2025-
2026

Graduate Handbook

SCHOOL OF COMMUNICATION SCIENCES & DISORDERS

MEMPHIS SPEECH AND HEARING CENTER

UNIVERSITY OF MEMPHIS

4055 NORTH PARK LOOP

MEMPHIS, TN 38152

9/9/25

Introduction

These portions of the Handbook have been prepared to assist the professional degree (AuD, MA) students, the PhD students, graduate faculty and staff of the School of Communication Sciences and Disorders with information regarding the academic programs and the operations of the clinic. The Handbook has been designed to outline the various requirements and conditions which must be met to satisfactorily complete the degree programs, and to meet the requirements of the Council of Academic Accreditation (CAA) for certification by the American Speech-Language-Hearing Association. In addition, various policies and procedures of the School and the clinic have been delineated.

Graduate students, faculty, and staff are responsible for knowing the material enclosed in the CSD Graduate Program Handbook and are strongly encouraged to review its contents regularly. If there are policy statements in this handbook that are unclear, it is important to consult the appropriate administrative personnel (Dean, Associate Dean of Academic Programs, Directors of Clinical Education, and Academic Advisor) for clarification. Students, faculty and staff are encouraged to make recommendations which they feel may make this handbook more useful to the members of the School's graduate programs.

September 2025
The contents herein are subject to change without notification.

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2025 – 2026 Calendar

(Check CSD_Info for Updates/Additional Information)

FALL SEMESTER 2025

AUGUST

11 Initial Fee payment deadline
12 Late fees charged for initial enrollments from this date on ($200)
15 All requirements completed and uploaded to Exxat/Typhon
18 Students need to be in Memphis; Courses dropped for non-payment at 4:30 PM
18 Fall Faculty Retreat
20 Clinic Orientation Begins (**Required for All CSD Students)**
22 Last Day of Clinic Orientation
22 PhD. Orientation Meeting/Doctoral Student Meeting with the Deans
25 First Day of Class and Clinic
29 Last Day to Apply to Graduate in MyMemphis Portal; Last Day to Submit Candidacy Form

SEPTEMBER

1 Labor Day Holiday
3 Final Drop for Non-Payment of Course Fees
5 Last day to receive a 100% refund if you drop a course
8 SAA All Student Meeting (2010, 11 AM)
8 NSSLHA All Student Meeting (2010, Noon)
11 CSD STRIDE Meeting (2009, Noon)
12 Last day to receive 50% refund for dropped F25 courses
12 PhD Student Meeting with Deans (2009, Noon)
13 ASL: Say What? Let's Sign About It Event (1610, Noon)
22 Flu Shots (2010, 11 AM)
26 CSD Faculty Meeting (2009)

OCTOBER

6 AuD Student Meeting with Deans (2010, 10:30AM); SAA All Student Meeting (2010, 11 AM)
6 NSSLHA All Student Meeting (2010, Noon); SLP Student Meeting with Deans (2010, 1 PM)
9 CSD STRIDE Meeting (2009, Noon)
10 Last Day, 1st POT
13-14 Fall Break
13 Grades Due, 1st POT
15 2nd POT classes begin
21 Betty Webster Clinical Education Seminar (2009, 5:30 PM)
24 4th Annual Goats & Bubbles Day (west lawn, 10AM)
26 CSD Faculty Meeting (2009)
31 Academic Advising Deadline for Spring '26 Registration

NOVEMBER

1 Last Day to upload defended and corrected thesis or dissertation for review
7 Clinic Advising Deadline for Spring '26 Registration
10 SAA All Student Meeting (2010, 11 AM)
10 NSSLHA All Student Meeting (2010, Noon)
10 Registration Opens for Spring 2026
13 CSD STRIDE Meeting (2009, Noon)
20-22 ASHA Convention (Washington D.C.)
26-30 Thanksgiving Break (Students & 9-month employees)
27-28 University Closed for Thanksgiving Holiday (12-month employees)

DECEMBER

3 Last Day Fall Classes/Last day to submit comp exam results for F25
4 Study Day
5 Exams Begin
5 CSD Faculty Meeting (2009, 2PM)
5 Robyn Cox Symposium (1PM)
11 Exams End
11 Last Day GA Work for Fall
13 Fall Commencement
16 Fall Grades Due
23 Spring GA contracts due to the Grad School
24-31 University Closed for Winter Break (12-month employee)

SPRING SEMESTER 2026

JANUARY

12 Spring Faculty Retreat
12-13 SLP MA Comp Exams (CHB 2015)
13 3rd Year AuD Oral Exam
14-16 Clinic Orientation for Spring Semester (**Required for All Clinical CSD Students**)
16 Fee Payment Deadline, Last day of Regular Registration
19 M.L. King Jr Holiday
20 Class and Clinic Begins/ Late Registration, $200 late fee
26 SLP MA Comp Revisions

FEBRUARY

2 SAA All Student Meeting (2010, 11 AM)
2 NSSLHA All Student Meeting (2010, Noon)
5 Apply to Graduate for S26 Due; Last Day to Submit Candidacy Form (PhD only)
5-6 SLP MA Comp Rewrites
14 Van Vleet Fellowship Nominations Due
16 NSSLHA All Student Meeting (2010, Noon)
23-24 Midsouth Annual Conference (University Center)
27 CSD Faculty Meeting (2009, 2PM)

MARCH

9-15 Spring Break
16 SAA All Student Meeting (2010, 11 AM)
Advising Deadline for Summer and Fall Registration
23 NSSLHA All Student Meeting (2010, Noon)
27 CSD Faculty Meeting (2009, 2PM)
27 Last Day to upload defended and corrected thesis or dissertation copy for review
30 Graduate Student Research Forum

APRIL

6 Registration Opens for Summer and Fall
6, 13 AuD Grand Rounds
8-11 Council on Academic Programs in CSD Meeting (Denver)
13 SAA All Student Meeting (2010, 11 AM)
13 NSSLHA All Student Meeting (2010, Noon)
22 American Academy of Audiology (San Antonio)
24 CSD Faculty Meeting (2009, 2PM)
29 Classes & Clinic End
30 Study Day
30 AuD Third Year Tribute (1610)

MAY

1-7 Exams (Plan to stay through the 7th)
8 Graduation Reception
9 Commencement
10 Alternate Commencement Date
11 AuD Benchmark Exams
12 Spring Grades Due
13-15 AuD Written Comp Exams
25 Memorial Day Observed
26 SLP Benchmark Exams
26-27 SLP MA Comp Exams
28-29 Summer Orientation, 1:30 pm (**Required for All Clinical Students**)

SUMMER SEMESTER 2026

JUNE

1 First Day of Summer Classes
Studebaker Lecture ()
5 SLP Comp Revisions/SLP Benchmark Retakes
15-16 SLP Comp Rewrites
19 Juneteenth (University holiday)
29-30 AuD Comp Rewrites

JULY

4 Summer Break

AUGUST

Studebaker Lecture ()
CSD clinic ends
CSD classes end
CSD final exams

Personnel

Audiology Faculty	
Casandra Banks Clinical Assistant Professor AuD (2009) CCC-A University of Kansas	Jordan Alyse Coffelt Director of Clinical Education Clinical Assistant Professor AuD (2016) CCC-A University of Memphis
Matthew Hollis Clinical Assistant Professor AuD (2008) CCC-A University of Memphis	Raghav Jha Assistant Professor PhD (2023) CCC-A James Madison University
Jani Johnson Associate Professor PhD (2011) CCC-A University of Memphis	Kelsey Mankel Assistant Professor PhD (2021) University of Memphis
Thierry Morlet Associate Professor PhD (1997) Lyon I University	Hannah Beth Scott Clinical Assistant Professor Practice Manager AuD (2018) CCC-A University of Memphis
Jennifer P. Taylor Associate Dean of Academic Programs Clinical Professor AuD (2003) CCC-A University of Florida	Sarah Warren Assistant Professor PhD (2017) CCC-A University of Arkansas – Little Rock

Speech-Language Pathology Faculty	
Tawni Ballinger, CCC-SLP Part-Time Clinical Instructor/Aphasia Programs	Eugene Buder Associate Professor PhD (1991) University of Wisconsin – Madison
Adele Dunkin Clinical Assistant Professor, Co-Director of Clinical Education, SLP MCD (2013) CCC-SLP Arkansas State University	Naomi Eichorn Associate Professor PhD (2014) CCC-SLP City University of New York
Vicki Haddix Clinical Associate Professor MS (2003) CCC-SLP Emerson College	Casey Hansen, CCC-SLP Part-Time Clinical Instructor/H.S. Screenings
Cille Heehs, CCC-SLP Part-Time Clinical Instructor/H.S. Screenings	Morgan Jameson Assistant Professor PhD (2024) CCC-SLP The Ohio State University
Linda Jarmulowicz Dean, Professor PhD (2000) CCC-SLP City University of New York	Ashland Johnson Visiting Clinical Assistant Professor MS (2019) CCC-SLP Jackson State University
Julie Marshall Clinical Associate Professor MA (1986) CCC-SLP West Chester University	Demi McDowell, CCC-SLP Part-Time Clinical Instructor
Katherine Mendez Co-Director Clinical Education, SLP Clinical Assistant Professor MA (2013) CCC-SLP University of Memphis	JoClaire Merrill Clinical Associate Professor MA (1999) CCC-SLP University of Memphis
Miriam van Mersbergen Associate Professor PhD (2005) CCC-SLP University of Minnesota, Twin Cities	Amy Nabors, CCC-SLP Part-Time Clinical Instructor/Voice Program
D. Kimbrough Oller Professor, Plough Chair of Excellence PhD (1971) University of Texas-Austin	Kelli Owens, CCC-SLP Part-Time Clinical Instructor/Aphasia Programs
Caroline Royal-Evans, CCC-SLP Part-Time Clinical Instructor Aphasia Programs	Justine Springs, CCC-SLP Part-Time Clinical Instructor

Darlene Winters, CCC-SLP Part-Time Clinical Instructor/Language Learning Lab	

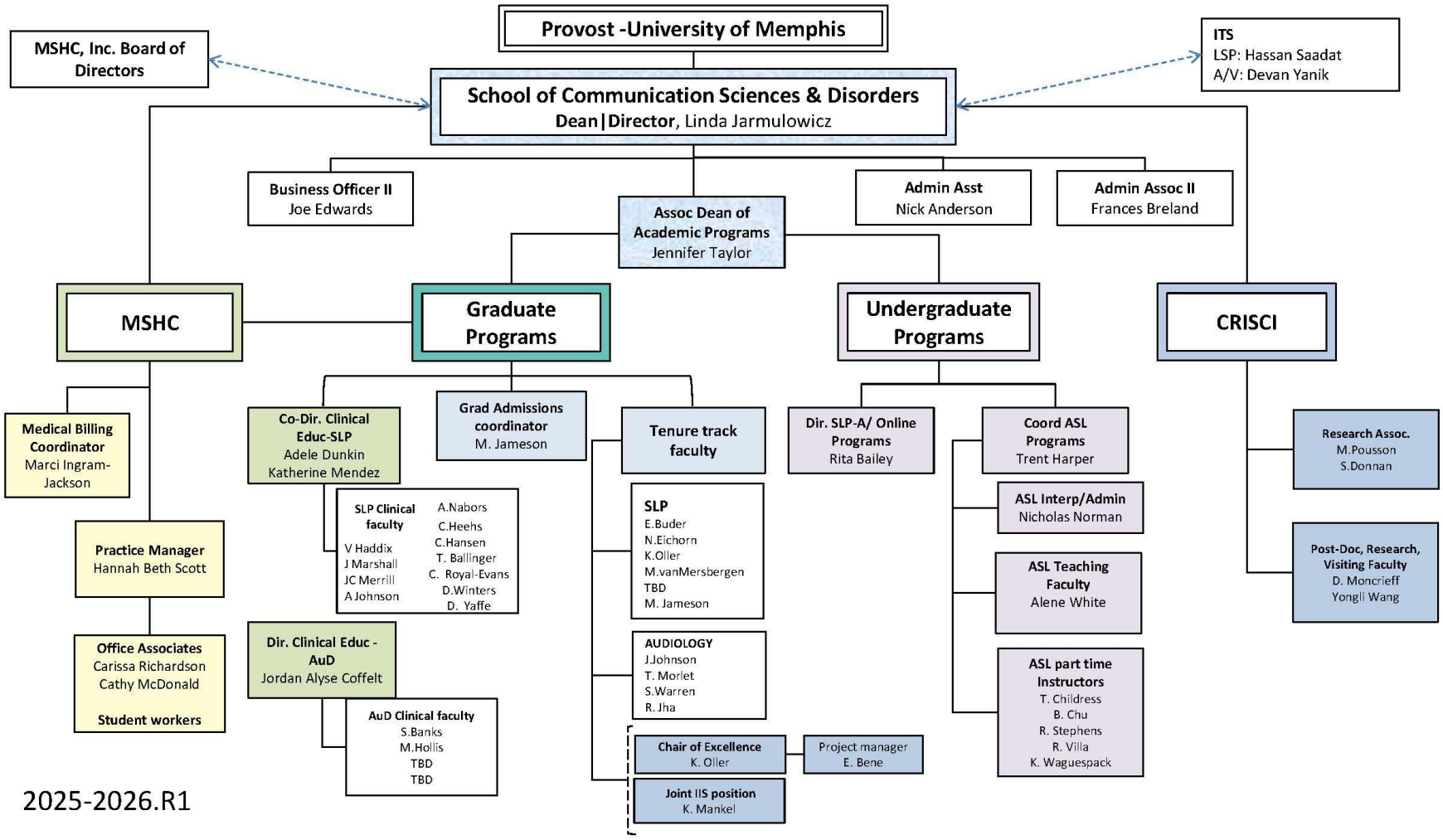
ASL Program Faculty	
Trent Harper Program Coordinator Asst Professor of Teaching MA (2022) Gallaudet University	Alene White Assistant Professor of Teaching MEd (2009) University of Oklahoma

Emeritus Faculty	
Herbert Gould Professor Emeritus PhD (1975) CCC-A University of Illinois	Joel Kahane Professor Emeritus PhD (1975) CCC-SLP University of Pittsburgh
Lisa Lucks Mendel Professor Emeritus PhD (1988) CCC-A University of California, Santa Barbara	Maurice Mendel Professor Emeritus Ph.D. (1970) CCC-A University of Wisconsin
David J Wark Professor Emeritus PhD (1971) CCC-A Indiana University	Marilyn Wark Clinical Professor Emeritus MA (1979) CCC-SLP San Diego State University

Support Personnel	
Nicholas Anderson Administrative Assistant	Frances Breland, MA Administrative Associate II
Joseph Edwards, MA Business Officer II	Marci Ingram-Jackson Medical Billing Coordinator
Cathy McDonald Office Associate	Nicholas Norman, MS ASL Interpreter/Administrative Assistant
Carissa Richardson Office Associate	Hassan Saadat Local Support Provider II
Devan Yanik A/V Multimedia Specialist	

Research Personnel	
Edina Bene, PhD Project Coordinator II	Sidney Donnan Allen, MA Research Associate
Deborah Moncrieff Research Associate Professor PhD (1999) CCC-A University of Texas	

CSD Organization Chart



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Section I - School Policies

Mission Statements

Vision and Mission of the University of Memphis
The University of Memphis will produce well-rounded, successful graduates and cutting-edge research for the enrichment of our ever-changing society.

We will become a nationally recognized public research university.

Mission of the School of Communication Sciences & Disorders
The School of Communication Sciences and Disorders promotes effective communication and function of related systems for all individuals through excellence in education, research and practice.

Vision of the School of Communication Sciences & Disorders
To be a beacon to lifelong learners, an anchor in the community, and a vanguard of scientific and clinical innovation in communication sciences and disorders.

Non-Discrimination Statement
The University of Memphis does not discriminate against students, employees or applicants for admissions on the basis of race, color, religion, creed, national origin, sex, sexual orientation, gender identity/expression, disability, age, status as a protected veteran, genetic information, or any other legally protected class with respect to all employment, programs and activities sponsored by the University of Memphis. The following position has been designated to handle inquiries regarding non-discrimination policies: Director for Institutional Equity, oie@memphis.edu, 156 Administration Bldg., 901.678.2713. The University of Memphis is an Equal Opportunity/Affirmative Action University. It is committed to the education of a non-racially identifiable student body.

CSD Graduate Academic Policies and Procedures

I. Academic Policies and Procedures

Every graduate student is expected to be thoroughly familiar with the requirements of the Graduate School, the University of Memphis, as described in the most recent Graduate Catalog. The requirements of the School of Communication Sciences and Disorders parallel, but may exceed, those of the Graduate School.

a. Course Loads

1. Full-time students are limited to 15 academic hours each semester by University policy. Those who register for 9 or more hours may be considered as full-time students. Students in late-stage dissertation may enroll in as little as 1 hour and be considered full time. Taking fewer than 5 credits hours may affect financial aid, and students may be subject to FICA taxes.

b. Attendance

1. The instructor sets the specific attendance requirements per course. Regular attendance is assumed and expected.
2. If an individual faculty member cannot be present at a scheduled class period due to travel or attendance at professional meetings, he/she shall arrange make-up classes or activities commensurate with the length of his/her absence.
3. Clinic Attendance: Attendance is mandatory for all scheduled diagnostic and therapy sessions. If the student is ill, he/she should notify the clinical faculty member in charge. A student may request to miss clinic in certain cases.
4. Approval is required by the clinical faculty member and/or clinic director. The student may be required to find a replacement clinician.
5. Please refer to appropriate policies regarding clinical experiences (Clinical Practicum in Audiology E-A-102, Clinical Practicum in Speech-Language Pathology E-SLP-102, Student Responsibilities in Diagnostics and Therapy C-207).

c. Review of Research Projects

As indicated by federal guidelines and University policy, all research involving human subjects must have prior approval by the Institutional Review Board (IRB). This approval is necessary for all research including theses, funded grants, and training grants. The appropriate application form, including permission forms, must be completed for each project and filed with the IRB.

d. Incomplete Grades (I)

The grade of incomplete (I) indicates that the student has not completed the course requirements for some reason. The student must complete the requirements of the course within 90 days from the end of the semester in which it was received. Otherwise, the (I) will change to an (F).

e. In Progress Grades (IP)

1. Independent Projects and Readings
    i. An (IP) grade can be assigned to extend the time permitted for the completion of research or course requirements. A student awarded

an (IP) grade must re-enroll the following semester in the course for the same number of hours in order to receive the appropriate grade.

ii. Students must enroll in the required number of credits of such courses and receive a letter grade in the final semester of enrollment in that course. Once an IP is cleared with a subsequent registration receiving a grade, all registered credits (including previous IPs) are recognized on transcripts and count towards fulfillment of program requirements.

f. Thesis and Dissertation
Students must continuously re-enroll in thesis or dissertation courses, but the hours may vary. Students should be assigned an IP grade for all semesters of thesis or dissertation credit until the final semester which is assigned "S" or "U."

g. Probation and Dismissal

1. Basis for Probation
    i. A graduate student whose cumulative grade point average drops below 3.00 will be placed on academic probation. A second consecutive semester on probation generally results in suspension or dismissal.
    ii. Continuation in the program beyond two consecutive semesters on probation is unlikely and can only occur under special circumstances. Continuation must be recommended by the School of CSD and the Dean of Graduate School.
2. Basis for Dismissal
    i. A student may be dismissed from the graduate programs in the School for any of the following reasons:
        i. Failure to meet and maintain the minimum academic grade point requirements, namely GPA of 3.0 and no more than 2 grades of 2.0 or less during the student's program.
        ii. Failure to achieve competencies as specified in CSD Clinical Education Policies Clinical- Academic Support Plan Policy 503.
        iii. Failure to pass the qualifying or benchmark exam.
        iv. Second failure of the comprehensive examination associated with the degree being sought.
        v. Failure to maintain appropriate standards of academic integrity or CSD Policies.
        vi. Failure to follow the ASHA and AAA Codes of Ethics.
        vii. Failure to follow HIPAA guidelines.
        viii. If a student is not making satisfactory progress toward degree completion (e.g., negative annual reviews, continued CLASPs, etc.), the student will be dismissed from the degree program.
    ii. Termination/Dismissal Procedures
        i. Graduate students may be terminated (i.e., dismissed from the program) for not meeting any of the retention requirements listed in F

ii. Graduate School procedures should be followed for notifying students of termination:
    1. The student's Advisor consults the Program Committee Chair (AUD, SLP, PhD).
    2. The Program Committee Chair brings the concern to the Program Committee.
    3. The Program Committee reviews the recommendation. If approved, the Advisor and/or Program Committee Chair submit the termination form for review to the Associate Dean for Graduate Studies for the School. The Associate Dean will consult all relevant parties.
    4. The Advisor and the Associate Dean for Graduate Studies inform the student of the intended recommendation to terminate.
    5. If approved, the Associate Dean for Graduate Studies signs and submits termination form to the Graduate School. If not approved, the Associate Dean of Graduate Studies writes a formal letter to all parties involved indicating the reasons for reinstatement.

iii. The Dean of the School/College reviews and renders the recommended request for termination. If the request is approved, the Dean of the School/College sends a letter of termination to the student and copies all parties.

3. Appeal Procedures
    i. Grade Appeals
        i. If a student believes the assignment of a course grade was based on prejudice, discrimination, arbitrary or capricious action, or some other reason not related to academic performance, the Grade Appeals procedures outlined in the Graduate Catalog should be followed. There are four steps that are time limited.
    ii. Retention Appeals
        i. A student may appeal termination in the program by following the Retention Appeals process outlined in the Graduate Catalog under Graduate School's Retention Appeal Process. There are four steps that are time limited. Due to the structure of the School of Communication Sciences and Disorders, there is no Step 2 as mentioned in the Graduate School guidelines.
        ii. The following review procedures of student concerns should be followed. The review procedures will be initiated only at the specific request of the graduate student who is facing disciplinary action, dismissal, or termination of the academic and/or clinical program, and who alleges that

unfairness, bias, lack of clarity of policies or procedural irregularities were involved in the decision. The procedures to be followed are:

i. Within 30 class days after notification of termination or disciplinary action, the student must discuss his/her concern(s) with the Associate Dean of Graduate Studies to resolve such concerns informally prior to formal initiation of the review process.
ii. If the student's concern(s) cannot be resolved through the discussion referred to in above, a written request for a formal review, initiated by the student, should include a detailed outline of his/her concern(s) and the basis for its submission to the Dean.
iii. Within 15 days of receiving the written complaint, the Dean will appoint a committee composed of 3 members of the Graduate Faculty in the School of Communication Sciences and Disorders who are not directly involved in the concern, and no more than 2 graduate students (at the Dean's discretion), and shall designate a chair of the committee. The chair shall convene the committee as soon as possible. Normally, it is expected that the committee will complete the review process within 2 weeks of its formal initiation.
iv. The Review Committee shall obtain all information or consultation it deems necessary to complete the review. The student shall have the opportunity to discuss his/her concerns directly with the committee and provide them with any additional supporting material relevant to the review. The "burden of proof" for establishing unfairness, bias, procedural irregularities, etc., shall be with the student requesting the review.
v. The Review Committee, by a majority vote, shall reach a decision and inform the student, the faculty member(s) involved, the student's advisor, and the Dean of the decision in writing.
vi. Two decisions are possible:
    1. If the existence of alleged unfairness, bias, etc., has been established, the committee shall recommend procedures for remedying the situation to the Dean. Action on such recommendations is the responsibility of the Dean. The decision of the Dean concerning procedures for remedying the situation are

final, subject only to possible appeal to the Dean of the Graduate School.

