#) and/or [Speech-Language Pathology Assistants](#).

telepractice, teletherapy

Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service. For more information, [see the telepractice section](#) on the ASHA Practice Portal.

written

Encompasses both electronic and hard-copy writings or communications.

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.

Rules of Ethics

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

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

Rules of Ethics

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application

process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.

- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
- E. Individuals' statements to the public shall provide accurate and complete 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.
- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

Rules of Ethics

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.

- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.

- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.
- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

American Speech-Language-Hearing Association. (2016). *Code of ethics*[Ethics]. Available from www.asha.org/policy/.