2. If the existence of alleged unfairness, bias, etc., has not been established, the original decision shall stand.
3. The student then has the option to continue with the Graduate School's appeal process beginning with Step 3.
4. Graduate School Retention Appeal Form

University of Memphis Regulations for Graduate Programs

I. Specific University of Memphis regulations pertaining to all graduate programs may be found in the Graduate Bulletin. Please note the links that provide specific guidance to:
   a. Academic Regulations
   b. Appeals Procedures
   c. Degree Programs
   d. Courses
   e. Students with Disabilities: Reporting a disability is at the discretion of the student. It is important to understand that accommodations cannot be made retroactively, so please consult your instructor and the University of Memphis Disability Resources for Students office if you have questions.
   f. The University of Memphis Code of Student Rights and Responsibilities
   g. Academic Misconduct as defined by the University of Memphis

Student Complaint and Grievance Policy and Procedure

Statement of Commitment

The faculty and staff of the School of CSD understand that things do not always go well or work the way they should; nonetheless, all members of the School seek to improve where they can. The School is committed to fostering a safe, respectful, inclusive, and supportive academic environment for all students, faculty, and staff.

Students are encouraged to:

- seek advice and resources when they are experiencing difficulties or have concerns
- express complaints when they believe a policy has been violated, they have been treated unfairly, or their academic experience has been adversely affected
- file a grievance through appropriate channels if they feel they are experiencing treatment or a situation that is a violation of their rights
- be familiar with procedures and support offices at the UofM

The places to start when seeking help:

- Facilities: Administrative Associate
- Academic concerns: Advisor, Instructor, Associate Dean
- Clinical training concerns: Directors of Clinical Education (DCE)
- Programmatic issues: Chairs of Program Committees, DCEs, Assoc Dean
- Interpersonal concerns: Advisor, DCEs, Associate Dean
- Appeals or mediation: DCEs, Associate Dean
- Appeals or personnel issues: Dean
- Accreditation: Council on Academic Accreditation (CAA)

Faculty and staff responsibilities:

- required to report issues of harassment or discrimination and to support students with grievances
- be responsive to student concerns as advisors and instructors
- work to resolve issues productively and fairly, and refer to others as needed
- will not retaliate against any student for filing a complaint or grievance

Concerns and complaints may be reported here and through QR codes throughout the building. Grievances should be reported to the appropriate person or office immediately. The Dean shall maintain a record of the student complaints, grievances, resolutions, and appeals for a period of eight years.

What is the difference between a concern, a complaint, and a grievance?

Although in some situations these words might be synonymous, for our purposes, we make the following distinctions:

1. **concern**: an issue that can be remediated through provision of resources or that can be addressed by referral to others. These may be reported verbally, by email, or anonymously submitted.
    a. examples:
        - personal: food insecurity, financial aid, mental health, lack of clarity on expectations, discontent
        - surroundings: leaky ceiling, need a new filter in the water dispenser, parking lot lights, security desk staff, general observations
        - other: wellness check (on someone else), distressed student

    b. who should I take my concern to?
        - Advisor, instructor, faculty member, or Directors of Clinical Education
        - Administrative Associate (any building issues)
        - Associate Dean
        - Campus has a way to report if there are specific (nonemergency) concerns about a student: UofM Report a Concern

    c. Possible outcomes will be determined by the nature of the concern
        - campus notified (physical plant, IT, police) and/or service requested
        - information provided (e.g., campus resources)
        - school-wide announcements
        - internal investigation
        - refer to program committee for resolution or action
        - wellness check

2. **complaint**: an issue related to policy violations, conflict, or unfair treatment. Some issues may be shared verbally or in written form, anonymously or openly. CAA complaints must be in writing.
    a. examples
        - Violations: noncompliance with the policies and procedures in the CSD Graduate Programs Handbook, noncompliance with University policies, student or faculty code of conduct, nepotism
        - Council on Academic Accreditation (CAA): ASHA/professional noncompliance (must be in written form)
        - Academics: integrity, academic misconduct, access/accommodations, conflict of interest
        - Grade appeal

    b. Who should I take my complaint to?

- Depending on the policy or type of conflict: advisor, faculty member/instructor, Directors of Clinical Education, Associate Dean, Dean of CSD
- CAA issues should follow their procedure
- Student Accountability Office
- Graduate School

c. Possible outcomes will be determined by the nature of the concern
- Conflict may be addressed directly with the person/people involved
- Issue referred to the respective Program Committee or Campus Office for resolution
- Investigation and report; sanctions as necessary

Note: Personal responses cannot be provided for anonymous complaints
Faculty Code of Conduct
Student Code of Rights and Responsibilities
Grade Appeal

3. **grievance**: an issue that requires a formal response because the rights of an individual have been violated.

a. Examples
- Discrimination
- Harassment
- Retaliation
- Injury/violence/sexual misconduct
- Breach of privacy: FERPA or HIPAA
- Witness to or victim of a crime
- Program dismissal appeal

b. Who should I take my grievance to?
- Directors of Clinical Education, advisor, Associate Dean, CSD Dean
- UofM Report a Concern website
- Office of Institutional Equity
- Student Accountability Office
- Campus Police (must report crime/theft)
  - Emergency: 901.678.4357
  - Non-emergency: 901.678.3848
- Registrar (FERPA)
- Privacy Officer (HIPAA) – Dr. Hannah Beth Scott
- Graduate School

c. Outcomes
- Determined by the office, department, or person the issue is reported to
- Investigation
- Written report

CSD-MSHC Suggestion Form

Clinical Program Accreditation

I. The School of Communication Sciences and Disorders' clinical programs in audiology and speech-language pathology are accredited by the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association. Clinical students are encouraged to understand the accreditation process.
   a. Questions or concerns regarding the CAA standards can be directed to the academic advisor, the Directors of Clinical Education, the Associate Dean of Graduate Studies, or the Dean.
   b. Further information can be found at: https://caa.asha.org/siteassets/files/accreditation-handbook.pdf
   c. Procedures for complaints against the education program or the Council on Academic Accreditation are located at: https://caa.asha.org/programs/complaints/

Financial Assistance

I. Graduate assistantships are typically managed through the office of the Associate Dean. Students on academic probation are not eligible for graduate assistantships.

II. School Assistantship
   a. For students in the professional programs (MA and AuD), graduate assistantships (GAs) can include partial tuition remission, a monthly stipend, or both, and some assistantships provide additional funding to compensate for out-of-state tuition differentials.
   b. For PhD students, typically the GA will cover most of the tuition and a monthly stipend. Students on assistantships work a specified number of hours for the School and are eligible for work study funds if they qualify for them.
      i. Funding for PhD Students
         1. PhDs students in good standing are eligible for Graduate Assistantships (GAs) through the School.
         2. GA positions are awarded on the basis of merit.
         3. Entering PhD students are automatically considered for funding.
         4. The School aims to fully fund PhD students (tuition+ stipend) for at least 3 years, contingent upon annual review and timely progress.
         5. GAs require 20 hours of research activity per week.
         6. GAs who work at least 10 hours per week are classified as in-state students.
         7. GAs are expected to carry a 9-hr load every fall and spring semester (or 3 hours when enrolled only in thesis or dissertation hours).
         8. GAs are typically funded via School funds and external grants of individual faculty. Some university-wide fellowships are also available through a competitive application process (e.g., Van Vleet Fellowship).

III. Various sources for GA funding
   a. School: A limited number of graduate assistantships are available to students based on academic credentials and faculty recommendations. All students are automatically considered for this funding; there is no need to apply for it separately.
   b. Grants: Some graduate assistantships are funded through research grants that offer funding opportunities and the chance to work in a research laboratory.

IV. Scholarships and Awards
   a. There are a variety of scholarships and awards available through the School and the University. For more information, please visit our Financial Resources page and the University's Scholarships page.

Student Organizations

I. National Student Speech-Language-Hearing Association (NSSLHA)
   a. National membership provides benefits that help students stay current on advancements in the field, enhance their academic knowledge, find internships and employment, network with other students with similar interests, and save money on products and services.
   b. Two consecutive years of NSSLHA membership will reduce the initial certification costs when joining ASHA. All students are encouraged to join the National NSSLHA organization http://www.nsslha.org/join/.
   c. University of Memphis NSSLHA Chapter
      i. All students who are enrolled in the School are members of the local NSSLHA chapter. The U of M chapter is an extremely busy and well-respected chapter nationally. The Chapter received special recognition from the Tennessee Association of Audiologists and Speech-Language Pathologists in 1991, a Certificate of Appreciation and Recognition in 1995 from the American Speech- Language-Hearing Association, and NSSLHA Gold Chapter Honors in 1998, 2015, 2021 and 2023 from the National Student Speech- Language-Hearing Association. This chapter sponsors many worthwhile projects:
      ii. The Annual Mid-South Conference on Communicative Disorders
         1. The highlight of each year's activities is the Annual Mid-South Conference on Communicative Disorders, held in the spring. The two-day conference is designed to provide audiologists and speech language pathologists with information regarding current research and new concepts and techniques that can be applied to their clinical practice. Organized in 1970, the Mid-South Conference features a variety of nationally recognized guest speakers in the field of communication disorders who offer workshops and short courses. It draws over 300 audiologists, speech language pathologists, educators, and professionals from allied fields from the U.S. and Canada. The conference is the major activity organized and conducted by the graduate students at the University of Memphis chapter of NSSLHA.
      iii. Other NSSLHA Activities
         1. In addition to the Conference, NSSLHA assists students with professional development opportunities, travel expenses to professional conventions and conferences, when available.
         2. Other activities include short workshops of special interest, guest speakers from the community to speak at NSSLHA

meetings and walk/run teams to benefit various non-profit organizations in the Midsouth.

3. Each year the proceeds from the Silent Auction at the Mid - South Conference are donated to a charity of choice which has included the Client Assistance Program (CAP) at MSHC, Hope House of Memphis, Operation Smile, and the Stuttering Foundation.

II. Student Academy of Audiology (SAA)
    a. The Student Academy of Audiology (SAA) is the national student division of the American Academy of Audiology (AAA) that serves as a collective voice for students and advances the rights, interests, and welfare of students pursuing careers in audiology.
    b. The SAA introduces students to lifelong involvement in activities that promote and advance the profession of audiology and that provide services, information, education, representation and advocacy for the profession and for consumers of audiology services. The national SAA has over 1,500 members, consisting of students enrolled in AuD, PhD, or other accredited audiology doctoral programs for a first professional degree in audiology.
    c. University of Memphis Student Academy of Audiology (SAA) Chapter
        i. All Doctor of Audiology (AuD) students who are enrolled in the School and who have paid local and national SAA dues are members of the local SAA chapter.
        ii. National membership provides benefits that help students stay current on advancements in the field, enhance their academic knowledge, find internships and employment, network with other students with similar interests, and save money on products and services.
        iii. The U of M chapter was established in 2012 and hopes to provide current and future audiology students with opportunities for advanced learning and professional development in the field of audiology using journal club, community outreach projects, and collaboration with the U of M NSSLHA chapter.

III. Tennessee Association of Audiologists and Speech-Language Pathologists (TAASLP)
    a. Students are encouraged to become (student) members of TAASLP.
    b. This organization meets once each year for a two-day meeting which features outstanding speakers.
    c. Additional information about this organization may be obtained from the TAASLP website.

IV. National Black Association for Speech-Language and Hearing (NBASLH)
    a. The National Black Association for Speech-Language and Hearing is the premier professional and scientific association addressing the

communication interests and concerns of Black communication science and disorders professionals, students and consumers. The association is the model for other organizations addressing the concerns of diverse populations.

b. Memphis NBASLH Area Affiliate Chapter
    i. The Memphis Area Affiliate of the National Black Association for Speech-Language and Hearing was founded in 2021 by a group of CSD students, faculty, and alumni of the University of Memphis as well as CSD professionals in the Memphis area.
    ii. All students who support the goals of NBASLH and the Memphis Affiliate Chapter may become members.
    iii. Members of the Memphis Area Chapter are involved in interdisciplinary education efforts, philanthropy and building community partnerships toward achieving the goals of the NBASLH organization.

V. CSD Students to Raise Inclusivity, Diversity, and Equity (STRIDE)
    a. CSD STRIDE is to be a welcoming and inclusive group, providing support to all members of the Memphis CSD community with a focus on celebrating differences, expressing oneself with creativity, and inclusion of all persons regardless of race, creed, or culture.
    b. CSD STRIDE was founded in 2022 by a group of CSD students. This student group provides peer-level support to all students.
    c. Members of this student group are involved in various activities including hosting a presentation on Spanish English Bilingualism in honor of Hispanic Heritage month.

Appendix 1.1

Who to Contact and FAQ's

GENERAL UofM—REGISTRATION, FINANCIAL ISSUES, DRS

Issue/Problem	Person I need to Contact	Email/Website
I need a course added to the schedule (PhD students)	Your advisor/Dr. Taylor/Frances	fwright2@memphis.edu Jptaylr2@memphis.edu Advisor email
I'm not able to register	Frances Breland/ Dr. Taylor	fwright2@memphis.edu Jptaylr2@memphis.edu
How do I access Canvas?	MyMemphis Portal	https://sso.memphis.edu/idp/profile/SAML2/Redirect/SSO?execution=e1s1
I need a copy of my official transcript	Registrar	https://www.memphis.edu/registrar/students/records/transcript-official.php
I need a copy of a transcript I submitted to the University as part of my admissions materials	Frances Breland	fwright2@memphis.edu
My paycheck did not come/financial aid is not showing up in my account	Joe Edwards	jmedward@memphis.edu
I need to pay my tuition	USBS/ TigerXpress	Electronic payments can be made through **TigerXpress**; cash and check payments can be made in the USBS Office, 115 Wilder Tower
I need to know how to defer my loans	Financial Aid Office	financialaid@memphis.edu
I need a new ID badge	Campus Card Office	https://www.memphis.edu/campuscard/
I need a therapist on campus or to complete an assessment for ADHD or another learning disorder	Student Counseling Center	https://www.memphis.edu/counseling/counseling/index.php

Issue/Problem	Person I need to Contact	Email/Website
I need accommodations for my courses and/or clinic	DRS	https://www.memphis.edu/drs/disabilitysvcs/getstarted.php
Where do I find information on UofM semester dates & deadlines?	Registrar's Academic Calendar CSD_Info Calendar SCSD Graduate Handbook	https://www.memphis.edu/registrar/calendars/
I need a map of main campus		https://umwa.memphis.edu/campusmap/index.php
I'm having trouble setting up my Duo Account		https://www.memphis.edu/its/security/duo.php
I need to get a parking permit or pay a citation		see TigerPark on my.memphis.edu or https://www.memphis.edu/parking/
Security issues	Police Services	901.678.4357 (emergency) 901.678.3848 (non-emergency)_

SCHOOL CONCERNS – CSD AND CLINIC

Issue/Problem	Person I need to Contact	Email/Website
Advising for classes	Your faculty advisor	
I need to know which textbooks I'm supposed to have for my courses	UofM bookstore	https://memphis.bncollege.com/
I'm having trouble with my computer and/or cannot access something I need on the J drive	Hassan Saadat	saadat@memphis.edu
I need to see a document in my student file	CSD Student Files Team or your advisor	Team-CSD Student Files | General | Microsoft Teams

I need to talk about my off-site clinic placement	Your clinic director; Katherine Mendez (SLP) or Jordan Alyse Coffelt (AuD)	krgraham@memphis.edu jsmith64@memphis.edu
I need to talk about my on-site clinic placement	Your clinic director; Adele Dunkin(SLP) or Jordan Alyse Coffelt (AuD)	adunkin@memphis.edu jsmith64@memphis.edu
I need to get an immunization	Student Health Services	https://www.memphis.edu/health/
Where do I turn in documentation about my clinic requirements?	Typhon (3rd and 4th years) Exxat (1st and 2nd years)	https://www.typhongroup.net/ahst/data/login.asp Account Number: AuD – 9060 SLP – 9061 https://steps.exxat.com/account/login
I have questions about HIPAA or need to report a HIPAA violation	HIPAA manual Dr. Hannah Beth Scott	Hbcnwill@memphis.edu
My advisor is paying for me go to a conference. Who do I talk to about purchases?	Joe Edwards	jmedward@memphis.edu
Where do I get supplies for my GA assignment tasks?	Dean's Suite Supply Closet for faculty Supply closets in Business Office Mailroom for clinic assignments	
I need to reserve a room to study	Frances Breland	Fwright2@memphis.edu
My ID badge is not opening doors in the building	Frances Breland	Fwright2@memphis.edu
I need to get a permit for a class outside of CSD		Email the professor of the course to get permission, then send your UID and the course CRN to the department administrative assistant/associate to grant permit (PUBH: ssharpe@memphis.edu; PSYC: cywshngt@memphis.edu).

OTHER CONCERNS

Issue/Problem	Person I need to Contact	Email/Website
Food insecurity	Tiger Pantry Mid-South Food Bank	University Center 359 CSD also has a monthly pop-up Tiger Pantry; email Dr. Van Mersbergen or see the CSD_Info calendar for dates 239 S. Dudley, Memphis, TN 38104 901.527.0841
Finances/financial aid	Financial Aid Office	University Financial Aid One Stop Shop Wilder Tower 103; 901.678.4825
Legal support	Memphis Area Legal Services (for lower- income clients)	901.523.8822
Family violence	Family Safety Center The Exchange Club Family Center UofM Crisis Resources	901.222.4400 901.276.2200 https://www.Memphis.edu/studentlife/crisis/index.php

Appendix 1.2 - Policy Crosswalk from Previous Handbook to Current Handbook

Name	Original Section	Original Policy #	**Current Section**	Current Policy/Item #
Part One				
Handbook Intro	One		One	1.1
Calendar	One		One	1.2
Personnel	One		One	1.3
Org Chart	Three	Appendix III-A	One	1.4
Mission Statement	One			1.5
M.A. Program	One	I	Three	3.1
Au.D. Program	One	II	Two	2.1
PhD Program	One	III	Four	4.1
Gen. Acad. Policies & Procedures	One	IV	One	1.6
UofM Regulations for Grad Programs	One	V	One	1.7
Student Complaint Procedure	One	Part of IV	One	1.8
Council on Acad. Accreditation	One	VI	One	1.9
Financial Assistance	One	VII	One	1.10
Student Orgs	One	VIII	One	1.11
Who to Contact and FAQ's			One	Appendix 1.1
Clinical Practicum in AuD	One	E-A-102	Two	AuD 201
Audiology Clinical Practicum Requirements	One	E-A-103	Two	AuD 202
Clinical Practicum in SLP	One	E-SLP-102	Three	SLP 301
Clinical Practicum Requirements in SLP	One	E-SLP-103	Three	SLP 302
Reporting Clinic Clock Hours	One	E-109	Five	501
Student Eval of Clinical Educators	One	E-111	Five	507
Doc. Of Academic and Clinical Competencies for ASHA Cert.	One	E-116	Five	502

CSD Clinical Competency Rating Scale and Experience Band	One	Part of SLP and AuD 102	Five	Appendix 5.1
Clinical Academic Support Plan (ClASP)	One	E-117	Five	503
ClASP Document	One	E-117	Five	Appendix 5.2
Imm., Cert. and Screenings required of students prior to external placements	One	E-118	Five	509
Commitment to Non-Discrimination and Diversity	One	E-119	Five	504
Core Functions	One	E-120	Five	505
Acad. Require for MA Program and Course Schedule	One	Appendix I-A	Three	Appendix 3.1
Typical Course Sequence	One	Part of Appendix I-A	Three	Appendix 3.2
Evaluation of Clinical Educator Competence	One	Appendix I-B	Five	Appendix 5.3
Clinical Competencies for SLP Students to be CF Ready	One	Appendix I-C	Three	Appendix 3.3
Clinical Competencies for AuD Students	One	Appendix I-D	Two	Appendix 2.1
Clinical Practicum Sites	One	Appendix I-E	Five	Appendix 5.4
Eval of SLP Students – External Sites	One	Appendix I-F	Three	Appendix 3.4
Knowledge and Skills for SLP	One	Appendix I-G	Three	Appendix 3.5
Knowledge and Skills SLP Listed by Course	One	Appendix I-H	Three	Appendix 3.6
Knowledge and Skills AuD	One	Appendix I-I	Two	Appendix 2.2

Procedures for Castle Branch Background Check	One	Appendix I-K	Five	Appendix 5.5
Goals and Expect. For Clinical Practicum for SLP	One	Appendix I-L	Three	Appendix 3.7
Experiential Learning Placements Student Affirmation	One	Appendix I-M	Five	Appendix 5.6
Part Two				
Criteria for Admission to Therapy Services at MSHC	Two	C-201	Six	601
Discharge and Follow-up from Therapy	Two	C-202	Six	603
Client Referrals from Outside Agencies	Two	C-203	Six	606
Client Referrals to Outside Agencies	Two	C-204	Six	607
Reporting of Clinical Information and Progress	Two	C-205	Six	604
The Maintenance of Clinical Records	Two	C-206	Six	605
Student Responsibilities in Diagnostics and Therapy	Two	C-207	Five	506
On-Call Clinic and Drop Off Procedure	Two	C-A-208	Seven	701
Checking in earmolds, hearing aid repairs, and new hearing aid orders	Two	C-A-209	Six	610
Dress Code and Conduct for Students and Faculty Involved in Clinic	Two	C-210	Five	510

Malpractice Insurance for Students and Faculty who provide Clinical Services	Two	C-211	Five	511
Criteria for Hearing Eval prior to SLP Eval	Two	C-212	Six	608
Limitations for Scheduling Clients for Diagnostic Services	Two	C-213	Six	612
Hearing aid(s) returns to the MSHC for Credit	Two	C-214	Six	611
Hearing aid dispensing procedure for MSHC Patients	Two	C-216	Six	609
Client Check in Procedures	Two	C-217	Seven	702
Client Check Out Procedures	Two	C-218	Seven	703
Client No Show Policy	Two	C-219	Seven	704
Straight to Therapy Admission Process	Two	C-220	Six	602
MSHC Services for Individuals Associated with SCSD and UofM	Two	C-221	Six	614
Clinic Top/T-shirt Design Guidelines	Two	Appendix II-B	Five	Appendix 5.7
Part Three				
Office and Research Lab Space Assignment	Three	Phys-301	Nine	901
Clinical Materials and Equipment Requests	Three	Phys-302	Nine	902
Building Use	Three	Phys- 303	Nine	903
Emergency Situations	Three	Phys-304	Eight	801
Parking Procedures	Three	Phys-305	Nine	904

Reporting an Injury	Three	Phys-306	Eight	802
Use of Copy Machines	Three	Phys-307	Nine	905
Infection Control for MSHC	Three	Phys-309	Eight	803
Ordering Keys	Three	Phys-311	Nine	906
Infection Control for Research Labs	Three	Phys-312	Eight	805
Required Imm., Cert., Train, and Background checks for all Employees, Students, and Volunteers Working in SCSD or MSHC	Three	Phys-313	Five	508
Camps Involving Minors on Campus	Three	Phys-314	Six	613
Suggested Email Guidelines	Three	Appendix III-B	Nine	Appendix 9.2
Infection Control for Videostroboscopy Equipment	Three	Appendix III-C	Eight	804

Section II - Audiology Program

AuD Program Policy Summaries

2.1 AUDIOLOGY PROGRAM ACADEMIC REQUIREMENTS

Each student enrolled in the Doctor of Audiology Program must meet a certain standard of Academic Requirements to ensure efficient completion of the program. Students must complete a minimum of 99 (102 with other background) credit hours and meet the academic and practicum requirements for a certification in audiology. Students complete specified examinations, a capstone project, and maintain a specific grade point average throughout their time in the program. Program requirements must be completed prior to the clinical externship year.

Audiology Policy 201: Audiology Clinical Practicum Overview
All AuD students must enroll in AUSP 8104 each semester of full-time study, with up to 24 credit hours counting toward the degree. A minimum grade of 2.0 is required to avoid review, and a "B" or higher is needed in the final two semesters before externship. The course includes weekly class time, supervised practicum, and responsibilities like equipment checks and at least one weekly patient appointment. Students begin with observation hours and progress through structured placements, both on- and off-site, to build clinical skills. Grades are based on clinical skills, professionalism, documentation, and participation, with evaluations throughout the semester and adjustments made based on experience level.

Audiology Program Policy 202: Clinical Practicum Requirements in Audiology
Audiology Program Policy 202 requires AuD students to complete at least 2,000 hours of supervised clinical practicum over the four-year program, meeting standards for CCC-A, ABAC, Tennessee licensure, and any additional school requirements. These hours include direct patient care, interprofessional practice, and related clinical tasks, with most accrued during the full-time fourth-year externship. Students must also complete observation hours at the University of Memphis, regardless of prior undergraduate experience, and are responsible for identifying any additional licensure requirements for other states.

Audiology Program Appendix 2.1: Audiology Clinical Competencies
Audiology Program Appendix n 2.1 outlines the comprehensive clinical competencies required for Doctor of Audiology students, categorized by key standards and clinical domains. It covers professionalism (e.g., attendance, communication, infection control), core clinical skills (e.g., case history, counseling, report writing), and specialized procedures across pediatric and adult populations, including hearing evaluations, hearing aid management, auditory processing, vestibular and electrophysiological testing, and implantable devices. Each skill is broken down into proper equipment setup, patient instruction, test performance, result interpretation, counseling, and documentation, ensuring students develop competence across the full scope of audiologic practice.

Audiology Program Appendix 2.2: Audiology Knowledge and Skills for ASHA as Listed by Course
Audiology Program Appendix 2.2 provides a detailed mapping of the knowledge and skills required for AuD students to meet ASHA certification standards, organized by course content. Key takeaways include foundational knowledge in auditory and vestibular anatomy, development, and disorders across the lifespan; principles of acoustics, psychoacoustics, and speech perception; and cultural, psychosocial, and ethical considerations in clinical practice. It also outlines core

competencies in prevention, assessment, intervention, advocacy, counseling, and interprofessional collaboration. This appendix emphasizes the integration of evidence-based practice, patient-centered care, and effective communication, preparing students for comprehensive and competent audiologic service delivery in diverse settings.

2.1 Doctor of Audiology Program in Audiology

I. Program Goals
   a. Demonstrate the breadth and depth of foundational communication science, including biological, etiological, theoretical, acoustic, physiological, cognitive and psychological bases of hearing and balance.
   b. Understand and demonstrate the theoretical motivation for and practical applications of clinical reasoning for the identification, assessment, and treatment of hearing and balance disorders.
   c. Apply research analysis into evidence-based clinical decision-making and application.
   d. Effectively communicate discipline-related knowledge in oral and written modalities with families, clients, and other professionals.
   e. Understand and accommodate differences through culturally responsive practices.
   f. Exhibit attributes and abilities characteristic of competent hearing healthcare professionals who provide the diagnostic, management, and treatment services associated with the practice of audiology including accountability, integrity, adaptability, leadership, and professionalism.

II. Assumed Background
   a. To be considered for admission, all applicants must have completed or be in the process of completing a baccalaureate degree from an accredited institution of higher learning. Previous academic preparation in audiology/speech-language pathology is not a requirement for admission.
   b. The AuD program assumes that students have basic coursework in the biological, physical, mathematical, and social/behavioral sciences, as shown below, by the time of graduation. In addition, students are required to have successfully completed at least a one-credit course in phonetic transcription and two courses in speech-language development/disorders to meet program graduate requirements. If this coursework was not completed at the undergraduate level prior to application, it is not required for admission and may be taken during the AuD program at the University of Memphis.
      i. Biological Science (3)
      ii. Mathematical Science: Statistics preferred (3)
      iii. Physical Sciences (3)
      iv. Behavioral Sciences (6)
      v. Phonetic Transcription (1)
      vi. Normal Speech-Language Development (3) Speech-Language Disorders (3)

vii. To be counted toward the requirement, a grade of C (2.0) or better in the basic science coursework is expected. A grade of B or better is required for Phonetic Transcription.

III. General Program Requirements
   a. Students must complete a minimum of 99 credit hours and meet the academic and practicum requirements for certification in audiology. As noted above, additional course work will be required for those students without preparation in audiology/speech-language pathology.
   b. A maximum of 24 credit hours in AUSP 8104 and a maximum of 6 credit hours in AUSP 8125 may be counted toward meeting the 99-credit hour graduation requirement.
   c. Students must have at least a 3.0 average in clinic (AUSP 8104) at the end of their third year of study. Furthermore, a letter grade of 3.0 or better is required in clinic (AUSP 8104) for the two semesters prior to the clinical externship.
   d. All students must complete a capstone project. Two project tracks are available (Capstone Research Program [CRP] or Clinical Capstone Program [CCP]). Students take a minimum of 4 credit hours in AUSP 8121 (CRP) or 1 credit hour of AUSP 8121 and an approved 3-hour graduate course on Research Design and Methodology or Epidemiology (CCP).
   e. All students must successfully complete a benchmark examination.
   f. All students must successfully complete a comprehensive examination containing both written and oral components.
   g. All program requirements (i.e., benchmark exam, capstone project, oral and written comprehensive exams) must be completed prior to the clinical externship year.

IV. Academic Advisor
   a. The academic advisor is responsible for developing, with the student, a plan of study for their graduate program. The advising checklist shows all coursework (both undergraduate and graduate) that will be used to ensure completion of all academic requirements for the (1) School and (2) for national certification in the student's area of concentration. Specific degree requirements may be found in the Graduate Catalog.
   b. Students meet with their advisor each semester to determine their course assignments for the next term in accordance with their academic plan. It is the ultimate responsibility of the student to ensure that all requirements are met.

V. AuD Program Specialization Tracks: Pediatrics or Adults
   a. Audiology students at the University of Memphis have the opportunity to choose a Pediatric or Adult Audiology Specialization Track as they progress through the AuD program.

b. Students who pursue a particular track of specialization can gain additional knowledge and experience specific to these populations. Students declare if they plan to pursue a specialization track by the end of the first year of study and should use the Audiology Specialization Track Advising Form to guide their course selections and clinical and research experiences.
c. Requirements: Students must meet 4 of the 5 requirements listed below:
    i. Two population-focused elective courses
    ii. At least one assigned clinical experience in the specialization area
    iii. At least two individual or collaborative assignments for any class aimed toward gaining expertise with the chosen population
    iv. An original research project relevant to the chosen population to be completed over four semesters
    v. Completion of a fourth-year externship at a site that provides at least 60% experiences with the chosen population)
    vi. Please note that this in-house designated specialization is not equivalent to a Clinical Specialty Certification awarded by a professional certifying body, nor is it required to practice in any area within the Audiology scope of practice.

VI. Specific AuD Program Requirements
a. The academic program requirements are listed in the on-line Graduate Catalog. Additional program requirements are listed below.
b. Capstone Project
    i. Each student enrolled in the AuD program will be required to complete a capstone project during the second and third year of study. The results of this project will be presented, by the student, in a scheduled colloquium before the faculty. There are two options for the Capstone: 1) the Capstone Research Program (CRP), and the Clinical Capstone Project (CCP). Students choosing the CRP enroll in 4 credits of AUSP 8121. Students choosing the CCP enroll in 1 credit of AUSP 8121 and take an approved 3-hour graduate course on Research Design and Methodology or Epidemiology (following review and approval by the faculty advisor).
    ii. Any project that uses human subjects in either a prospective or a retrospective manner will require approval from the University of Memphis Institutional Review Board for Human Subjects.
c. Clinical Practicum
    i. The University of Memphis provides a complete range of clinical experiences located in both onsite and offsite locations (Appendix 5.4). Some clinical traineeships require students to be present during portions of semester breaks. Students must have at least a 3.0 average in clinic (AUSP 8104) at the end of their third year of study.
    ii. Furthermore, a letter grade of 3.0 or better is required in clinic (AUSP 8104) for the two semesters prior to the clinical externship. Students

must complete a minimum of 24 hours of 8104. Clinical competences expected by graduation can be found in Appendix 2.1.

d. Benchmark Examination
    i. Purpose of the Examination
        1. The purpose of the benchmark examination is to provide a focal point for students to integrate the information they obtained in the first year of the program. It is designed as an oral examination to acquaint the student with this form of evaluation procedure which they will again experience in their third year of study during comprehensive examinations. Students are expected to know specifics regarding content in all areas studied and be able to relate the knowledge across courses taken during the first two semesters of the AuD program.
    ii. Administration of the Examination
        1. The examination committee will consist of no less than three quarters of all academic and clinical faculty. The examination will be given after the first two semesters of study. Each member of the committee will be allowed to ask questions or request clarification of an answer on any information the student should have obtained during their first two semesters of study.
    iii. Grading of the Examination
        1. To pass the benchmark examination, a simple majority of the attending Audiology faculty must concur that the student has demonstrated a knowledge base commensurate with the educational level at the time of the test. Determinations are made using a rubric. The student must demonstrate the ability to integrate the knowledge obtained in different classes to form a comprehensive response to academic and clinical questions. If the student does not obtain a passing vote, a remediation program will be provided for the student and a Clinic Academic Support Plan (ClASP) form will be completed for the student. The remediation program and successful completion of the examination must be completed prior to enrollment in the fifth semester. Failure of the student to pass the examination on the second attempt will be cause for dismissal from the program.
e. Comprehensive Examination
    i. Purpose of the Examination
        1. Adequate performance in academic coursework is a prerequisite for graduation; however, it is also essential that students demonstrate an ability to retain, integrate, and apply the knowledge gained throughout the program. The

comprehensive examination is an opportunity for faculty to evaluate students' abilities to integrate the academic and clinical information obtained during the program and to communicate their theoretical and applied knowledge at high levels of written and oral ability. To achieve these educational objectives, the exam is designed to assess complex understanding of skills and abilities beyond simple recollection and application of individual course content and includes both written and oral components.

ii. Administration of the Examination
    1. The AuD Comprehensive examination is composed of written and oral portions. The written comprehensive exam is taken at the end of the student's 5th semester. The oral exam is taken in the 8th semester. Both the written and oral examination must be successfully completed before entering the externship portion of the program. The written comprehensive examination is divided loosely into 3 general conceptual areas: (1) basic science (e.g., anatomy and physiology, psychoacoustics, and electrophysiology); (2) diagnostics (e.g., basic concepts of audiometry, diagnostic and medical audiology, vestibular and pediatric assessment), and (3) management (e.g., audiologic habilitation and rehabilitation, hearing aids and other devices). Students write for approximately 3 hours in each of the 3 general areas. Each conceptual area will be covered on a separate day of the examination. The time allotments for each area are shared with students prior to the examination in ample time to modify study plans.

iii. Grading of the Written Comprehensive Examination
    1. Students must pass 100% of the topic areas on the written comprehensive examination (including any rewrites). The written comprehensive examination consists of two stages: (1) Written comps where the student answers questions on topic areas covered in courses taken to date as outlined above and (2) Rewrites where the student retakes portions of the exam in the topic areas that were not passed from the original written exam. The questions in the topic areas for rewrites may be different than the original questions.
    2. The student must pass 50% of the original written exam to be eligible to take rewrites. If the student does not pass 50% of the original written exam, the audiology faculty will meet to determine if the student has sufficient knowledge to move on to rewrites. If the majority of the faculty feel the student has sufficient deficiencies in their knowledge, the student will not

be eligible to take rewrites and must retake the written exam when it is offered.

3. Students who do not pass 100% of the written comprehensive examination (including rewrites) are not eligible to take the final oral exam and must retake the written comprehensive examination when it is offered. A ClASP form will be completed containing a remediation plan for any student who fails to successfully complete the examination. The entire examination may only be repeated once.
4. Failure to pass a second written examination will result in dismissal from the program.
   Each question on the written examination will be scored using a rubric by the principal faculty member generating the question.
5. The student should pay particular attention to these topic areas in preparation for the oral examination.
6. If a student has not successfully completed the written examination, they may still present their capstone project with their class. Once the written exam is retaken, the oral exam will be scheduled within 3 weeks of successful completion of the written re-examination.

f. Final Oral Comprehensive Examination
   i. Purpose of the Examination
      1. The final oral comprehensive examination is an opportunity for students to integrate the academic and clinical information obtained during the program and discuss theoretical and applied information in a scholarly manner.
   ii. Administration of the Examination
      1. The Final Oral Comprehensive Examination is taken in the third year (in semester 8) and serves as a culminating experience for the academic portion of the program. The exam is divided into three general topic areas: Diagnostics, Special Testing, and Management, with two or more faculty assessing competence in each area. Students may be asked questions covering any area related to audiology and audiologic practice. Students will also be asked specific questions pertaining to topic areas taken in the third year that were not covered during the written comprehensive examination.
      2. The final oral exam is linked to the written exam that was taken at the end of the second year. Students are strongly encouraged, even if they passed the content area, to review the comments made on the written examination and clarify any misconceptions through additional readings and discussions with the professors in those areas.

iii. Grading the Examination

1. To pass the final oral examination, students must pass each of the 3 topic areas. To pass a topic area, a simple majority of the attending faculty assessors must concur that the student is sufficiently knowledgeable of the field of audiology in that topic to begin the clinical externship year. Performance will be assessed using a rubric. Both the written and oral examinations must be completed successfully before entering the clinical externship year.
2. Students must pass 100% of the topic areas on the oral comprehensive examination (including any reattempts). The student must pass at least one topic from the primary attempt to be eligible for a second attempt. If the student does not pass at least one of the original written exam topics, the audiology faculty will meet to determine if the student has sufficient knowledge to move on for a reattempt or if there were extenuating circumstances. If the majority of the faculty feel the student has sufficient deficiencies in their knowledge, the student will not be eligible for a second attempt and must retake the oral exam when it is next offered.
3. If the faculty determines the student is eligible for a second attempt, a ClASP form will be completed containing a remediation plan for the student to follow. At the end of the remediation period, the student retakes any topic areas that were not passed from the original oral exam. The questions in the topic areas for the second attempt may be different than the original questions.
4. Students who do not pass 100% of the oral comprehensive examination (including a re-attempt) are not eligible to enter their clinical externship year and must take the final oral exam when it is next offered. A ClASP form will be completed containing a remediation plan for any student who fails to successfully complete the examination. The entire examination may only be repeated once. Failure to pass a second oral examination will result in dismissal from the program.

VII. Retention Requirements

a. All students enrolled in the School of Communication Sciences and Disorders are expected to attain high academic achievement in all courses taken. In addition to Graduate School policy, the criteria listed below will be used to determine the retention status of students enrolled in the School.

b. Grades of less than 2.00 in a required course are considered unacceptable. These courses must be repeated with a minimum grade of 2.00 to meet graduation requirements.
c. A student may count two grades of 2.00 toward their degree. Students have the option of repeating two courses in which a grade of 2.00 or less was earned. The student will be dismissed at the end of the semester in which a third grade of 2.00 or less has been earned.
d. Students are expected to maintain a cumulative grade point average of 3.00 at the end of each semester of enrollment at the University of Memphis. A GPA below 3.00 across two consecutive semesters may be grounds for dismissal.
e. Students may be dismissed for any of the following:
    i. Failure to maintain appropriate standards of academic integrity or CSD Policies.
    ii. Failure to follow the ASHA and AAA Codes of Ethics.
    iii. Failure to follow HIPAA guidelines.
    iv. Failure to achieve competency as specified in CSD Policy Number 503 .
    v. A grade of less than 2.00 in clinic practicum will mandate a review within the School and may be grounds for dismissal.
    vi. Failure to pass the qualifying examination.
    vii. Failure to pass the written and oral components of the comprehensive examination.

VIII. Externship in Audiology

a. All students will complete an externship during the fourth year of the program, which is consistent with current accreditation requirements. To be eligible for the externship the student must have completed all academic coursework, including the research project, and successfully passed the benchmark and comprehensive examinations.
b. Externship placement is obtained in coordination with the Director of Clinical Education in Audiology.
c. Successful completion of the externship must include the approval of the Director of Clinical Education in Audiology.
d. The externship should provide a comprehensive training environment for students to expand and sharpen their clinical skills.
e. Externships may be in either paid or unpaid positions.

Audiology Program Policy 201

Clinical Practicum in Audiology

Effective Date: September 1, 2024
Supersedes Date: September 1, 2017
Review Date: May 2027

Policy: All AuD Audiology students involved in clinical practicum will enroll in the courseAUSP 8104, *Clinical Experience in Audiology,* during each semester of full-time graduate study prior to externship. A grade of less than 2.0 in clinic practicum will mandate a reviewwithin the school and may be grounds for dismissal. Students must obtain a "B" (3.0) or better in their last two semesters prior to their externship. A maximum of 24 semester credit hours of AUSP 8104 may be counted toward the degree requirements

Procedure:

I. Description of AUSP 8104
   a. This course includes a class scheduled for 1-3 hours per week and a supervised clinical practicum in audiology. The content of the class varies by semester.
   b. Attendance and participation in this class is required of all students enrolled.
   c. Grades in this course will be computed based on class participation and assignments, practicum performance and professionalism.
   d. Students will have the responsibility for biological calibration of audiological equipment, hearing aid drop-off box, equipment shutdown, and a minimum of one clinical appointment per week every semester during which they are enrolled in 8104.
      i. Third year AuD students and those enrolled in dual AuD/PhD programs may have different requirements for 8104.

II. Clinical Experiences – On and Off-Site
   a. On-Site Clinical Experiences- Students will be initially placed in on-site clinical experiences supervised by University of Memphis clinical faculty or instructors.
      i. Basic clinical concepts and comprehensive procedures will be the focus of on-site clinical placements.
   b. Off-Site Clinical Experiences
      i. New off-site clinical training facilities will be evaluated based on the following:
         1. Clinical credentials of off-site clinical educators.
         2. Clinical experiences of off-site clinical educators.

3. Local, regional, and national reputation of off-site clinical educators.
4. Demonstrated history of clinical caseload at the facility.
5. Evaluation of clinical facilities for currency of practice.
6. Ancillary experience available to the student.
7. Continuing evaluations of the facility will be through Typhon/Exxat evaluations of caseloads, supervisory hours, and student evaluations.

III. Clinical Assignments
   a. Clinical Practicum
      i. Students will be assigned 6-12 hours of patient contact per week for AUSP 8104.
         1. If students are holding assistantships, they may be assigned additional clinical responsibilities.
      ii. Students begin their clinical practicum by observing in the clinic and completing EHDI hours. After these hours have been completed, the student will be assigned to participate in some aspect of patient contact at the discretion of the Director of Clinical Education in Audiology.
      iii. Progression of Assignments
         1. Each semester, the Director of Clinical Education in Audiology meets with the student to discuss past clinical placements and plan assignments.
         2. The goal is that all students have exposure to multiple types of settings; experience across the scope of practice; with a wide range of diverse ethnic and cultural backgrounds; and across the life span. Clinical placements are assigned based on site availability, student clinical training needs, and scheduling considerations. Some off-site placements may require travel up to 90 miles from the University of Memphis campus. Declining an assigned placement may delay program progression and could affect the anticipated graduation date and/or degree conferral.
         3. Clinical assignments should follow a systematic knowledge- and skill- building sequence in which basic course work precedes or is concurrent with practicum as much as possible. Preparation may consist of the formal courses in the AuD curriculum, laboratory assignments, readings, and supplemental workshops as part of AUSP 8104.
         4. Students are placed with a member of the University's clinical faculty or instructors in the second semester of clinic. Typical

2nd semester placements are in a basic pediatric or adult hearing evaluation clinic.

5. The Director of Clinical Education in Audiology tracks each student's coursework and previous clinical experience(s) to ensure the student is prepared for the current assignment.
6. During orientation, before a semester begins, the faculty meet with their assigned students to present an overview of the clinic and general information about the placement.
7. Clinical faculty and students participate in weekly small group meetings with each other to discuss patient care each week. These groups are known as "pods".
8. If a student is assigned to a clinical experience that involves an area which he/she has limited academic preparation, the clinical faculty member is advised in advance so that additional instruction can be provided. Students may be given reading assignments to prepare for the experience.
9. Off-site placements are based on the recommendation of the clinical faculty and the prerequisite coursework and experiences specified by the professionals at the off-site facility.

iv. Responsibilities in Audiology Practicum

1. Colleagues, whether faculty members or fellow students, should always be introduced to patients.
2. Students are expected to be ready to see patients at the scheduled appointment time with all necessary paperwork and equipment preparation completed prior to the appointment.
3. They are to remain in the clinic for the entire block of hours scheduled.
    a. If a patient does not show up, the student may be assigned other duties by the faculty member.
    b. If, for some reason, a patient is not scheduled during a student's regular clinic time, the student is still expected to be available to work on other clinical items unless dismissed by the faculty member.
4. If a student becomes ill and cannot see onsite patients, it is the student's responsibility to notify the responsible faculty member as far in advance as possible and to arrange for a substitute clinician.
    a. At the beginning of each semester, students are encouraged to identify other student clinicians who could cover their clinics if a last-minute illness occurs.

b. If this is not possible, the faculty member responsible will cover the evaluation, if possible, or reschedule if necessary.

5. Students are responsible for returning equipment to the proper area immediately after use, sanitizing toys and cleaning up the test suites after each appointment.
6. Reports are to be turned into the responsible faculty member by the close of 2 working days following the evaluation, unless it is a pediatric evaluation report, which is due within 24 hours.
    a. Corrected reports are to be returned to the faculty member responsible within 24 hours after they are received.
    b. If a patient is returning for further evaluation soon, the report should be written as fully as possible and include an explanation, stating exactly why the patient is returning and what testing is to be done.

v. Practicum in Clinical Education
1. Occasionally, an experienced student may be given the opportunity to assist a faculty member in the clinical education process.
2. The responsibilities that may be assigned to the student include demonstration of clinical techniques and other areas of supervisory management.
3. A student will not be asked to offer a final clinic rating of another student.
4. Only the hours of clinical demonstration will be counted toward ASHA requirements, unless the student is actively involved in the clinical session, for example a pediatric evaluation.

IV. Evaluation of Students

a. Daily/Weekly Evaluations
    i. All students will be scheduled for individual or group conferences with their faculty members each week during pods and/or additional times may be made at the request of the faculty member or student.
    ii. Students' clinical performance, client staffing, etc., may be discussed at that time.

b. Mid-Semester and Final Evaluation Procedures
    i. Each student will have the opportunity to meet with his or her faculty member at mid-term time and at the end of the semester.
    ii. The student's performance in the clinic to date will be discussed.
    iii. In addition, each student may meet with the Director of Clinical Education in Audiology, if necessary. Students must plan to be available for meetings through the end of the exam period.

V. Grading for AUSP 8104

a. AUSP 8104 grades will be computed on criteria specific to each section. These criteria will be discussed in each class section at the beginning of each semester. Additional criteria for course participation, assignments and professional behavior expectations will apply (please refer to the clinical competencies in Appendix I-D.
b. External off-site preceptors will be asked to give students a rating. The Instructor of Record will assign a final clinic grade for each student enrolled in clinical practicum based on the criteria below and on the syllabus.
c. Areas of Evaluation:
    i. Each faculty member will evaluate the clinical performance of the students whom they supervise.
    ii. A clinical competency rating will be determined for each student enrolled in clinical practicum. The competency ratings are based on a student's performance in:
        1. Common Clinical Skills – case history, performance of test protocol, interpretation, report writing, case management, and counseling.
        2. Professionalism (attendance and timeliness, entering clock hours correctly, interpersonal communication, policy compliance, personal responsibility, infection control, and ancillary clinic responsibilities.
        3. 8104 Assignments.
d. Quantitative Measures
    i. The "Rating Scale" provides a quantitative measure of student performance, gives students information regarding their areas of strength and challenge, monitors improvement, and provides supporting information for the final grade.
    ii. Ratings describe clinicians who have limited clinical competence and/or need extensive support, as well as clinicians who are relatively competent and independent in various clinical areas.
    iii. CSD Clinical Competency Rating Scale
        1. These ratings are a descriptive measure and are not based on a percentage of compliance in each section.
            a. This can be found in Appendix Audiology Education
        2. Level of Experience
            a. When assigning grades, the "Experience Band" chart is used to adjust for beginning clinicians with few experiences compared to those clinicians who have had a variety of clinical assignments and accumulated numerous clinical hours.
            b. The Experience Band chart can be found in Appendix Audiology Education 1.

iv. To Determine the Final Grade
    1. The ratings in the areas of competence will be averaged.
    2. Multiply the average by the number of 30-minute units (the number of clinic clock hours the student is assigned to the clinical placement each week).
    3. Add all values for each clinical placement working with the student to calculate a total score.
    4. Divide the total score by the total number of units.
    5. Determine the student's total hours to date (undergraduate practicum excluded).
    6. Adjust the weight of each depending on-site vs. off-site placement.
        a. On-Site Only Placement
            i. Clinical Skills: 60% of grade
            ii. Professionalism: 20% of grade
            iii. Documentation: 15% of grade
            iv. 8104 Assignments/Pods: 5% of grade
            v. Total Percentage: 100%
        b. Off-Site Placement
            i. On-Site Skills: 48% of grade
            ii. Off-Site Skills: 12% of grade
            iii. Professionalism: 20% of grade
            iv. Documentation: 15% of grade
            v. 8104 Assignments/Pods: 5% of grade
            vi. Total Percentage: 100%
        c. 90-100 A+/A/A- 80-89 B+/B/B- 70-79 C+/C/C- 60-69 D+/D/D- 50-59 F
        d. Use the "Level of Experience" chart to convert the final evaluation score into a letter grade.

Audiology Program Policy 202

Clinical Practicum Requirements in Audiology

Effective Date: May 3, 2023
Supersedes Date: August 9, 2012
Review Date: May 2027

Policy: All Doctor of Audiology (AuD) students will meet clinical practicum requirements for the Certificate of Clinical Competence in Audiology (CCC-A) based on current certification standards from the Committee for Clinical Certification (CFCC), the American Board of Audiology Certified (ABAC), based on current certification standards from the American Board of Audiology (ABA), as well as any additional practicum required for a State of Tennessee license, and any additional practicum designated by the School of Communication Sciences and Disorders at the completion of the program.

Procedure:

I. Clinical practicum experience will occur throughout the 4-year (typical) graduate program.

II. Practicum experience requires supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes as listed in Standard IV of the 2020 Certificate for Clinical Competence and the current four eligibility categories as listed in the 2022 certification requirements of the American Board of Audiology certification.

III. It has been determined that the program requires a minimum of 2,000 hours to meet the outcomes of both certifying bodies and for licensure.
   a. A student will acquire a large quantity of hours through direct contact with patients, interprofessional education and practice, and through direct Audiology service delivery.
   b. Additionally, hours will be obtained through audiology related activities such as report writing, administration, consult time, etc. as it relates to proper patient care.
   c. The bulk of the 2,000 hours is accrued during the 4th year externship when the student's entire workday is providing clinical services.
   d. The content and quality of clinical experiences during the first three years of the programs as well as the 4th year externship requirements will ensure the student has sufficiently diverse clinical experiences to meet the expected competency levels and obtain a variety of clinical experiences across the scope of practice.
   e. Additional clinical experiences may be required to meet a particular state's unique licensing requirements. It is the responsibility of the student to

investigate the licensure requirements in advance and notify the Director of Clinical Education in Audiology to provide sufficient time to arrange the necessary training and clinical experiences required.

IV. Students will obtain clinical observation hours at the University of Memphis even if observation hours have been obtained as part of their undergraduate program.
    a. Undergraduate observation hours should be shared with the Director of Clinical Education in Audiology.

Audiology Program Appendix 2.1

Audiology Clinical Competencies

STANDARDS	
IV-A,IV-B,IV-C,IV-D,IV-E	**PROFESSIONALISM**
	Attendance and Timeliness
	Entering Clock Hours Correctly
	Interpersonal Communication
	Policy Compliance
	Personal Responsibility
	Infection Control
	Ancillary Clinic Responsibilities
IV-B,IV-C,IV-D,IV-E (?)	**COMMON CLINICAL SKILLS**
	Case History
	Report Writing
	Case Management
	Counseling
IV-B,IV-E,IV-D	**8104 ASSIGNMENTS AND PODS**
	Grade
IV-B,IV-E,IV-D	**ADULT HE/HA**
	Hearing Evaluations
Otoscopy	
	Performs Test in Accordance with Clinic Procedures
	Documentation of Results
Tympanometry	
	Set up Equipment/ Test Correctly
	Performs Test in Accordance with Clinic Procedures
	Interpretation/ Documentation of Results
Acoustic Reflexes & Decay	
	Set up Equipment/ Test Correctly
	Performs Test in Accordance with Clinic Procedures
	Interpretation/ Documentation of Results
Otoacoustic Emissions	
	Set up Equipment/ Test Correctly
	Performs Test in Accordance with Clinic Procedures
	Interpretation/ Documentation of Results
Audiometry	

Set up Equipment/ Test Correctly
Instruct Patient
Performs Test in Accordance with Clinic Procedures
Interpretation of Results
Counsel Patient
Documentation of Results

Masking

Set up Equipment/ Test Correctly
Instruct Patient
Performs Test in Accordance with Clinic Procedures
Interpretation of Results

Speech Reception Threshold

Set up Equipment/ Test Correctly
Instruct Patient
Performs Test in Accordance with Clinic Procedures
Interpretation & Documentation of Results

Word Recognition Scores (in quiet & noise)

Set up Equipment/ Test Correctly
Instruct Patient
Performs Test in Accordance with Clinic Procedures
Interpretation & Documentation of Results

Hearing Aid Evaluations

Setup- Includes preliminary device selection and obtaining pricing

Set up Appointment
Follow Hearing Aid Protocol and Clinic Procedures
Documentation of Results

Ear Impressions

Instruct Patient
Follow Hearing Aid Protocol and Clinic Procedures
Judgement of Impressions & Document Results

Discussion with Patient about Communication Needs/Difficulties & Use of Questionnaires

Follow Hearing Aid Protocol and Clinic Procedures
Counsel Patient
Documentation of Results

Hearing Aid Issuance &Orientation

Setup- Includes Charging Hearing Aids, 2cc Coupler Measurement, Connecting Devices

Set up Equipment/ Test Correctly
Follow Hearing Aid Protocol and Clinic Procedures

RECDs	
	Set up Equipment/ Test Correctly
	Instruct Patient
	Follow Hearing Aid Protocol and Clinic Procedures
	Interpretation of Results
Speech Mapping	
	Set up Equipment/ Test Correctly
	Instruct Patient
	Follow Hearing Aid Protocol and Clinic Procedures
	Interpret Results
Subjective Verification	
	Set up Equipment/ Test Correctly
	Instruct Patient
	Follow Hearing Aid Protocol and Clinic Procedures
	Interpret Results
	Documentation of Results
Instructing for Use and Maintenance	
	Counsel Patient
	Documentation of Results
Counseling on Expectations	
	Counsel Patient
	Documentation of Results
	Hearing Aid Follow Up
Troubleshooting	*Set up Equipment/ Test Correctly*
	Follow Hearing Aid Protocol and Clinic Procedures
	Interpret Results
	Counsel Patient
	Documentation of Results
Repairs	
	Set up Equipment/ Test Correctly
	Follow Hearing Aid Protocol and Clinic Procedures
	Interpret Results
	Counsel Patient
	Documentation of Results
IV-B,IV-E	**Aural Rehabilitation**
	Program Development
	Patient Notification and Scheduling
	Presenting to Pods Sections
	Facilitating Communication with and Among Attendees
	Reviewing Assistive Technology

	Reviewing Accommodation and Environmental Modifications
	Reviewing Progress
	Evaluating Communication Goals
	Including Support System/Family
	Making Appropriate Referrals
	Information Completed with Proper Grammer and Spelling
	Timeliness
	Appropriate Template
IV-B,IV-E	**Auditory Processing**
SCAN-3	
	Set up Equipment/ Test Correctly
	Interpret and score results
	Documentation of results
Random Dichotic Digits	
	Set up Equipment/ Test Correctly
	Instruct Patient
	Interpret and score results
	Documentation of results
Dichotic Words	
	Set up Equipment/ Test Correctly
	Instruct Patient
	Interpret and score results
	Documentation of Results
Words in Noise	
	Set up Equipment/ Test Correctly
	Instruct Patient
	Interpret and score results
	Documentation of Results
Other	
	Set up Equipment/ Test Correctly
	Instruct Patient
	Interpret and score results
	Documentation of Results
ARIA	
	Set up Equipment/ Test Correctly
	Instruct Patient
	Perform test in accordance with clinic procedures
	Interpret and score results
	Counsel Patient
	Documentation of Results
IV-B,IV-E	**Check in**
ANSI	

	Set up Equipment/ Test Correctly
	Perform test in accordance with clinic procedures
	Documentation of results
Directionality	
	Set up Equipment/ Test Correctly
	Perform test in accordance with clinic procedures
	Documentation of results
Subjective Assessment	
	Set up Equipment/ Test Correctly
	Perform test in accordance with clinic procedures
	Documentation of results
Documentation and Billing	
	Reports completed
	Lab orders updated
	Notifying relevant parties
	Implantable Devices
CI Candidacy Evaluation	
Otoscopy	
	Perform test in accordance with clinic procedures
	Documentation of results
Tympanometry	
	Set up Equipment/ Test Correctly
	Perform test in accordance with clinic procedures
	Interpretation and Documentation of results
Audiometry and Masking	
	Set up Equipment/ Test Correctly
	Instruct Patient
	Perform test in accordance with clinic procedures
	Counsel patient
	Interpretation and Documentation of results
Unaided Speech Perception Testing	
	Instruct Patient
	Perform test in accordance with clinic procedures
	Interpretation and Documentation of results
Hearing Aid Skills	
	Set up Equipment/ Test Correctly
	Appropriate acoustic coupling
Speech mapping	
	Set up Equipment/ Test Correctly
	Instruct Patient
	Perform test in accordance with clinic procedures
	Interpret results
	Documentation of results

Aided Speech Perception Testing

Set up Equipment/ Test Correctly
Instruct Patient
Perform test in accordance with clinic procedures
Counsel patient
Interpretation and Documentation of results

Case Management

Counsel patient
Make appropriate referrals
Documentation of Results
CI Device Selection

General Informational Counseling

Set up room and demonstration equipment
Counsel patient
Documentation of Results

Subjective Assessment and Questionnaires

Obtain appropriate forms
Instruct Patient
Score and interpret results
Documentation of Results

Cognitive and Psychological Screeners

Set up Equipment/ Test Correctly
Instruct Patient
Perform test in accordance with clinic procedures
Interpretation and Documentation of results

Complete Device Selection

Use the device selection form to guide patient conversation
Provide appropriate manufacturer documentation
Documentation of Results
Complete order form
CI Programming

Visual Inspection, Listening Check, and Magnet Assessment

Perform test in accordance with clinic procedures
Interpret results
Counsel patient
Documentation of results

Impedance

Instruct patient
Perform test in accordance with clinic procedures
Interpret results
Documentation of results

ECAP Measures	
	Instruct patient
	Perform test in accordance with clinic procedures
	Interpret results
	Documentation of results
eSRT	
	Set up Equipment/ Test Correctly
	Instruct Patient
	Perform test in accordance with clinic procedures
	Interpret results
	Documentation of results
Mapping	
	Set up Equipment/ Test Correctly
	Instruct patient
	Perform test in accordance with clinic procedures
	Interpret map
	Documentation of results
Device and Assistive Technology Counseling	
	Counsel patient regarding sound processor
	Knowledge regarding accessory use and function
	Documentation of counseling
Aided Speech Perception Testing	
	Set up Equipment/ Test Correctly
	Instruct patient
	Perform test in accordance with clinic procedures
	Counsel patient
	Interpretation and Documentation of results
Aural (Re)Habilitation	
	Discuss appointment goals with patient
	Makes appropriate recommendations for AR activities
	Counsels regarding realistic expectations
	Documentation of results
IV-B,IV-E	**Dropbox**
Troubleshooting	
	Set up Equipment/ Test Correctly
	Follow hearing aid protocol and clinic procedures
	Interpret results
	Counsel patient
	Documentation of results
Repairs	
	Set up Equipment/ Test Correctly
	Follow hearing aid protocol and clinic procedures
	Interpret results

	Counsel patient
	Documentation of results
IV-B,IV-C	**EHDI**
Case Management of New, Working, and Closed Cases	
	Records review *Communication (contacting families, referral sources, and the health department* *Sending results* *Documentation of results in the Excel spreadsheet*
IV-B,IV-E,IV-D	**Pediatric HE/HA**
	Hearing Evaluation
Otoscopy	
	Perform test in accordance with clinic procedures *Documentation of results*
Tympanometry	
	Set up Equipment/ Test Correctly *Perform test in accordance with clinic procedures* *Interpretation and Documentation of results*
Acoustic Reflexes and Decay	
	Set up Equipment/ Test Correctly *Perform test in accordance with clinic procedures* *Interpretation and Documentation of results*
Otoacoustic Emissions	
	Set up Equipment/ Test Correctly *Perform test in accordance with clinic procedures* *Interpretation and Documentation of results*
Audiometry	
	Set up Equipment/ Test Correctly *Instruct patient* *Perform test in accordance with clinic procedures* *Interpretation of results* *Counsel patient* *Documentation of results*
Visually Reinforced Audiometry	
	Set up Equipment/ Test Correctly *Instruct patient* *Perform test in accordance with clinic procedures* *Interpretation of results* *Counsel patient* *Documentation of results*
Conditioned Play Audiometry	
	Set up Equipment/ Test Correctly *Instruct patient*

Perform test in accordance with clinic procedures
Interpretation of results
Counsel patient
Documentation of results

Behavioral Observation Audiometry

Set up Equipment/ Test Correctly
Instruct patient
Perform test in accordance with clinic procedures
Interpretation of results
Counsel patient
Documentation of results

Masking

Set up Equipment/ Test Correctly
Instruct patient
Perform test in accordance with clinic procedures
Interpretation and Documentation of results

Speech Reception Threshold

Set up Equipment/ Test Correctly
Instruct patient
Perform test in accordance with clinic procedures
Interpretation and Documentation of results

Word Recognition Scores (Quiet and Noise)

Set up Equipment/ Test Correctly
Instruct patient
Perform test in accordance with clinic procedures
Interpretation and Documentation of results

Hearing Aid Evaluation

Set up

Set up appointment
Follow hearing aid protocol and clinic procedures
Documentation of results

Ear Impressions

Instruct patient
Follow hearing aid protocol and clinic procedures
Judgement of impression and documentation of results

Discussion with Patient about Communication Needs/Difficulties and Use of Questionnaires

Follow hearing aid protocol and clinic procedures
Counsel patient
Documentation of results

Hearing Aid Issuance/Orientation

Set up

	Set up Equipment/ Test Correctly
	Follow hearing aid protocol and clinic procedures
RECDs	
	Set up Equipment/ Test Correctly
	Instruct patient
	Follow hearing aid protocol and clinic procedures
	Interpret results
Speech Mapping	
	Set up Equipment/ Test Correctly
	Instruct patient
	Follow hearing aid protocol and clinic procedures
	Interpret results
Subjective Verification	
	Set up Equipment/ Test Correctly
	Instruct patient
	Follow hearing aid protocol and clinic procedures
	Interpret results
	Documentation of results
Instructing for Use and Maintenance	
	Counsel patient
	Documentation of results
Counseling on Expectations	
	Counsel patient
	Documentation of results
	Hearing Aid Follow-Up
Troubleshooting	
	Set up Equipment/ Test Correctly
	Follow hearing aid protocol and clinic procedures
	Interpret Results
	Counsel patient
	Documentation of results
Repairs	
	Set up Equipment/ Test Correctly
	Follow hearing aid protocol and clinic procedures
	Interpret Results
	Counsel patient
	Documentation of results
IV-B,IV-E	**On-Call**
Troubleshooting	
	Set up Equipment/ Test Correctly
	Follow hearing aid protocol and clinic procedures
	Interpret results

	Counsel patient
	Documentation of results
Repairs	
	Set up Equipment/ Test Correctly
	Follow hearing aid protocol and clinic procedures
	Interpret results
	Counsel patient
	Documentation of results
IV-B,IV-D	**Vestibular and Electrophysiologic Assessment**
Bedsides	
	Set up Equipment/ Test Correctly
	Instruct patient
	Perform test in accordance with clinic procedures
	Interpret results
	Counsel patient
	Documentation of results
Oculomotors	
	Set up Equipment/ Test Correctly
	Instruct patient
	Perform test in accordance with clinic procedures
	Interpret results
	Counsel patient
	Documentation of results
Rotary Chair	
	Set up Equipment/ Test Correctly
	Instruct patient
	Perform test in accordance with clinic procedures
	Interpret results
	Counsel patient
	Documentation of results
Positionals	
	Set up Equipment/ Test Correctly
	Instruct patient
	Perform test in accordance with clinic procedures
	Interpret results
	Counsel patient
	Documentation of results
Calorics	
	Set up Equipment/ Test Correctly
	Instruct patient
	Perform test in accordance with clinic procedures

	Interpret results
	Counsel patient
	Documentation of results
VEMPs	
	Set up Equipment/ Test Correctly
	Instruct patient
	Perform test in accordance with clinic procedures
	Interpret results
	Counsel patient
	Documentation of results
Neurodiagnostic ABR	
	Set up Equipment/ Test Correctly
	Instruct patient
	Perform test in accordance with clinic procedures
	Interpret results
	Counsel patient
	Documentation of results
Threshold ABR	
	Set up Equipment/ Test Correctly
	Instruct patient
	Perform test in accordance with clinic procedures
	Interpret results
	Counsel patient
	Documentation of results
Ecog	
	Set up Equipment/ Test Correctly
	Instruct patient
	Perform test in accordance with clinic procedures
	Interpret results
	Counsel patient
	Documentation of results
Formulation of Differential Diagnosis	
	Set up Equipment/ Test Correctly
	Instruct patient
	Perform test in accordance with clinic procedures
	Interpret results
	Counsel patient
	Documentation of results

Audiology Program Appendix 2.2

AuD Knowledge and Skills for ASHA as Listed by Course

Appendix I-I				
STANDARD	**KNOWLEDGE (K) OR KNOWLEDGE & SKILL (K&S)**	**AUSP**	**COURSE**	**KEY**
Standard IV-A	**Foundations of Practice - KNOWLEDGE**			
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**	7006	Language Development	I
		8001	Psychoacoustics	R
		8019	Anat & Phys. I	I, R, M
		8020	Anat & Phys. II	I,R, M
		8101	Audiologic Concepts	I, R
		8022	Sound & Measurement	I
		8103	Diag. & Med. Audiology	I,R
		8104	Clinical Practicum	R
		8105	Vestibular 1	I,R
		8106	Advanced Vestibular	R, M
		8107	Cochlear Implants	R, M
		8115	Pediatric Audiology	R, M
		8118	Electrophysiologic Assessment	R, M

A2	**Effects of pathogens, and pharmacologic and teratogenic agents, on the auditory and vestibular systems**			
			Sound &	
		8022	Measurement	I
		8019	Anat & Phys. I	NA
		8020	Anat & Phys. II	I
			Diag. & Med.	
		8103	Audiology	I
		8104	Clinical Practicum	R
		8105	Vestibular 1	I
		8106	Advanced Vestibular	R
		8115	Pediatric Audiology	R
			Electrophysiologic	
		8118	Assessment	R
			Public Health and	
		8108	CSD	R
A3	**Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span**			
			Language	
		7006	Development	R
			Audiological	
		8101	Concepts	I
		8104	Clinical Practicum	M
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R, M
		8114	Intro to Hearing Aids	R
		8115	Pediatric Audiology	R, M
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**			
		8001	Psychoacoustics	I, R
			Audiologic	
		8101	Concepts	I, R

		8115	Pediatric Audiology	R, M
		8116	Hearing Aid Provision	R
		8108	Public Health and CSD	R
		8104/8125	Clinical Practicum	M
A5	**Calibration and use of instrumentation according to manufacturers' specifications and accepted standards**	8012	Measurement Techniques	
		8022	Sound & Measurement	I, R
		8101	Audiologic Concepts	I
		8107	Cochlear Implants	R
		8114	Intro to Hearing Aids	I, R
		8115	Pediatric Audiology	R
		8116	Hearing Aid Provision	R, M
		8106	Advanced Vestibular	I
		8118	Electrophysiologic Assessment	R
		8104/8125	Clinical Practicum	M
		8214	Hearing Aid Lab I	I
		8214	Hearing Aid Lab II	R, M
A6	**Standard safety precautions and cleaning/disinfection of equipment in accordance with facility-specific policies and manufacturers' instructions to control for infectious/contagious diseases**	8103	Diag. & Med. Audiology	I,R
		8105	Vestibular 1	I,R

			8118	Electrophysiologic Assessment	I, R
			8104/8125	Clinical Practicum	M
A7	**Applications and limitations of specific audiologic assessments and interventions in the context of overall client/patient management**		8101	Audiologic Concepts	I, R
			8031	Practice Mgmt & Billing	
			8103	Diag. & Med. Audiology	I,R,M
			8107	Cochlear Implants	R
			8114	Intro to Hearing Aids	I
			8115	Pediatric Audiology	R
			8116	Hearing Aid Provision	R,M
			8118	Electrophysiologic Assessment	R
			8105	Vestibular 1	I,R,M
			8106	Advanced Vestibular	R,M
			8129	AR & Counseling	
			8113	Audiologic Rehab I	R
			8128	EBP in Amplification	M
			8129	AR & Counseling	I,R,M
			8104/8125	Clinical Practicum	M
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**		7006	Language Development	I
			7007	Communicative Interaction	R, M

		8031	Practice Mgmt & Billing	R, M
		8032	Professional Dev in CSD	I
		8101	Audiologic Concepts	I, R
		8103	Diag. & Med. Audiology	NA
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8114	Intro to Hearing Aids	I
		8115	Pediatric Audiology	R, M
		8106	Advanced vestib	I, R
		8116	Hearing Aid Provision	R
		8129	AR & Counseling	I,R,M
		8104/8125	Clinical Practicum	R
A9	**Implications of biopsychosocial factors in the experience of and adjustment to auditory disorders and other chronic health conditions**	8101	Audiologic Concepts	I
		8031	Practice Mgmt & Billing	R
		8103	Diag. & Med. Audiology	I,R
		8104	Clinical Practicum	R
		8107	Cochlear Implants	R
		8115	Pediatric Audiology	R, M
		8116	Hearing Aid Provision	I,R
		8106	Advanced Vestibular	I,R

		8108	Public Health and CSD	R
		8113	Audiologic Rehab I	R
		8129	AR & Counseling	R, M
A10	**Effects of hearing impairment on educational, vocational, social, and psychological function throughout the life span**			
		8001	Psychoacoustics	I
		8022	Sound & Measurement	I
		8031	Practice Mgmt & Billing	R
		8103	Diag. & Med. Audiology	I
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R, M
		8114	Intro to Hearing Aids	I
		8115	Pediatric Audiology	R
		8116	Hearing Aid Provision	R
		8118	Electrophysiologic Assessment	R
		8129	AR & Counseling	R, M
		8104/8125	Clinical Practicum	M
A11	**Manual and visual communication systems and the use of interpreters/transliterators/translators**			
		8107	Cochlear Implants	I
		8113	Audiologic Rehab I	R, M
		8108	Public Health and CSD	I, R, M
		8104/8125	Clinical Practicum	M

A12	**Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication**	7006	Language Development	I
		7007	Communicative Interaction	I
		8031	Practice Mgmt & Billing	R
		8032	Professional Dev in CSD	I
		8101	Audiologic Concepts	I
		8107	Cochlear Implants	R
		8115	Pediatric Audiology	R
		8113	Audiologic Rehab I	I, R
		8129	AR & Counseling	R, M
		8104/8125	Clinical Practicum	M
		8214	Hearing Aid Lab I	I
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**	8031	Practice Mgmt & Billing	R
		8101	Audiologic Concepts	I, R
		8103	Diag. & Med. Audiology	I,R,M
		8105	Vestibular 1	I,R,M
		8106	Advanced Vestibular	R,M

		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8114	Intro to Hearing Aids	I, R, M
		8115	Pediatric Audiology	R, M
		8116	Hearing Aid Provision	R
		8118	Electrophysiologic Assessment	R
		8129	AR & Counseling	R, M
		8128	EBP in Amplification	M
		8104/8125	Clinical Practicum	M
		8214	Hearing Aid Lab I	I
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)**	8103	Diag. & Med. Audiology	I,R
		8101	Audiological Concepts	I
		8031	Practice Mgmt & Billing	M
		8105	Vestibular 1	I,R
		8106	Advanced Vestibular	R,M
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8114	Intro to Hearing Aids	I, R
		8115	Pediatric Audiology	R
		8116	Hearing Aid Provision	R, M

		8129	AR & Counseling	I, R
		8128	EBP in Amplification	R, M
		8104/8125	Clinical Practicum	R
A15	**Client-centered, behavioral, cognitive, and integrative theories and methods of counseling and their relevance in audiologic rehabilitation**	8101	Audiologic Concepts	I
		8104	Clinical Practicum	M
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	R
		8116	Hearing Aid Provision	R
		8129	AR & Counseling	M
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**	8101	Audiologic Concepts	I, R
		8032	Professional Dev in CSD	I
		8104	Clinical Practicum	M
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R, M
		8115	Pediatric Audiology	R
		8116	Hearing Aid Provision	R,M
		8129	AR & Counseling	M
		8108	Public Health and CSD	R
		8129	AR & Counseling	R,M

A17	**Importance, value, and role of interprofessional communication and practice in patient care**	8101	Audiologic Concepts	I
		8103	Diag. & Med. Audiology	I
		8105	Vestibular 1	I
		8106	Advanced Vestibular	R
		8107	Cochlear Implants	R
		8115	Pediatric Audiology	R
		8113	Audiologic Rehab I	R
		8129	AR & Counseling	R, M
		8108	Public Health and CSD	R
		8104/8125	Clinical Practicum	M
A18	**The role, scope of practice, and responsibilities of audiologists and other related professionals**	8001	Psychoacoustics	I
		8101	Audiological Concepts	I
		8031	Practice Mgmt & Billing	M
		8032	Professional Dev in CSD	I
		8101	Audiologic Concepts	I
		8115	Pediatric Audiology	R
		8113	Audiologic Rehab I	R
		8107	Cochlear Implants	R
		8104/8125	Clinical Practicum	M
A19	**Health care, private practice, and educational service delivery systems**	8105	Vestibular 1	I,R
		8106	Advanced Vestibular	M

			8031	Practice Mgmt & Billing	M
			8101	Audiologic Concepts	I
			8113	Audiologic Rehab I	R, M
			8115	Pediatric Audiology	R
			8116	Hearing Aid Provision	R
			8108	Public Health and CSD	R
			8104/8125	Clinical Practicum	M
A20	**Management and business practices, including but not limited to cost analysis, budgeting, coding, billing and reimbursement, and patient management**		8107	Cochlear Implants	R
			8031	Practice Mgmt & Billing	M
			8114	Intro to Hearing Aids	I,R
			8104/8125	Clinical Practicum	M
A21	**Advocacy for individual patient needs and for legislation beneficial to the profession and the individuals served**		8113	Audiologic Rehab I	R
			8101	Audiological Concepts	I
			8129	AR & Counseling	R
			8106	Advanced Vestibular	I
			8104/8125	Clinical Practicum	R, M
			8115	Pediatric Audiology	R
			8108	Public Health and CSD	R, M
			8107	Cochlear Implants	R

A22	**Legal and ethical practices, including standards for professional conduct, patient rights, confidentiality, credentialing, and legislative and regulatory mandates**	8113	Audiologic Rehab I	R
		8031	Practice Mgmt & Billing	R, M
		8032	Professional Dev in CSD	I
		8114	Intro to Hearing Aids	I
		8108	Public Health and CSD	R
		8104/8125	Clinical Practicum	M
A23	**Principles and practices of effective supervision/mentoring of students, other professionals, and support personnel**	8104/8125	Clinical Practicum	I
		8031	Practice Mgmt & Billing	R
		8032	Professional Dev in CSD	I
		8129	AR & Counseling	R
Standard IV-B	**Prevention and Identification**			
B1	**Educating the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders**	8020	Anat & Phys. II	I
		8022	Sound & Measurement	I
		8105	Vestibular 1	I,R,M
		8106	Advanced Vestibular	R,M
		8115	Pediatric Audiology	R

		8108	Public Health and CSD	I, R, M
		8104/8125	Clinical Practicum	M
B2	**Establishing relationships with professionals and community groups to promote hearing wellness for all individuals across the life span**	8022	Sound & Measurement	I
		8031	Practice Mgmt & Billing	R
		8032	Professional Dev in CSD	I
		8101	Audiologic Concepts	I
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	R
		8108	Public Health and CSD	I, R, M
		8106	Advanced Vestibular	I,R
		8104/8125	Clinical Practicum	M
B3	**Participating in programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems**	8022	Sound & Measurement	I
		8103	Diag. & Med. Audiology	I
		8108	Public Health and CSD	R
		8105	Vestibular 1	I
		8106	Advanced Vestibular	I,R
		8104	Clinical Practicum	I, R, M

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**	8022	Sound & Measurement	I, R
		8104	Clinical Practicum	I, R, M
		8113	Audiologic Rehab I	R
		8108	Public Health and CSD	R
		8116	Hearing Aid Provision	R
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**	8101	Audiologic Concepts	I, R
		8031	Practice Mgmt & Billing	R, M
		8032	Professional Dev in CSD	I
		8103	Diag. & Med. Audiology	I,R
		8113	Audiologic Rehab I	R
		8115	Pediatric audiology	R
		8108	Public Health and CSD	R, M
		8106	Advanced Vestibular	I
		8118	Electrophysiologic Assessment	R
		8104/8125	Clinical Practicum	M

B6	**Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements**	8022	Sound & Measurement	I
		8031	Practice Mgmt & Billing	R
		8101	Audiologic Concepts	I, R
		8104	Clinical Practicum	M
		8115	Pediatric Audiology	R
		8108	Public Health and CSD	R
		8118	Electrophysiologic Assessment	R
B7	**Participating in occupational hearing conservation programs**	8022	Sound & Measurement	I
		8108	Public Health and CSD	R, M
		8103	Diag. & Med. Audiology	I
		8113	Audiologic Rehab I	R
		8104/8125	Clinical Practicum	R
B8	**Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span**	8101	Audiologic Concepts	I,R
		8103	Diag. & Med. Audiology	I
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	R
		8118	Electrophysiologic Assessment	R
		8129	AR & Counseling	I

			Public Health and	
		8108	CSD	R, M
		8104/8125	Clinical Practicum	M
B9	**Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation**	8022	Sound & Measurement	NA
			Audiologic	
		8101	Concepts	I
		8115	Pediatric Audiology	R
			Electrophysiologic	
		8118	Assessment	R
			Public Health and	
		8108	CSD	M
		8104/8125	Clinical Practicum	M
B10	**Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function**			
			Audiologic	
		8101	Concepts	I
			Practice Mgmt &	
		8031	Billing	I
		8104	Clinical Practicum	R
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	R
		8107	Cochlear Implants	R
			Public Health and	
		8108	CSD	R
			Electrophysiologic	
		8118	Assessment	R
		8129	AR & Counseling	R, M
B11	**Screening for comprehension and production of language, including the cognitive and social aspects of communication**	8104	Clinical Practicum	R

		8113	Audiologic Rehab I	I
		8115	Pediatric Audiology	R
		8107	Cochlear Implants	R
B12	**Screening for speech production skills (e.g., articulation, fluency, resonance, and voice characteristics)**	8104	Clinical Practicum	R
		8113	Audiologic Rehab I	I
B13	**Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate**	8104	Clinical Practicum	M
		8031	Practice Mgmt & Billing	R
		8113	Audiologic Rehab I	I
		8118	Electrophysiologic Assessment	R
		8115	Pediatric Audiology	R
		8107	Cochlear Implants	R
B14	**Evaluating the success of screening and prevention programs through the use of performance measures (i.e., test sensitivity, specificity, and positive predictive value)**	8022	Sound & Measurement Diag. & Med.	NA
		8103	Audiology	I
		8104	Clinical Practicum Audiological	M
		8101	Concepts	I
		8115	Pediatric Audiology	R
		8108	Public Health and CSD	M
		8105	Vestibular 1	I

			8118	Electrophysiologic Assessment	R
Standard IV-C	**Assessment: KNOWLEDGE**				
C1	**Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors**		8101	Audiologic Concepts	I
			8031	Practice Mgmt & Billing	R
			8103	Diag. & Med. Audiology	I
			8113	Audiologic Rehab I	R
			8115	Pediatric Audiology	R
			8118	Electrophysiologic Assessment	R
			8105	Vestibular 1	I,R,M
			8106	Advanced Vestibular	R
			8129	AR & Counseling	R, M
			8104/8125	Clinical Practicum	M
C2	**Obtaining a case history and client/patient narrative**		8101	Audiologic Concepts	I, R
			8103	Diag. & Med. Audiology	I,R,M
			8105	Vestibular 1	I,R,M
			8106	Advanced Vestibular	R
			8107	Cochlear Implants	R
			8113	Audiologic Rehab I	R
			8114	Intro to Hearing Aids	I, R, M
			8115	Pediatric Audiology	R

		8116	Hearing Aid Provision	R, M
		8118	Electrophysiologic Assessment	R
		8129	AR & Counseling	R, M
		8104/8125	Clinical Practicum	M
C3	**Obtaining client/patient-reported and/or caregiver-reported measures to assess function**	8103	Diag. & Med. Audiology	I,R,M
		8031	Practice Mgmt & Billing	R
		8104	Clinical Practicum	M
		8105	Vestibular 1	I,R
		8106	Advanced Vestibular	R,M
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	R
		8114	Intro to Hearing Aids	I
		8116	Hearing Aid Provision	R,M
		8129	AR & Counseling	R, M
C4	**Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system**	8019	Anat & Phys. I	I, R
		8020	Anat & Phys. II	I,R
		8101	Audiologic Concepts	I
		8103	Diag. & Med. Audiology	I,R,M
		8105	Vestibular 1	I.R,M
		8106	Advanced Vestibular	R,M

			Electrophysiologic	
		8118	Assessment	R
		8115	Pediatric Audiology	R
				I, R.
		8104/8125	Clinical Practicum	M
C5	**Providing assessments of tinnitus severity and its impact on patients' activities of daily living and quality of life**			
			Practice Mgmt &	
		8031	Billing	R
			Diag. & Med.	
		8103	Audiology	I,R,M
		8104	Clinical Practicum	M
		8129	AR & Counseling	R, M
C6	**Providing assessment of tolerance problems to determine the presence of hyperacusis**	8115	Pediatric Audiology	R
			Diag. & Med.	
		8103	Audiology	I,R
				I, R,
		8104	Clinical Practicum	M
		8129	AR & Counseling	R, M
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**			
			Audiologic	
		8101	Concepts	I, R
			Diag. & Med.	
		8103	Audiology	I,R,M

		8115	Pediatric Audiology	R
		8104/8125	Clinical Practicum	M
C8	**Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated**	8101	Audiologic Concepts	I, R
		8103	Diag. & Med. Audiology	I,R,M
		8115	Pediatric Audiology	R
		8104/8125	Clinical Practicum	M
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**	8101	Audiologic Concepts	I, R
		8103	Diag. & Med. Audiology	I,R,M
		8115	Pediatric Audiology	R
		8104/8125	Clinical Practicum	M
C10	**Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used**	8101	Audiologic Concepts	I
		8031	Practice Mgmt & Billing	R
		8103	Diag. & Med. Audiology	I,R,M
		8115	Pediatric Audiology	R
		8118	Electrophysiologic Assessment	R

		8104/8125	Clinical Practicum	M
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**			
		8103	Diag. & Med. Audiology	I,R
		8115	Pediatric Audiology	I
		8118	Electrophysiologic Assessment	R, M
		8104/8125	Clinical Practicum	I, R, M
C12	**Selecting, performing, and interpreting otoacoustic emissions testing**	8101	Audiologic Concepts	I
		8103	Diag. & Med. Audiology	I,R,M
		8115	Pediatric Audiology	R
		8118	Electrophysiologic Assessment	R
		8104/8125	Clinical Practicum	M
C13	**Selecting, performing, and interpreting tests for nonorganic hearing loss**	8101	Audiologic Concepts	I
		8103	Diag. & Med. Audiology	I,R,M
		8115	Pediatric Audiology	R
		8104/8125	Clinical Practicum	M
		8118	Electrophysiologic Assessment	R

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)**	8104	Clinical Practicum	I, R, M
		8105	Vestibular 1	I,R
		8106	Advanced Vestibular	R,M
C15	**Selecting, performing, and interpreting tests to evaluate central auditory processing disorder**	8020	Anat & Phys. II	I
		8103	Diag. & Med. Audiology	I,R
		8104	Clinical Practicum	R
		8118	Electrophysiologic Assessment	R
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)**	8020	Anat & Phys. II	I
		8103	Diag. & Med. Audiology	I,R
		8104	Clinical Practicum	R,M
		8118	Electrophysiologic Assessment	R, M
C17	**Posturography**	8104	Clinical Practicum	I, R, M
		8105	Vestibular 1	I,R,M
		8106	Advanced Vestibular	R
C18	**Rotary chair tests**	8104	Clinical Practicum	I,R, M

		8105	Vestibular 1	I,R,M
		8106	Advanced Vestibular	R,M
C19	**Video head impulse testing (vHIT)**	8104	Clinical Practicum	I, R, M
		8105	Vestibular 1	I,R,M
		8106	Advanced Vestibular	R,M
Standard IV-D	**Intervention (Treatment): KNOWLEDGE & SKILLS**			
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**	8101	Audiologic Concepts	I
		8103	Diag. & Med. Audiology	I,R
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	R
		8116	Hearing Aid Provision	R
		8114	Intro to Hearing Aids	I
		8105	Vestibular 1	I
		8129	AR & Counseling	R, M
		8104/8125	Clinical Practicum	M
D2	**Providing individual, family, and group counseling as needed based on client/patient and clinical population needs**	8115	Pediatric Audiology	R
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8116	Hearing Aid Provision	R

		8129	AR & Counseling	R, M
		8105	Advanced Vestibular	I,R
		8104/8125	Clinical Practicum	M
D3	**Facilitating and enhancing clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders**			
		8101	Audiologic Concepts	I
		8103	Diag. & Med. Audiology	I
		8105	Vestibular 1	I,R
		8106	Advanced Vestibular	R,M
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R, M
		8115	Pediatric Audiology	R
		8116	Hearing Aid Provision	R
		8129	AR & Counseling	R, M
		8104/8125	Clinical Practicum	I, R, M
D4	**Enhancing clients'/patients' acceptance of and adjustment to hearing aids, hearing assistive technologies, and osseointegrated and other implantable devices**			
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R, M
		8114	Intro to Hearing Aids	I, R
		8115	Pediatric Audiology	R
		8116	Hearing Aid Provision	R, M
		8129	AR & Counseling	M
		8106	Advanced Vestibular	I,R
		8128	EBP in Amplification	M

		8104/8125	Clinical Practicum	M
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**	8101	Audiologic Concepts	I
		8103	Diag. & Med. Audiology	I
		8107	Cochlear Implants	R
		8115	Pediatric Audiology	R
		8116	Hearing Aid Provision	R
		8113	Audiologic Rehab I	R, M
		8129	AR & Counseling	M
		8104/8125	Clinical Practicum	M
D6	**Facilitating patients' acquisition of effective communication and coping skills**	8101	Audiologic Concepts	I
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R, M
		8114	Intro to Hearing Aids	I
		8115	Pediatric Audiology	R
		8116	Hearing Aid Provision	R
		8129	AR & Counseling	M
		8104/8125	Clinical Practicum	M
D7	**Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment problems**	8107	Cochlear Implants	R
		8114	Intro to Hearing Aids	I
		8115	Pediatric Audiology	R

			Hearing Aid	
		8116	Provision	R
		8113	Audiologic Rehab I	R, M
		8129	AR & Counseling	R, M
		8104/8125	Clinical Practicum	M
D8	**Enhancing adherence to treatment plans and optimizing treatment outcomes**			
		8105	Vestibular 1	I
		8106	Advanced Vestibular	R
		8107	Cochlear Implants	R
		8114	Intro to Hearing Aids	I, R
		8115	Pediatric Audiology	R
			Hearing Aid	
		8116	Provision	R, M
		8113	Audiologic Rehab I	R
		8129	AR & Counseling	M
		8104/8125	Clinical Practicum	M
D9	**Monitoring and evaluating client/patient progress and modifying counseling goals and approaches, as needed**			
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R, M
		8114	Intro to Hearing Aids	I
		8115	Pediatric Audiology	I, R
			Hearing Aid	
		8116	Provision	R, M
		8105	Vestibular 1	I
		8106	Advanced Vestibular	R
		8129	AR & Counseling	M
		8128	EBP in Amplification	M
		8104/8125	Clinical Practicum	M

Standard				
IV-E	**Advocacy/Consultation: KNOWLEDGE & SKILLS**			
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**	8104	Clinical Practicum	M
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R, M
		8114	Intro to Hearing Aids	I
		8115	Pediatric Audiology Hearing Aid	R
		8116	Provision	R
		8129	AR & Counseling	M
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**	8115	Pediatric Audiology Diag. & Med.	R
		8103	Audiology	I
		8104	Clinical Practicum	M
		8105	Vestibular 1	I
		8106	Advanced Vestibular	R
		8113	Audiologic Rehab I	R
		8129	AR & Counseling	R, M

E3	**Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship**	8105	Vestibular 1	I
		8106	Advanced Vestibular	R
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	R
		8116	Hearing Aid Provision	R
		8129	AR & Counseling	M
		8104/8125	Clinical Practicum	R
		8128	EBP in Amplification	R
E4	**Providing assessments of family members' perception of and reactions to communication difficulties**	8104	Clinical Practicum	R
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	R
		8116	Hearing Aid Provision	R
		8129	AR & Counseling	M
E5	**Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning**	8104	Clinical Practicum	R
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	R
		8129	AR & Counseling	M

		8108	Public Health and CSD	R
E6	**Engaging clients/patients (including, as appropriate, school-aged children/adolescents) and family members in shared decision making regarding treatment goals and options**	8104	Clinical Practicum	M
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	I, R, M
		8116	Hearing Aid Provision	R
		8129	AR & Counseling	M
E7	**Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties**	8105	Vestibular 1	I
		8106	Advanced Vestibular	I
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	R
		8116	Hearing aid provision	R
		8129	AR & Counseling	M
		8104/8125	Clinical Practicum	M
E8	**Selecting and fitting appropriate amplification devices and assistive technologies**	8107	Cochlear Implants	R
		8115	Pediatric Audiology	R
		8113	Audiologic Rehab I	R

		8114	Intro to Hearing Aids	I, R
		8116	Hearing Aid Provision	R, M
		8129	AR & Counseling	R
		8104/8125	Clinical Practicum	M
		8214	Hearing Aid Lab I	I
		8214	Hearing Aid Lab II	R, M
E9	**Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input–output characteristics**			
		8115	Pediatric Audiology	R
		8114	Intro to Hearing Aids	I, R.,M
		8116	Hearing Aid Provision	R, M
		8214	Hearing Aid Lab I	I
		8214	Hearing Aid Lab II	R, M
		8104/8125	Clinical Practicum	M
E10	**Verifying that amplification devices meet quality control and American National Standards Institute (ANSI) standards**			
		8104	Clinical Practicum	M
		8114	Intro to Hearing Aids	I, R, M
		8115	Pediatric Audiology	R
		8116	Hearing Aid Provision	R
		8214	Hearing Aid Lab I	I

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**	8104	Clinical Practicum	M
		8114	Intro to Hearing Aids	I
		8115	Pediatric Audiology Hearing Aid	R
		8116	Provision	R, M
		8214	Hearing Aid Lab I	I
		8214	Hearing Aid Lab II	R, M
E12	**Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices**	8104	Clinical Practicum	M
		8107	Cochlear Implants	I, R, M
		8115	Pediatric Audiology	I, R
E13	**Conducting individual and/or group hearing aid orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately**	8104	Clinical Practicum	M
		8114	Intro to Hearing Aids	I, R
		8115	Pediatric Audiology Hearing Aid	I
		8116	Provision	R, M
		8129	AR & Counseling	M
		8214	Hearing Aid Lab I	I
E14	**Identifying individuals who are candidates for cochlear implantation and other implantable devices**	8107	Cochlear Implants	I, R, M
		8115	Pediatric Audiology	I
		8113	Audiologic Rehab I	R

		8114	Intro to Hearing Aids	I
		8104/8125	Clinical Practicum	M
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**	8104	Clinical Practicum	M
		8105	Vestibular 1	I
		8106	Advanced Vestibular	I,R
		8107	Cochlear Implants	I, R, M
		8115	Pediatric Audiology	I, R
E16	**Providing programming and fitting adjustments; providing postfitting counseling for cochlear implant clients/patients**	8107	Cochlear Implants	I, R, M
		8113	Audiologic Rehab I	R
		8104/8125	Clinical Practicum	I, R, M
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**	8104	Clinical Practicum	M
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R, M
		8114	Intro to Hearing Aids	I
		8115	Pediatric Audiology	R
		8116	Hearing Aid Provision	R

		8129	AR & Counseling	R
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**	8104	Clinical Practicum	I
		8031	Practice Mgmt & Billing	R, M
		8107	Cochlear Implants	I
		8113	Audiologic Rehab I	R, M
		8129	AR & Counseling	R
E19	**Ensuring compatibility of HATS when used in conjunction with hearing aids, cochlear implants, or other devices and in different use environments**	8104	Clinical Practicum	M
		8107	Cochlear Implants	I
		8115	Pediatric Audiology	I
		8113	Audiologic Rehab I	R, M
		8114	Intro to Hearing Aids	I, R
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)**	8104	Clinical Practicum	I, R, M
		8113	Audiologic Rehab I	R, M
		8114	Intro to Hearing Aids	R
E21	**Providing auditory, visual, and auditory–visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication**	8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R,M
		8114	Intro to Hearing Aids	I
		8115	Pediatric Audiology	R

		8116	Hearing Aid Provision	R
		8118	Electrophysiologic Assessment	R
		8129	AR & Counseling	R,M
		8104/8125	Clinical Practicum	R
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**			
		8103	Diag. & Med. Audiology	I,R
		8115	Pediatrics	R
		8104/8125	Clinical Practicum	I, R, M
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**			
		8103	Diag. & Med. Audiology	I,R
		8104/8125	Clinical Practicum	I, R, M
E24	**Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances**			
		8103	Diag. & Med. Audiology	I,R
		8104/8125	Clinical Practicum	I, R, M
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)**			
		8104	Clinical Practicum	I, R, M

		8103	Diag. & Med. Audiology
		8129	AR & Counseling
		8116	Hearing Aid Provision
E26	**Providing canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV)**	8104	Clinical Practicum
		8105	Vestibular 1
		8106	Advanced Vestibular
E27	**Providing intervention for central and peripheral vestibular deficits**	8104	Clinical Practicum
		8105	Vestibular 1
		8106	Advanced Vestibular
E28	**Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome**	8104	Clinical Practicum
		8101	Audiologic Concepts
		8031	Practice Mgmt & Billing
		8105	Vestibular 1
		8106	Advanced Vestibular
		8107	Cochlear Implants
		8113	Audiologic Rehab I
		8114	Intro to Hearing Aids
		8115	Pediatric Audiology
		8116	Hearing Aid Provision
		8129	AR & Counseling

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	R
	R,M

		8128	EBP in Amplification	I,R,M
Standard IV-F	**Education/Research/Administration: KNOWLEDGE & SKILLS**			
F1	**Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment**	8115	Pediatric Audiology Diag. & Med.	I, R
		8103	Audiology	I
		8104	Clinical Practicum	R
		8113	Audiologic Rehab I	R
		8129	AR & Counseling	R,M
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**		Diag. & Med.	
		8103	Audiology	I,R
		8104	Clinical Practicum	R
		8107	Cochlear Implants	R
		8114	Intro to Hearing Aids	I
		8115	Pediatric Audiology	I, R
		8113	Audiologic Rehab I	R
		8116	Hearing Aid Provision	R
		8129	AR & Counseling	R, M
F3	**Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social–emotional development and functioning**		Audiologic	
		8101	Concepts	I
		8104	Clinical Practicum	I, R, M
		8107	Cochlear Implants	R

		8115	Pediatric Audiology	R, M
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**	8104	Clinical Practicum	I, R, M
		8108	Public Health and CSD	R, M
		8031	Practice Mgmt & Billing	R, M
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8101	Audiological Concepts	I
		8115	Pediatric Audiology	R, M
F5	**Selecting age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation**	8104	Clinical Practicum	I, R, M
		8107	Cochlear Implants	R, M
		8113	Audiologic Rehab I	R
		8114	Intro to Hearing Aids	I
		8115	Pediatric Audiology	I, R, M
		8116	Hearing Aid Provision	R
F6	**Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS**	8104	Clinical Practicum	R
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R, M

		8115	Pediatric Audiology	R
		8214	Hearing Aid Lab I	I
F7	**Planning and implementing parent education/support programs concerning the management of hearing impairment and subsequent communication and adjustment difficulties**	8104	Clinical Practicum	I, R, M
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R, M
		8115	Pediatric Audiology	I, R
F8	**Providing for intervention to ensure age/developmentally appropriate speech and language development**	8104	Clinical Practicum Audiological	I, R, M
		8101	Concepts	I
		8113	Audiologic Rehab I	I
		8115	Pediatric Audiology	R, M
		8107	Cochlear Implants	R
F9	**Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome**	8104	Clinical Practicum Audiological	R
		8101	Concepts	I
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	R
		8116	Hearing Aid Provision	R, M
F10	**Providing ongoing support for children by participating in IEP or IFSP processes**	8104	Clinical Practicum	I, R, M
		8113	Audiologic Rehab I	R, M

		8115	Pediatric Audiology	I, R
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**	8104	Clinical Practicum	I, R, M
		8032	Professional Dev in CSD	I
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	I, R, M
		8129	AR & Counseling	M
F12	**Evaluating acoustics of classroom settings and providing recommendations for modifications**	8115	Pediatric Audiology	R
		8119	Hearing Conservation	I
		8129	AR & Counseling	R
		8113	Audiologic Rehab I	R
		8108	Public Health and CSD	R, M
		8104/8125	Clinical Practicum	
F13	**Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals**	7007	Communicative Interaction	I
		8031	Practice Mgmt & Billing	R, M
		8101	Audiologic Concepts	I
		8103	Diag. & Med. Audiology	I,R
		8107	Cochlear Implants	R, M
		8113	Audiologic Rehab I	R

8114	Intro to Hearing Aids	I
8115	Pediatric Audiology	R, M
8118	Electrophysiologic Assessment	R, M
8129	AR & Counseling	R, M
8108	Public Health and CSD	R, M
8104/8125	Clinical Practicum	R

Section III - SLP Program

SLP Program Policy Summaries

3.1 MASTER OF ARTS PROGRAM IN SPEECH-LANGUAGE PATHOLOGY

Each student enrolled in the Master of Arts in Speech-Language Pathology program must meet a certain standard of Academic Requirements to ensure efficient completion of the program. Students must complete a minimum of 60 credit hours and meet the academic and practicum requirements for the Certificate of Clinical Competence of the American Speech-Language-Hearing Association. Most students complete at least 60 credit hours in their graduate programs. Students must maintain a specific minimum grade point average and will participate in examinations and research.

SLP Program Policy 301: Speech-Language Pathology Clinical Practicum Overview
This policy outlines the structure, expectations, and evaluation process for clinical practicum courses (AUSP 7200/7208) required for graduate SLP students. Students begin with AUSP 7200 in their first semester, followed by AUSP 7208 in subsequent semesters. Specific GPA thresholds must be met across practicum semesters, with emphasis on achieving at least a B in the final two terms. Practicum involves direct client contact, clinical coursework, and weekly supervision, progressing in complexity across semesters. Students are evaluated on intervention, assessment, communication, professionalism, and interaction skills using a detailed competency rating scale. Professionalism heavily influences final grades, with repeated minor issues escalating to major concerns, potentially triggering a Clinical-Academic Support Plan. The policy also stresses student accountability, clinical preparation, safe practices, and progression within their level of competence.

SLP Program Policy 302: Clinical Practicum Requirements in Speech-Language Pathology
This policy outlines the clinical practicum requirements for MA SLP students to meet ASHA certification standards, state licensure, and University of Memphis program expectations. Students must complete a minimum of 400 supervised clinical hours—375 in direct client contact and 25 in observation—with at least 325 earned during graduate study. Clinical experiences must cover a wide scope of practice, include diverse populations, and be supervised by ASHA-certified and licensed professionals. Specific hour requirements include voice, fluency, and hearing management. At least 125 hours must be supervised by University of Memphis faculty, including at least one semester in diagnostic practicum. Students are also responsible for understanding licensure requirements for states where they intend to practice and coordinating with faculty to ensure appropriate placements.

SLP Program Appendix 3.1: Curriculum for the MA Program
The MA in Speech-Language Pathology at the University of Memphis requires a minimum of 60 credit hours, combining core coursework, clinical practicum, and research. The curriculum is structured into key areas: Basic Communication Processes, Speech and Language Disorders, Clinical Practicum, Research, and Audiology. Some foundational courses may be waived for students with a background in Communication Sciences and Disorders. Electives allow for specialization, and graduate certificate options are available in Augmentative and Alternative Communication (AAC) and Public Health. Clinical and academic requirements are designed to ensure broad and in-depth preparation for professional practice.

SLP Program Appendix 3.2: Typical Course Sequence
The MA program in Speech-Language Pathology offers tailored course sequences for students with (WB) and without (WOB) an undergraduate background in Communication Sciences and Disorders. Both tracks span two years and integrate foundational coursework, clinical practicum, research, and electives. Students begin with introductory courses and gradually advance into specialized topics like dysphagia, motor speech disorders, and fluency. Clinical practicum is taken every semester, increasing in intensity. Required assessments include the Benchmark and Comprehensive Exams. Some courses may be waived based on prior coursework, and students have flexible options to pursue research or a thesis, as well as electives like AAC and Public Health.

SLP Program Appendix 3.3: SLP Clinical Competencies
This appendix outlines the clinical competencies required of MA students in Speech-Language Pathology, aligned with ASHA certification standards and CAA accreditation guidelines. Competencies are grouped into five key domains: Professionalism, Intervention, Clinical Interaction, Evaluation, and Oral & Written Communication. Students are expected to demonstrate professionalism through punctuality, policy adherence, and personal responsibility. Intervention competencies include developing and modifying effective treatment plans, using appropriate materials, and tracking client progress. Clinical interaction emphasizes rapport-building, emotional regulation, and client-centered care. Evaluation skills involve accurate assessments, diagnostics, and appropriate referrals, while strong oral and written communication skills are essential for effective clinical documentation and interaction.

SLP Program Appendix 3.4: External Evaluation of SLP Students
This appendix explains the external evaluation process for SLP students during clinical placements, conducted through the Typhon system. Site supervisors complete one evaluation per semester, along with a “Competency by Disorder and Age” assessment. These evaluations measure student performance in key clinical areas including evaluation, intervention, professional interaction, behavior and environment management, and communication skills. Ratings range from "below expectation" to "above expectation," with required narrative feedback for non-standard ratings. The evaluations help determine a student's readiness for Clinical Fellowship (CF) by graduation, using a three-point scale across disorder types and age groups to assess competence in prevention, evaluation, and intervention.

SLP Program Appendix 3.5: CAA Competencies as Listed by Course
This appendix outlines the course titles and numbers linked to key competencies required for CAA accreditation in Speech-Language Pathology. It connects academic, clinical, and research courses to professional practice, clinical reasoning, cultural competence, and intervention strategies across various speech, language, and swallowing disorders. Courses are aligned with standards for ethical conduct, clinical education, and collaboration, aiming to ensure that students gain expertise in areas such as articulation, fluency, voice, cognitive communication, and augmentative communication. Key courses support the development of professional behavior, clinical supervision skills, and self-evaluation, all integral to producing skilled, culturally competent, and ethical speech-language pathologists.

SLP Program Appendix 3.6: SLP Knowledge and Skills as Listed by Course
The key takeaways from the SLP Education Appendix outline the core competencies required for Speech-Language Pathologists (SLPs) to meet ASHA certification standards. These competencies encompass a wide range of knowledge areas, including the biological, neurological, psychological,

acoustic, and cultural bases of communication and swallowing. The courses listed, such as *Speech Science*, *Anatomy and Physiology of the Speech Mechanism*, and *Language Disorders*, emphasize the need for SLPs to understand both normal and abnormal development across the lifespan. Additionally, they must be proficient in evaluating and treating communication and swallowing disorders, using evidence-based practices in areas like articulation, voice, fluency, and cognitive communication. Effective professional writing, socio-cultural awareness, and interprofessional collaboration are also highlighted as essential skills for SLPs.

SLP Program Appendix 3.7: Goals and Expectations for Clinical Practicum in SLP
The *Goals and Expectations for Clinical Practicum in SLP* emphasize the importance of a personalized approach to clinical training, where the sequence is designed in collaboration with students to focus on their strengths and areas for growth. Clinical educators are responsible for providing relevant client background information, assessing students' skills, offering regular feedback, and encouraging critical thinking. Students are expected to prepare thoroughly for each session, actively engage in learning, apply course content, and seek guidance when necessary. The practicum ensures exposure to diverse populations and settings, including medical and pediatric environments, while meeting ASHA certification requirements and fostering continuous progress through self-assessment and faculty feedback.

SLP Program Appendix 3.8: The Clinical Practicum Progression in SLP
The *Clinical Practicum Progression in SLP* outlines a structured pathway for clinical education, emphasizing the integration of coursework with hands-on clinical experience. In the early semesters, students gradually increase their client contact hours, with first-semester students observing or providing therapy for speech/language disorders and accent modification. As they progress, they are exposed to more complex cases, including pediatrics, medical settings, and adult therapy. Students are expected to complete a minimum of 400 clock hours, including 25 observation hours, across various disorders and age groups, while focusing on competency in areas like articulation, language, fluency, and dysphagia. The practicum is designed to ensure students gain diverse experiences across different settings, preparing them for certification and licensure.

SLP Program Appendix 3.9
The *SLP Students Frequently Asked Questions/Comments* section addresses common concerns and clarifies the clinical practicum process for students. It emphasizes that the focus should be on gaining competency across a variety of disorder types and age groups, not just meeting clock hour requirements. Students are encouraged to monitor their progress, but the goal is to ensure a diverse clinical experience, which may involve assignments across different settings and with different supervisors. Requests for specific age groups or environments may not always be possible, as all students are expected to gain experience with both pediatric and adult cases, including medical and school settings. Communication with the clinic director is key in addressing concerns and preferences.

3.1 MASTER OF ARTS PROGRAM IN SPEECH-LANGUAGE PATHOLOGY

I. Speech-Language Pathology (MA): Program Goals
   a. Demonstrate the breadth and depth of foundational communication science, including biological, etiological, theoretical, acoustic, physiological, cognitive, and psychological bases of communication.
   b. Understand and demonstrate the theoretical motivation for and practical applications of clinical reasoning for identification, assessment, and treatment of communication disorders.
   c. Apply research analysis into evidence-based decision-making and clinical application.
   d. Effectively communicate discipline-related knowledge in oral and written modalities, with families, clients, and other professionals.
   e. Understand and accommodate cultural or linguistic differences related to communication development or to perceptions and attitudes toward communication disorders, differences, or intervention.
   f. Exhibit attributes and abilities characteristic of competent speech-language pathologists, including accountability, integrity, adaptability, leadership, and professionalism.

II. Non-CSD Course Requirements
   a. Previous academic preparation in audiology/speech-language pathology is not a requirement for admission; however, it is assumed that all students will have completed basic science coursework in the following areas. ASHA requires transcript credit in the following areas:
      i. Biological/Physical Science (3 credits)
      ii. Statistics (3 credits)
      iii. Behavioral/Social Science (6 credits of Psychology/Sociology/Anthropology)
      iv. Physical Science (3 credits of Physics/Chemistry)
   b. Students who have not met the above requirements in their undergraduate program must complete them during the graduate program. Depending on how many of these requirements have not been met, the student's graduate program may be extended.
   c. To be counted toward the requirement, a grade of C (2.0) or better in the basic science coursework is expected.

III. Program Requirements
   a. Students must complete a minimum of 60 credit hours and meet the academic and practicum requirements for the Certificate of Clinical Competence of the American Speech-Language- Hearing Association. Most students complete at least 60 credit hours in their graduate program. Additional coursework will be required for those students without undergraduate preparation in Communication Sciences and Disorders (Appendix 3.3).
   b. Full time study requires enrollment in clinical practicum and students must obtain a 3.00 or above in at least 9 semester hours of clinical practicum, and a 3.00 or above in their last two semesters of clinical practicum. A

minimum of 14 credit hours of AUSP 7200 and AUSP 7208 must be taken, but more hours may be required in order to meet certification standards. Clinical competencies expected by graduation are in Appendix 3.

c. Students must complete a minimum of three semester hours of research activity. A thesis or non- thesis option is available. Students choosing the non-thesis option may fulfill their research experience with AUSP 7991 (Introduction to Research Activity) and AUSP 7990 (Research Activity). NOTE: Students electing to write a thesis should familiarize themselves with the Thesis/Dissertation Preparation Guide before starting to write.
d. All students must successfully complete Benchmark examinations (see Section VI of this document for details).
e. All students must complete written comprehensive examinations (see Section VII of this document for details).

IV. Academic Advisor

a. The academic advisor is responsible for developing, with the student, a plan of study. An advising checklist is maintained by the advisor. All coursework (both undergraduate and graduate) is logged on the checklist to ensure the student meets the academic requirements for the degree, ASHA certification, teacher certification and state licensure. Specific degree requirements may be found in the Graduate Catalog.
b. Students meet with their advisor at least once a semester to determine their course assignments for the next term in accordance with their academic plan. It is the ultimate responsibility of the student to ensure that all requirements are met.

V. Research Experience

a. Non-Thesis Option
    i. Students who choose the non-thesis option complete 3 credits of research activity. These credits typically include:
    ii. One credit of AUSP 7991 (Intro to Research Activity), in which first-year students are introduced to research being conducted by the faculty and matched with labs and projects of interest before beginning their second year in the program; and
    iii. Two credits of AUSP 7990 (Research Activity) in which students complete supervised research activity in a faculty member's lab. The topic, procedure, and gradable product are jointly selected by the student and the faculty director. Ideally, there will be an interpretive component, although some projects may not lend themselves to that.
b. Thesis Option
    i. The thesis program gives the student experience in conducting research and scholarly writing. In addition, the thesis experience can help a student understand and better evaluate research literature in his/her field of study. Those students who intend to enter a doctoral program or whose major goal is to engage in research are encouraged to complete a thesis. The decision to select a thesis option should be made as early in the student's program as possible.

ii. Students selecting the thesis option must enroll in AUSP 7996 for a minimum of 3 credits and a maximum of 6 credits to meet graduation requirements. Thesis students are responsible for organizing a thesis committee for purposes of approving a proposal. The thesis committee shall consist of the thesis advisor and at least two additional faculty members. All members of the thesis committee must be members of the University of Memphis Graduate Faculty. All students contemplating a thesis should read the Graduate School publication on policies for thesis and dissertations.

iii. Once a student has enrolled for thesis credit, he or she must continue this enrollment and may not change this option to a non-thesis option. Thesis students must successfully complete an oral examination in defense of their thesis. The thesis committee is also responsible for determining that all written comprehensive examination competencies are also met. This is typically conducted by certifying at the oral examination that the student has mastered topics encompassed by the thesis experience and requiring that other topics are assessed.

VI. Benchmark Examination (Revised Fall 2021)

a. Purpose of the Examination

i. The purpose of the benchmark examination is to provide an opportunity for students to review and integrate foundational information covered in the first year of the program.

ii. The examination includes written questions covering four key areas: Anatomy and Physiology, Pediatric Language, Neurological Bases of Communication, and Speech Science. The examination will be scheduled after students' first Spring semester. Students who are unable to pass the qualifying exam in any of the four areas must complete remedial work during their next semester as outlined in a Clinical-Academic Support Plan (ClASP) form (Policy 503). They will have the opportunity to retake the examination following completion of their ClASP. Students completing ClASPs related to benchmark examinations may need to extend or adjust their program of study. Students must pass the benchmark examinations to be retained in the program.

VII. Comprehensive Examination (Under Revision Fall 2025)

a. Purpose of the Examination

i. The comprehensive examination is a summative evaluation which provides an opportunity and a motivation for students to integrate information at a time when most of their program has been completed. The exam is taken by students in the spring and summer semesters. It is an opportunity to reflect on and discuss in a scholarly manner the current theoretical and applied literature in the profession.

ii. The comprehensive examination also allows the faculty to evaluate the ability of students to grasp and apply a broad spectrum of

information. While adequate performance in academic coursework is a prerequisite to graduation, it is also essential that graduating students demonstrate the ability to retain, integrate, and apply the knowledge gained in this coursework.

b. Structure of the Examination
    i. Students write responses to two questions on each day of the examination and have one hour and 45 minutes per question on each day. A short break is provided between questions. After initial assessment of the essays, students will be informed of which questions they passed, which need to be revised and which need to be rewritten.
    ii. Students preparing revisions will be given a specific list of objectives in writing and will be allowed to review their original responses. They will not be allowed to review content with the faculty requesting revisions. This is partly because the identities of the students should remain blinded at this stage. It is also because the intent is for students to have completed their reviews of the information with faculty prior to completing the first round of exams. The expectation of a revision is that the original responses can be revised independently based on the faculty's written feedback.
    iii. After those revisions are assessed, students will be informed if any questions need to be rewritten. Once students have been informed of the necessity of rewrites their identities are revealed to the examiners requiring those rewrites, who may then make themselves available to provide further review preparatory to the rewrites.
    iv. Any questions not satisfactorily addressed in rewrites will then be assessed in an oral examination conducted by three SLP tenure-track faculty (to include the examiner and student's advisor).
c. Content of the Examinations
    i. Each of the following four topic areas represents 1.75 hours of written content.
        1. Speech Sciences: Physiology, Acoustics, Phonetics, and Hearing; Examiner: Buder
        2. Clinical Reasoning: The following three questions will require critical thinking and integration of basic and applied knowledge, including audiology, across the life span.
        3. Neurogenic Disorders of Language and Speech, and Hearing; Examiner: Feenaughty
        4. Child Language, Fluency, Evidence-Based Practice, and Hearing; Examiner: Eichorn
        5. Swallowing, Voice, Ethics, and Hearing; Examiner: van Mersbergen
d. Administration of the Examinations
    i. The examinations generally will be administered toward the beginning of the Spring and Summer semesters prior to graduation.
    ii. Notification of initial assessment (Pass/Revise/Rewrite) will be provided within 1 week of the first exam.
    iii. Students will have a 3-day period to prepare revisions.

iv. Notification of revision outcomes (Pass/Rewrite) will be provided within 2 weeks of the first exam.
v. Rewrites will be scheduled no later than 3 weeks after the first exam.
vi. Outcomes of Rewrites (Pass/Fail) will be provided within 3 days of the second exam.
vii. Oral exams will be conducted within 2 weeks of the second exam.

VIII. Retention Requirements

a. All students enrolled in the School of Communication Sciences and Disorders are expected to attain high academic achievement and maintain professional and ethical conduct. In addition to Graduate School policy, the criteria listed below will be used to determine the retention status of students enrolled in the School.
b. General Academic Performance
    i. Grades below C (2.00) in required courses are considered unacceptable and must be repeated to meet graduation requirements.
    ii. A student may count two grades of C (2.00) toward their degree. Students have the option of repeating two courses in which a grade of C (2.00) or less was earned. The student will be dismissed at the end of the semester in which a third grade of C (2.00) or less has been earned.
    iii. Students are expected to maintain a cumulative grade point average of 3.00 at the end of each semester of enrollment at the University of Memphis. A GPA below 3.00 across two consecutive semesters may be grounds for dismissal. After one semester of suspension, continuation in the program may be granted only with recommendation from the academic unit, the Associate Dean of Graduate Studies, and the Dean of the Graduate School.
c. Professional Performance
    i. Because the MA in Speech-Language Pathology is a professional practice degree, satisfactory acquisition of knowledge and skills for certification as prescribed by the American Speech-Language-Hearing Association is required (Appendix 3.3, 3.5, and 3.6). Failure to achieve any of these standards for clinical performance may result in dismissal from the program.
    ii. The cumulative grade of the first two semesters of clinical practicum (7200/7208) must be a B- (2.67) or greater. A cumulative clinical grade for the last five semesters must be at least a 3.00. Students must obtain a B (3.00) or better in each of their last 2 semesters.
    iii. Students may be dismissed for any of the following:
        1. Failure to maintain appropriate standards of academic integrity or CSD Policies.
        2. Failure to follow the ASHA Code of Ethics.
        3. Failure to follow HIPAA guidelines.
        4. Failure to achieve competency as specified in CSD Policy 503.

5. A grade of 2.00 or less in clinic practicum will mandate a review within the School and may be grounds for dismissal.
6. Failure to pass the benchmark examination.
7. Failure to pass the comprehensive examination.

SLP Program Policy 301

Speech-Language Pathology Clinical Practicum Overview

Effective Date: July 30, 2009
Supersedes Date: July 30, 2006
Review Date: May 2026

Policy: All SLP students involved in clinical practicum will enroll in AUSP 7200, Introduction to Clinical Practice in Speech-Language Pathology, in their first semester and AUSP 7208, Clinical Experience in Speech Pathology, in each subsequent semester of full-time graduate study.

The cumulative grade of the first two semesters of clinical practicum (7200/7208) must be a B- (2.67) or greater. A cumulative clinic grade for the last five semesters must be at least 3.00. Students must obtain a B (3.00) or better in each of their last two semesters. Also, satisfactory acquisition of knowledge and skills for certification as prescribed by the American Speech-Language-Hearing Association is required. A minimum of 14 semester credit hours of AUSP 7200/7208 may be counted toward the 60-hour degree requirement.

Procedure:

I. Description of AUSP 7200 and AUSP 7208/8208
   a. These courses consist of a weekly class and a supervised clinical practicum in speech- language pathology. The content of the courses includes the theory of therapeutic process, policies and procedures of the Memphis Speech and Hearing Center, scope of practice, ethics, assessment, family/parent counseling, public school law, and professional issues. Attendance and participation in these classes are required.
   b. Grades in these courses include both class and practicum participation and performance.

II. Clinical Assignments
   a. Clinical Practicum
      i. Students are assigned a clinical placement each semester. The load of client contact hours is generally expected to grow each semester as students progress through the 7200/7208 class series. In 7200, students should expect clinic to focus on completing guided observation hours if needed, and in-house clinical experiences as appropriate to the student's preparedness level and appropriate clinical need.
      ii. All students will complete a diagnostic rotation within the MSHC during their tenure in the program to establish a general knowledge of speech-language evaluations and family/caregiver/community support. Diagnostic placements that focus on specialty areas (such as voice, AAC, autism, feeding, literacy, or fluency) may also occur, but cannot supplant the speech-language evaluation rotation unless they incorporate a complete speech-language evaluation as part of the more specialized diagnostic.

iii. Students holding graduate assistantships are assigned responsibilities according to the terms of their contract which can include up to 10 hours a week of additional client contact.

b. Progression of Clinical Assignments
   i. Each semester the director of clinical education meets with the student to discuss their past clinical placements and plan for future assignments. The goal is for all students to have experience with prevention, assessment and treatment of disorders across the scope of practice and the lifespan; experience with diverse ethnic and cultural backgrounds; and exposure to multiple types of settings.
   ii. Clinical assignments should follow a systematic knowledge and skill-building sequence in which basic course work precedes or is concurrent with practicum as much as possible. Preparation may consist of the formal courses in the SLP curriculum, laboratory assignments, and supplemental workshops as part of AUSP 7208.
   iii. Students are placed with a member of the University's clinical faculty in their first semester of clinic. Typical first placements are with young children with language and speech disorders and/or the Adult Services for Standard English Training (ASSET) program.
   iv. Students with an undergraduate degree in communication disorders may be placed with clients with more complex disorders if they have had preparatory undergraduate coursework, clinical experiences, or are taking concurrent coursework that provides knowledge of the disorder.
   v. Students who have undergraduate degrees in other fields of study obtain 25 observation hours in their first semester. Those who have had coursework in related areas (i.e., education or linguistics) may participate in the ASSET program in their first semester.
   vi. The Director of Clinical Education in Speech-Language Pathology tracks each student's coursework and previous clinical experiences to ensure that a student is prepared for the current assignments. During orientation, before the beginning of a semester, the faculty meet with their assigned students to present an overview of the clients' needs and general information regarding the disorders they will be seeing.
   vii. All clinical faculty meet with their students weekly to discuss the plans for assessment or treatment as well as provide education regarding the clients' disorders. If a student is assigned to a clinical experience that involves disorders for which he/she has limited academic preparation, the clinical faculty member is advised in advance so that additional instruction can be provided. Students may be given reading assignments to prepare for the experience.
   viii. The assignment of students to external practicum takes into consideration the recommendation of the clinical faculty and the prerequisite coursework and experiences specified by the professionals at the off-site facility.

c. Student Responsibilities
   i. Students are expected to be prepared to see their client at the scheduled appointment time with all necessary paperwork and equipment preparation completed. They are to remain in the clinic for the entire block of hours scheduled. If a client does not show up, the student may be assigned other

duties by the faculty member. If for some reason a client is not scheduled during a student's regular clinic time, the student is still expected to be available unless dismissed by the faculty member.

ii. Students are not required to attend offsite placements during University breaks/holidays, during the Mid-South Conference, on religious holidays, or on the day of the benchmark and comprehensive exams. For any other absences (illness, appts, inclement weather, car trouble, etc.), the offsite supervisor and clinic director must be informed, and the student is required to attempt to make up the time that is missed.

iii. If a student becomes ill and cannot see onsite patients, it is the student's responsibility to notify the responsible faculty member as far in advance as possible and to arrange for a substitute clinician. At the beginning of each semester, students are encouraged to identify other student clinicians who could back-up their clinics. If this is not possible, the responsible faculty member will cover the session. Cancellation of the client is not preferred, but it may be necessary to reschedule the appointment.

iv. Students are responsible for returning equipment and materials to the proper area immediately after use and for sanitizing toys (Phys-309) and cleaning up the session room after each appointment.

d. Objectives for SLP Students in Audiology Clinic

i. Students will be expected to demonstrate competency in screening hearing of individuals (children and adults) who can participate in conventional pure-tone air conduction methods. Students may become competent in screening for middle ear pathology through screening tympanometry for referral of individuals for further evaluation and management.

ii. Students will demonstrate an understanding of the interpretation of an audiogram and the procedures for gathering case history information.

iii. Students will be given opportunities to provide services to individuals with hearing loss and their families/caregivers (e.g., auditory training; speech reading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of trouble shooting, including verification of appropriate battery voltage).

e. Practicum in Clinical Education

i. Occasionally an experienced student may have the opportunity to assist a faculty member in the clinical education process. The responsibilities assigned to the student may include demonstration of therapy techniques and other areas of supervisory management.

ii. A student will not evaluate another student.

iii. When a clinical faculty member wishes to provide a student with this experience, a proposal defending its appropriateness is presented to the Director of Clinical Education in Speech-Language Pathology.

iv. Only the hours of demonstration therapy will be counted toward ASHA requirements.

v. The certified clinician must meet ASHA's minimum observation requirements for the student clinician providing direct services.

III. Clinical Education – Observation and Instruction

a. The clinical faculty use the Continuum of Supervision (Anderson, 1988) as a guide regarding the amount of time and approach to supervision. The goal is for the student to acquire independence at the end of each semester with his/her assigned clients and confidence to practice professionally by the end of the program. The exception is when students work with clients covered by Medicare, and those require 100% in the room supervision.
b. Observation and intervention on the part of the clinical educator can vary based on the skill level of the student and the complexity of the client's concerns. Assessment sessions are typically observed 100% to ensure that the procedures are accurate, and the client and family receive a clear explanation of the diagnosis and recommendation. Clients with significant behavior issues are monitored more closely to ensure safety for both the client and the student.
c. Students and educators meet regularly to discuss the progress of their clients and plan sessions. Students are encouraged to initiate and contribute to the discussion regarding the planning and provision of services at the expected level of their knowledge and skills. The educator or student can request, and schedule additional time as needed.

IV. Evaluation of Clinical Competency

a. Daily/Weekly Evaluations
    i. The clinical faculty member will provide verbal and/or written feedback to students throughout the semester.
    ii. Students receive feedback on a regular basis regarding their performance in the clinic. These can be in individual or group conferences each week with their clinical faculty member or a general debrief after a session. Additional meetings with the faculty member may be requested as needed.
b. Mid-Semester and Final Evaluation Procedures
    i. Each student will have the opportunity to meet with his or her faculty member at mid-term time and at the end of the semester. The student's performance in clinic to date will be discussed. In addition, each student may meet with the Co- Directors of Clinical Education in Speech-Language Pathology, if necessary. Students must plan to be available for meetings through the end of the exam period.
c. Grading for AUSP 7200 & AUSP 7208
    i. Participation and completion of AUSP 7200/7208 class assignments are factored into overall grade.
    ii. External off-site preceptors will be asked to give students a rating based on the Areas of Evaluation listed below. The grade can influence a student's final clinic grade. The Co-Directors of Clinical Education in Speech-Language Pathology will assign a final clinic grade for each student enrolled in clinical practicum in conjunction with the clinical faculty.
    iii. Areas of Evaluation
        1. Each faculty member will evaluate the clinical performance of the students whom they supervise. A clinical competency rating will be determined for each student enrolled in clinical practicum (please refer to Speech- Pathology Clinical Competencies in Appendix 3.3). The competency ratings are based on a student's performance in:

a. Intervention
b. Evaluation
c. Oral and Written Communication
d. Clinical Interaction
e. Professionalism

2. Rating Scale
    a. The Rating Scale provides a quantitative measure of student performance, gives students information regarding their areas of strength and challenge, monitors improvement, and provides supporting information for the final grade. Ratings describe clinicians who have limited clinical competence and/or need extensive support, as well as clinicians who are relatively competent and independent in various clinical areas.
    b. The rating scale can be found in Clinical Education Appendix 5.1.
    c. These ratings are a descriptive measure and are not based on a percentage of compliance in a section.
3. Level of Experience based on Semester
    a. When assigning grades, the Level of Experience is taken into consideration, primarily based on the number of semesters of clinic the student has completed.
    b. The only exception is that Professionalism expectations are the same regardless of the number of semesters of clinic the student has completed.
    c. The Level of Experience chart can be found in Clinical Education Appendix 5.1.
4. Professionalism Grading
    a. A professionalism grade of "Minor Concerns" pulls a student's final clinic grade down by .5 letters (e.g., A to A-, B- to C+). A professionalism grade of "Major Concerns" pulls a student's final clinic grade down by 1 full letter (e.g., A+ to B+, B to C).
    b. A "minor concern" is defined as an action/series of actions (of lack thereof) that a supervisor has addressed with a student in feedback at least once and yet is still not consistently corrected or feedback implemented going forward.
    c. "Minor Concerns" ratings across 2 semesters means that any concern after that becomes a "Major Concern".
    d. Individual clinical supervisors will rate all skills except Professionalism independently. The Professionalism category will be decided by the whole clinical team.
    e. If the clinical team has "Major Concerns" regarding a student's skills at any point in the program, a Clinical-Academic Support Plan form is initiated.

SLP Program Policy 302

Clinical Practicum Requirements in Speech-Language Pathology

Effective Date: August 19, 2012
Supersedes Date: July 30, 2009
Review Date: May 2026

Policy: All MA Speech-Language Pathology students are required to meet ASHA's clinical practicum requirements for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), state licensure, and additional practicum. Those wishing to obtain clinical certification must also meet these requirements.

Procedure:

I. Practicum Requirements
   a. ASHA certification standards are described at: https://www.asha.org/certification/2020-slp-certification-standards/.
   b. A minimum of 400 clock hours of supervised clinical experience is required, 375 of which must be spent in direct client/patient contact and 25 spent in clinical observation. All clock hours included in the 400 must be within the scope of practice for speech-language pathology.
   c. At least 325 of the 400 required practicum hours must be completed while engaged in graduate study. No more than 75 practicum hours can be counted from an undergraduate program.
   d. Students will obtain clinical experiences to prepare them to diagnose and treat communication disorders and differences across the scope of practice of speech-language pathology. Clients will include children and adults from culturally/linguistically diverse backgrounds. Experiences will be obtained in various settings.
   e. Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate area of practice and hold the appropriate state license. The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence with a minimum of 25% direct observation of the student's total contact with each client. This direct observation should take place periodically throughout the practicum to ensure the welfare of the client.
   f. Upon graduation, students "must possess skills in oral and written and other forms of communication sufficient for entry into professional practice" (ASHA, 2017).
   g. Additional practicum guidelines for the School of Communication Sciences and Disorders include:
      i. At least 125 clock hours of the total 400 are to be obtained under the direct supervision of the faculty at the University of Memphis.
      ii. Students will gain experience across the scope of practice. Student clinical journeys will be unique to them and may look different from other students' clinical journeys.
   h. It is the student's responsibility to investigate the licensure laws of states that they may seek employment in and inform the Co-Directors of Clinical Education in Speech-Language Pathology in sufficient time to arrange clinical experiences to

meet that state's unique requirements during the student's graduate experience at the University of Memphis.

i. Students who are placed at an external practicum site should be assigned a minimum of one client under the direct supervision of a faculty member at the University of Memphis.
j. Students must complete a minimum of one semester in a diagnostic practicum under the direct supervision of a faculty member at the University of Memphis.
k. A detailed list of roles and responsibilities of the clinical faculty and student is listed in Appendix 3.7. A description of the progression of clinical experiences and expectations for each semester is listed as well.

SLP Program Appendix 3.1

Curriculum for the MA Program

Degree Requirements:60 hours Minimum
All listed courses are required unless marked as electives. Courses with an asterisk may be waived for students with an undergraduate background in CSD. Other required courses can be waived under specific circumstances and with the instructor's permission.

Regular Offerings:
Basic Communication Processes (12 hours minimum)
AUSP 7000 Speech Science
AUSP 7003 Anatomy and Physiology of the Speech Mechanism
AUSP 7005 Language Sample Analysis
AUSP 7006 Language and Speech Development*
AUSP 7007 Communicative Interaction
AUSP 7010 Neurological Bases of Communication

Electives
AUSP 7002 Seminar in Communication Sciences
AUSP 7008 Acoustic and Perceptual Phonetics
AUSP 7011 Psycholinguistics
AUSP 7016 Socio-Cultural Bases of Communication

Speech Disorders (15 hours minimum)
AUSP 7203 Voice and Upper Airway Disorders
AUSP 7204 Speech Sound Disorders
AUSP 7205 Fluency Disorders
AUSP 7206 Developmental and Acquired Motor Speech Disorders
AUSP 7209 Dysphagia and Related Disorders

Electives
AUSP 7201 Cleft Palate and Craniofacial Disorders
AUSP 7202 Motor Speech Disorders in Children
AUSP 7210 Seminar in Speech Pathology
AUSP 7215 Pediatric Feeding and Swallowing
AUSP 7216 Endoscopy and Advanced Clinical Instrumentation
AUSP 7309 Speech Rehabilitation in Head-Neck Pathology

Language Disorders (9 hours minimum)
AUSP 7300 Language Disorders in Children
AUSP 7302 Language Disorders in Adults I
AUSP 7305 Language Learning Disabilities

Electives
AUSP 7212 Autism Spectrum Disorders and Related Disabilities
AUSP 7303 Language Disorders in Adults II
AUSP 7304 Seminar in Language Disorders

AUSP 7308 Augmentative and Alternative Communication

Clinical Practicum (14 hours minimum)
AUSP 7200 Introduction to Clinical Practice in Speech-Language Pathology
AUSP 7208 Clinical Experience in Speech-Language Pathology

Research-Related Requirements (6 hours minimum)
AUSP 7500 Evaluating Research in Communication Disorders (delivered in three 1 - credit modules I, II, III)
3 Credits of Research Activity* (AUSP 7990, AUSP 7996, or AUSP 7991) Other Courses (2 hours minimum)
AUSP 7501 Phonetic Transcription
AUSP 7502 Intro to Phonetic Transcription*
AUSP 7207 Clinical Instrumentation

Electives
AMSL 6205 Cultural Sensitivity for the Deaf and Hard of Hearing in Healthcare Settings
AUSP 7505 Introduction to Interprofessional Education & Practice
AUSP 7032 Professional Development in CSD
AUSP 7108 CSD and Public Health
AUSP 7015 Professional Writing
AUSP 7214 Advanced Clinical Laboratory

Assumed Audiology Coursework (6 hours)
Required audiology courses must be documented on transcript; equivalent undergraduate course with grade of B or better will count. Students with other backgrounds take these at the U of M.
7106 Intro Survey of Audiology
7113 Aural Rehabilitation

Graduate Certificate Options
Augmentative and Alternative Communication (AAC)
Communication Sciences and Disorders and Public Health

SLP Program Appendix 3.2 (under revision, Fall '25)

Typical Course Sequence in SLP: With CSD Background

<table>
<tr><th></th><th>SUMMER*</th><th>FALL</th><th>SPRING</th><th></th><th>SUMMER</th></tr>
<tr><td>Year 1</td><td>7006 Lang Dev (3, online)
†7502 Intro Transcription (1)</td><td>7200 Intro Clinic (2)
7003 Anat/Phys (3)
7300 Ch Lang Dis (3)
7010 Neuro Bases (2)
7032 Prof Dev in CSD (1)
†7500 Eval Research I (1)
†7501 Transcription (1)</td><td>7208 Practicum (3)
7000 Speech Science (3)
7204 Speech Sound Disorders (3)
7305 Lang Learn Dis (3)
†7005 Lang Sample Analysis (1)

Spring Choices
†7991 Intro to Research Activity (1) or
7990 Research Activity (1-3) or
7996 Thesis (3)
AMSL 6205 Cultural Sensitivity (3)
7205 Fluency (3)
7308 AAC (3)</td><td>Benchmark Exam</td><td>7208 Practicum (2-3)
7209 Dysphagia (3)
7302 Lang Dis Adult (3)
†7207 Clinical Instrumentation (1)

Summer Choices
7308 AAC (3)
7505 IPE & IPP (1-3)
7132 CSD and Pub Health (3)
7015 Professional Writing (1)
7990 Research Activity (1-3) or
7996 Thesis (3)</td></tr>
<tr><th></th><th></th><th>FALL</th><th></th><th>SPRING</th><th></th><th>SUMMER</th></tr>
<tr><td>Year 2</td><td></td><td>7208 Practicum (3)
7203 Voice (3)
7206 Dev & Acq Motor Sp (3)
†7500 Eval Research II (1)

Fall Choices
7007 Communicative Int (3)
7212 Autism Spectrum Dis (3)
7990 Research Activity (1-3) or
7996 Thesis (3)</td><td>Comprehensive Exam</td><td>7208 Practicum (3)
7205 Fluency (3)
†7500 Eval. Research III (1)

Spring Choices
7007 Communicative Int (3)
7308 AAC (3)
7214 Advanced Clin Lab (3)
7215 Ped Feeding
AMSL 6205 Cultural Sensitivity (3)
7990 Research Activity (1-3) or
7996 Thesis (3)</td><td></td></tr>
</table>

Note: Required in **Bold** † Delivered in a Part of Term

*Incoming students with a grade below B- on their equivalent undergraduate course are required to take the full course. Students with a grade of B- or higher complete an online assessment on key topics covered in 7006 to ensure preparedness for Child Language Disorders course in the fall. Those who do not earn a score of at least 80% before losing access to the assessment are required to take the full course.

**Incoming students who have not completed an undergraduate course covering Transcription are required to take Introduction to Transcription.

Typical Course Sequence in SLP: Non-CSD background

	SUMMER	FALL	SPRING		SUMMER
Year 1	**7006 Lang Dev (3, *online*)** **†7502 Intro Transcription (1)**	**7200 Intro Clinic (2)** **7003 Anat/Phys (3)** **7300 Ch Lang Dis (3)** **7010 Neuro Bases (2)** 7032 Prof Dev in CSD (1) **†7500 Eval Research I (1)** **†7501 Transcription (1)**	**7208 Practicum (3)** **7000 Speech Science (3)** **7204 Speech Sound Disorders (3)** **7305 Lang Learn Dis (3)** **†7005 Lang Sample Analysis (1)** *Spring Choices* †7991 **Intro to Research Activity (1)** or **7990 Research Activity (1-3)** or 7996 Thesis (3) AMSL 6205 Cultural Sensitivity (3)	**Benchmark Exam**	**7208 Practicum (2-3)** **7209 Dysphagia (3)** **7302 Lang Dis Adult (3)** **7106 Intro Aud (3)** *Summer Choices* 7308 AAC (3) 7505 IPE & IPP (1-3) 7132 CSD and Pub Health (3) 7015 Professional Writing (1) **7990 Research Activity (1-3)** or 7996 Thesis (3)
		FALL	**SPRING**		**SUMMER**
Year 2		**7208 Practicum (3)** **7203 Voice (3)** **7206 Dev & Acq Motor Sp (3)** **†7207 Clinical Instrum (1)** **†7500 Eval Research II (1)** *Fall Choices* **7007 Communicative Int (3)** 7212 Autism Spectrum Dis (3) **7990 Research Activity (1-3)** or 7996 Thesis (3)	**7208 Practicum (3)** **7205 Fluency (3)** **†7500 Eval. Research III (1)** *Spring Choices* **7007 Communicative Int (3)** 7308 AAC (3) 7214 Advanced Clin Lab (3) 7215 Ped Feeding AMSL 6205 Cultural Sensitivity (3) **7990 Research Activity (1-3)** or 7996 Thesis (3)	**Comprehensive Exam**	**7208 Practicum (2-3)** **7113 Aud Rehab (3)** *Summer Choices* 7308 AAC (3) 7505 IPE & IPP (1-3) 7132 CSD and Pub Health (3) 7015 Professional Writing (1) 7016 Sociocult Bases of Comm (3) **7990 Research Activity (1-3)** or 7996 Thesis (3)

Note: Required in **Bold** † Delivered in a Part of Term

SLP Program Appendix 3.3

SLP Clinical Competencies

Items included in the assessment of competencies are based on the Standards for Certification in Speech-Language Pathology by the American Speech-Language-Hearing Association (2020); The CAA Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology (2023) and the input from the SLP clinical faculty at the University of Memphis. Items in italics refer to areas believed to be particularly important. Items that are specifically listed in the ASHA Certification Standards (2020) are referenced.

PROFESSIONALISM
Attendance and Timeliness
Professional Communication
Compliance with Policies
Personal Responsibility
Infection Control and Cleanliness
INTERVENTION
Develops appropriate intervention plan/demonstrates understanding of intervention plan
Implements intervention plan
Selects/creates/uses appropriate materials/instrumentation for intervention
Accurately measures/evaluates client performance and progress
Modifies intervention plans, strategies, materials as appropriate to meet client/patient needs
Identifies and refers for services as needed
CLINICAL INTERACTION
Establishes therapeutic alliance/rapport with client/patient and family
Identifies and incorporates client/patient interests to the degree possible
Manages own emotions and demeanor to center the client/patient needs
Identifies and responds to client's physical, emotional, and sensory needs as necessary
Demonstrates appropriate counseling skills based on client and/or family needs
Responds to and redirects client behaviors as appropriate to meet client goals
EVALUATION
Hearing Screening
Collects case history information
Selects appropriate evaluation procedures
Administers evaluation procedures correctly and efficiently
Adapts evaluation procedures to meet the needs of the client
Interprets, integrates, and synthesizes all information from the evaluation
Develops appropriate diagnoses
Makes appropriate recommendations for intervention
Makes appropriate referrals as needed
ORAL & WRITTEN COMMUNICATION
Written communication meets content, organizational, grammatical, and word-choice expectations
Oral communication meets content, quantity, rate, tone, and word-choice expectations

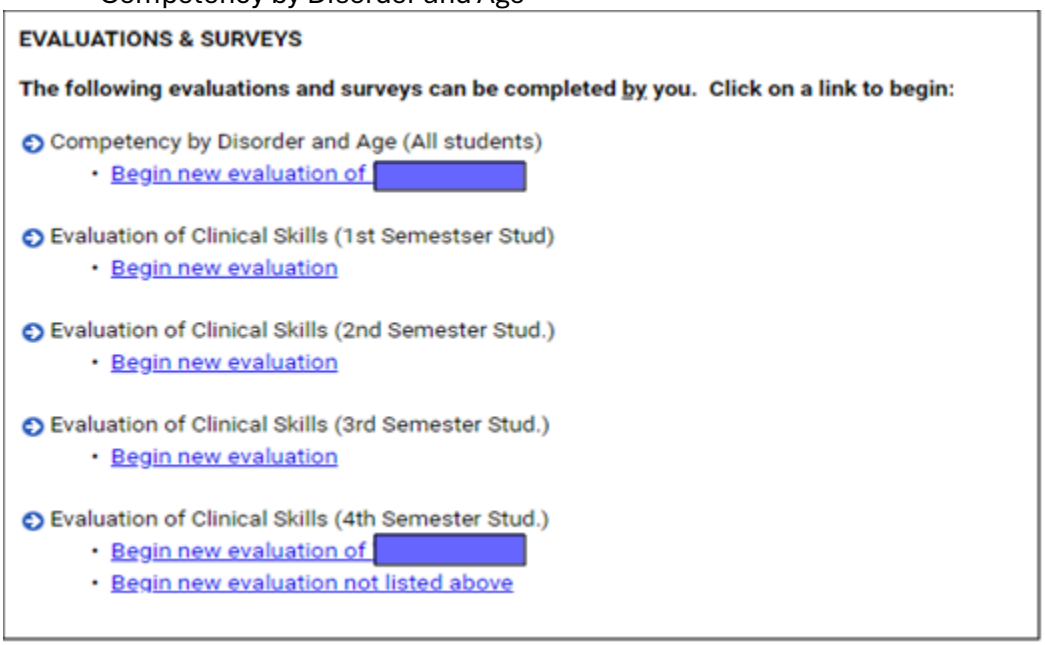
SLP Program Appendix 3.4

External Evaluation of SLP Students

Administered on Typhon

External site supervisors enter the evaluation of a student's clinical skills into the Typhon system at the end of each semester. There are six forms of evaluation.

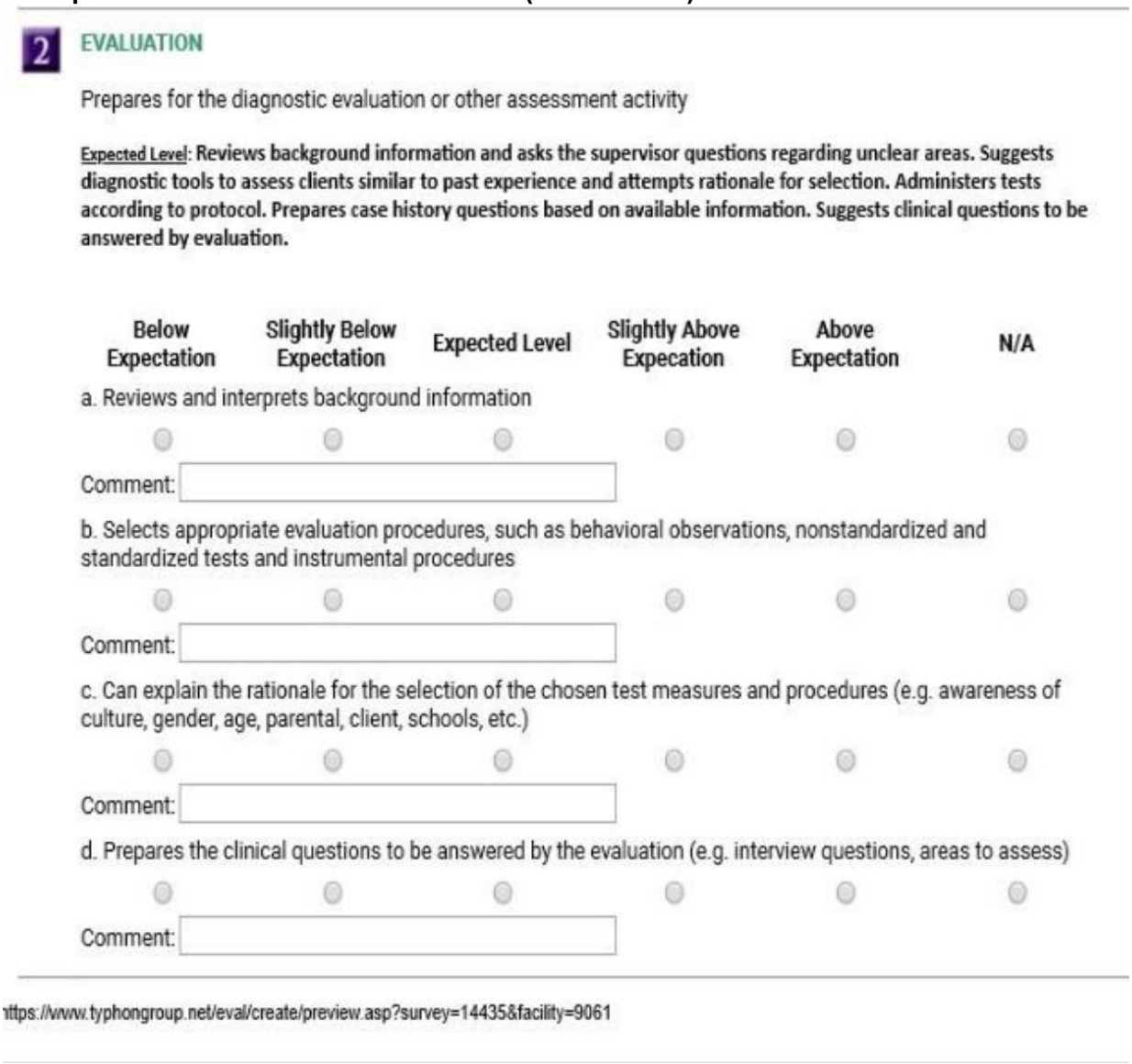
- Evaluation of Clinical Skills (1st Semester)
- Evaluation of Clinical Skills (2nd Semester)
- Evaluation of Clinical Skills (3rd Semester)
- Evaluation of Clinical Skills (4th Semester)
- Evaluation of Clinical Skills (5th Semester)
- Competency by Disorder and Age



One evaluation for each semester of study and a Competency by Disorder and Age evaluation that all educators complete. The clinic director sends an electronic invitation to the supervisor for the appropriate evaluation tool for each student assigned. Each evaluation assesses skills in evaluation, intervention, professional interaction, management of behavior and clinical environment, and oral and written reporting. The evaluations follow the Clinical Competencies for SLP Students to be CF Ready Rubric (Appendix 3.3).

There are differences between the format of these evaluations and the ones used by the CSD clinical faculty in Student Competencies and Grading System (SCAGS).
The Typhon version lists only the expected level of skill for each area assessed.
The external supervisor designates whether that skill is below expectation, slightly below expectation, meets expectation, slightly above expectation, or above expectation.
The supervisor enters a comment to provide a narrative/example of the skill.
A comment is required if the rating is below or above expectation.

Example of Evaluation from Clinical Skills (1st Semester)



2 EVALUATION

Prepares for the diagnostic evaluation or other assessment activity

Expected Level: Reviews background information and asks the supervisor questions regarding unclear areas. Suggests diagnostic tools to assess clients similar to past experience and attempts rationale for selection. Administers tests according to protocol. Prepares case history questions based on available information. Suggests clinical questions to be answered by evaluation.

	Below Expectation	Slightly Below Expectation	Expected Level	Slightly Above Expecation	Above Expectation	N/A
a. Reviews and interprets background information	○	○	○	○	○	○
Comment:						
b. Selects appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests and instrumental procedures	○	○	○	○	○	○
Comment:						
c. Can explain the rationale for the selection of the chosen test measures and procedures (e.g. awareness of culture, gender, age, parental, client, schools, etc.)	○	○	○	○	○	○
Comment:						
d. Prepares the clinical questions to be answered by the evaluation (e.g. interview questions, areas to assess)	○	○	○	○	○	○
Comment:						

https://www.typhongroup.net/eval/create/preview.asp?survey=14435&facility=9061

Skills By Disorder

Please check the student's level of performance for each disorder area and age group that you observed them work with this semester in the domains of prevention, evaluation, and intervention. The three-point scale suggests three levels of accomplishment: "1" minimal experience and in need of more; "2" skills are emerging; and "3" skills are at a level to begin the CF experience. The goal is to have the student "CF Ready" by the time of graduation. Not all areas require the "3" rating for the student to graduate. Complete the form as you see the student at the end of their experience with you this semester.

	Prevention			Evaluation			Intervention		
	1	2	3	1	2	3	1	2	3
Articulation									
Child	o	o	o	o	o	o	o	o	o
Adult	o	o	o	o	o	o	o	o	o
Fluency									
Child	o	o	o	o	o	o	o	o	o
Adult	o	o	o	o	o	o	o	o	o
Voice & Resonance									
Child	o	o	o	o	o	o	o	o	o
Adult	o	o	o	o	o	o	o	o	o
Expressive & Receptive Language									
Child	o	o	o	o	o	o	o	o	o
Adult	o	o	o	o	o	o	o	o	o
Hearing									
Child	o	o	o	o	o	o	o	o	o
Adult	o	o	o	o	o	o	o	o	o
Swallowing									
Child	o	o	o	o	o	o	o	o	o
Adult	o	o	o	o	o	o	o	o	o
Cognitive Aspects of Communication									
Child	o	o	o	o	o	o	o	o	o
Adult	o	o	o	o	o	o	o	o	o
Social Aspects of Communication									
Child	o	o	o	o	o	o	o	o	o
Adult	o	o	o	o	o	o	o	o	o
Communication Modalities									
Child				o	o	o	o	o	o
Adult				o	o	o	o	o	o

SLP Program Appendix 3.5

CAA Competencies as Listed by Course

CAA Accreditation Application and Annual Report
Speech-Language Pathology Knowledge and Skills within the Curriculum

Instructions:
Enter the course number and title for the academic and clinical course(s), practicum experience(s) and other source(s) of experience that provide students opportunity to acquire knowledge and skills across the speech-language pathology curriculum.

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Labs Title and # or Description	Research Title and # or Description	Other Title and # or Description
3.1.1B PROFESSIONAL PRACTICE COMPETENCIES						
Accountability	7007 (Communicative Interaction)	7200 (Intro Clinic) 7208 (Clinic Experience SLP)	All clinical placements			Mid-South Conference on Communicative Disorders
Effective Communication Skills	7003 (Anat & Phys) 7010 (Neuro Bases) 7006 (Nml Sp & Lng Dev) 7016 (Sociocultural Bases) 7113 (Rehab AuD) 7015 (Professional Writing)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements		7500 (Evaluating Research) 7991 (Intro to Research)	Mid-South Conference on Communicative Disorders

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Labs Title and # or Description	Research Title and # or Description	Other Title and # or Description
	7206 (Dev & Acq Motor Spch Dis) 7203 (Voice & Upper Airway Disorders) 7204 (Speech Sound Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7212 (Autism) 7215 (Pediatric Feeding & Swallowing 7216 Endoscopy and Adv Cl Instrumentation 7300 (Child Lang. Disorders) 7302 (Lang. Dis. Adults) 7308 (AAC) 7505 (Intro to IPE/IPP) 7305 (Lang Learn Disabilities)					
Clinical Reasoning	7005 (Lang Sample Analysis) 7010 (Neuro Basis) 7206 (Motor Speech Disorders) 7203 (Voice & Upper Airway Disorders) 7207 (Clin Instrumentation) 7205 (Fluency Disorders) 7212 (Autism)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	Pediatric and Adult Placements		7500 (Evaluating Research)	

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Labs Title and # or Description	Research Title and # or Description	Other Title and # or Description
	7216 Endoscopy & Adv Cl Instrumentation 7300 (Child Lang Disorders) 7302 (Lang Dis Adults) 7308 (AAC)					
Evidence-Based Practice	7006 (Nml Sp & Lng Dev) 7113 (Rehabilitatv Aud) 7203 (Voice and Upper Airway Disorders) 7204 (Speech Sound Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7212 (Autism) 7215 (Pediatric Feeding and Swallowing 7216 Endoscopy and Adv Cl Instrumentation 7300 (Child Lang Disorders) 7302 (Lang Dis Adults) 7308 (AAC)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements		7500 (Evaluating Research) 7990 (Research Activity)	
Concern for Individuals Served	7007 (Communicative Interactions) 7016 (Sociocultural Basis) 7203 (Voice and Upper Airway Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia)	7200 (Intro to Clinic) 7208 (Clinical Experience SLP)	All clinical placements		7500 (Evaluating Research)	

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Labs Title and # or Description	Research Title and # or Description	Other Title and # or Description
	7215 (Pediatric Feeding and Swallowing 7216 Endoscopy and Adv Cl Instrumentation					
Cultural Competence	7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev) 7308 (AAC) 7212 (Autism & related dis) 7016 (SocioCultl bases of Comm)	7200 (Intro Clinic)	All clinical placements			
Professional Duty	7032 (Professional Dev in CSD)	7200 (Intro Clinic) 7208 (Clinical Experiences)				Mid-South Conference on Communicative Disorders
Collaborative practice	7006 (Nml Sp & Lng Dev) 7010 (Neuro Bases) 7203 (Voice and Upper Airway Disorders) 7204 (Speech Sound Dis) 7216 Endoscopy and Adv Cl Instrumentation 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7308 (AAC)	7208 (Clinical Experience SLP)	AAC, Hospital, Long-Term Care, TBI			Mid-South Conference on Communicative Disorders
3.1.2B FOUNDATIONS OF SPEECH-LANGUAGE PATHOLOGY PRACTICE						

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Labs Title and # or Description	Research Title and # or Description	Other Title and # or Description
Discipline of human communication sciences and disorders	7006 (Nml Sp & Lng Dev) 7000 (Speech Science) 7505 (Intro to IPE/IPP 7007 (Comm Interaction)	7200 (Intro Clinic)				
Basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases	7000 (Speech Science) 7003 (Anat & Phys) 7006 (Nml Sp & Lang Dev) 7007 (Communicative Interaction) 7010 (Neuro Bases) 7113 (Rehabilitative Aud) 7203 (Voice and Upper Airway Disorders) 7207 (Clin Instrumentation) 7216 Endoscopy & Adv Cl Instrumentation 7016 (SocioCultl bases of Comm)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	Preschool Screening, Diagnostics, AAC, Fluency	Practical Labs		
Ability to integrate information pertaining to normal and abnormal human development across the life span	7003 (Anat & Phys) 7006 (Nml Sp & Lng Dev) 7010 (Neuro Bases) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice and Upper Airway Disorders) 7205 (Fluency Disorders) 7209 (Dysphagia)					

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Labs Title and # or Description	Research Title and # or Description	Other Title and # or Description
	7215 (Pediatric Feeding and Swallowing 7216 Endoscopy and Adv Cl Instrumentation 7300 (Ch Lang Disorders) 7308 (AAC) 7302 (Lang Dis Adults) 7505 (Intro to IPE/IPP)					
to include knowledge of: For the following elements:						
• Articulation	7000 (Speech Science) 7003 (Anat & Phys) 7006 (Nml Sp & Lang Dev) 7010 (Neuro Bases) 7206 (Dev & Acq Mtr Spch Dis) 7204 (Speech Sound Dis) 7300 (Ch Lang Disorders)	7208 (Clinical Experience SLP)				

Nature of communications and swallowing processes to include knowledge of:

- Etiology of the disorders or differences
- Characteristics of the disorders or differences
- Underlying anatomical and physiological characteristics of the disorders or differences
- Acoustic characteristics of the disorders or differences (where applicable)
- Psychological characteristics associated with the disordrs or differences
- Development nature of the disorders or differences
- Linguistic characteristics of the disorders or differences (where applicable)
- Cultural characteristics of the disorders or differences

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Labs Title and # or Description	Research Title and # or Description	Other Title and # or Description
	7501 (Phonetic Transcription)					
• Fluency	7206 (Dev & Acq Motor Spch Dis) 7205 (Fluency Dis)	7208 (Clinical Experience SLP)	Diagnostics, Fluency	Practical Labs		
• Voice and resonance, including respiration and phonation	7000 (Speech Science) 7003 (Anat & Phys) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice and Upper Airway Disorders) 7207 (Clin Instrumentation) 7216 Endoscopy and Adv Cl Instrumentation	7208 (Clinical Experience SLP	Artic, Voice, Hospital, Aural Rehab, Long Term Care, Handicapped, Cleft Palate, Diagnostic	Practical labs, listening labs, Clinical Instrument		
• Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities	7005 (Lang Sample Analysis) 7016 (Sociocultural Bases) 7204 (Speech Sound Dis) 7300 (Ch Lang Disorders) 7212 (Autism & related dis)	7208 (Clinical Experience SLP	Aphasia, Language Stim, TBI, Pediatric Language, Autism, Hospital, Long-Term Care, Aural			
• Hearing, including the impact on speech and language	6106 (Intro Survey Audiology) 7113 (Rehabilitative Audiology) 7300 (Ch Lang Disorders)	7208 (Clinical Experience SLP)	Preschool Screening, Hospital,	Practical labs 6106 – Intro Audiology		

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Labs Title and # or Description	Research Title and # or Description	Other Title and # or Description
	7505 (Intro to IPE/IPP)		Aural Rehab, Long Term Care,			
• Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)	7003 (Anat & Phys) 7010 (Neuro Bases) 7209 (Dysphagia) 7215 (Pediatric Feeding and Swallowing 7505 (Intro to IPE/IPP)	7208 (Clinical Experience SLP)	Hospital, Long-Term Care, Feeding, Diagnostic			
• Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)	7006 (Nml Sp & Lng Dev) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7308 (AAC)	7208 (Clinical Experience SLP)	Aphasia, Voice, Language, TBI, Pediatric Language; Hospital, Aural Rehab, Long term Care, Lang. Stim., Multi-Diagnostic			
• Social aspects of communication (e.g., behavioral and social skills affecting communication)	7005 (Lang Sample Analysis) 7006 (Nml Sp & Lng Dev) 7016 (Sociocultural Bases) 7203 (Voice and Upper Airway Disorders) 7212 (Autism) 7302 (Lang Dis Adults) 7308 (AAC)	7208 (Clinical Experience SLP)	All clinical placements			

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Labs Title and # or Description	Research Title and # or Description	Other Title and # or Description
• Augmentative and alternative communication	7308 (AAC)	7208 (Clinical Experience SLP)	Aphasia; Voice; Language, TBI, Autism Spectrum Disorders, Term Care, Language Stimulation	7308 assignments		
3.1.3B IDENTIFICATION AND PREVENTION OF SPEECH, LANGUAGE, AND SWALLOWING DISORDERS AND DIFFERENCES						
Principles and methods of identification of communication and swallowing disorders and differences	7000 (Speech Science) 7005 (Lang Sample 7006 (Nml Sp & Lng Dev) 7016 (Sociocultural Bases) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice and Upper Airway Disorders) 7205 (Fluency Disorders) 7207 (Clin Instrumentation) 7212 (Autism) 7216 Endoscopy and Adv Cl Instrumentation 7302 (Lang Dis Adults) 7308 (AAC)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	Hospital, Feeding, Preschool Screening, Voice, Diagnostics			
Principles and methods of prevention of communication and swallowing disorders	7203 (Voice and Upper Airway Disorders) 7205 (Fluency Disorders) 7300 (Child Lang Disorders) 7505 (Intro to IPE/IPP)	7208 (Clinical Experience SLP)	Diagnostics, Preschool Screening			
3.1.4B EVALUATION OF SPEECH, LANGUAGE, AND SWALLOWING DISORDERS AND DIFFERENCES						

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Labs Title and # or Description	Research Title and # or Description	Other Title and # or Description
Articulation	7206 (Dev & Acq Motor Spch Dis) 7204 (Speech Sound Dis) 7300 (Ch Lang Disorders)	7208 (Clinical Experience SLP)	Diagnostics, Accent Modification, Aphasia, Pediatric	7207 (clinical instrumentation)		
Fluency	7206 (Dev & Acq Motor Spch Dis) 7205 (Fluency Disorders)	7208 (Clinical Experience SLP)	Diagnostics, Hospital			
Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities	7005 (Lang Sample Analysis) 7016 (Sociocultural Bases) 7204 (Speech Sound Dis) 7212 (Autism) 7302 (Lang Dis Adults) 7308 (AAC)	7208 (Clinical Experience SLP)	Pediatric Language Program, Language & Literacy,			
Hearing, including the impact on speech and language	6106 (Intro Survey Audiol) 7113 (Rehabil Audiology)	7208 (Clinical Experience SLP)	Diagnostics			
Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function	7209 (Dysphagia) 7215 (Pediatric Feeding and Swallowing	7208 (Clinical Experience SLP)	Hospital			

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Labs Title and # or Description	Research Title and # or Description	Other Title and # or Description
for feeding; orofacial myology)						
Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)	7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7308 (AAC)	7208 (Clinical Experience SLP)	All clinical placements			
Social aspects of communication (e.g., behavioral and social skills affecting communication)	7005 (Lang Sample Analysis) 7007 (Communicativ Interactn) 7016 (Sociocultural Bases) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7308 (AAC)	7208 (Clinical Experience SLP)	All clinical placements			
Augmentative and alternative communication needs	7308 (AAC)	7208 (Clinical Experience SLP)	AAC Clinic; Aphasia bootcamp			
3.1.5B INTERVENTION TO MINIMIZE THE EFFECTS OF CHANGES IN THE SPEECH, LANGUAGE, AND SWALLOWING MECHANISMS						
Intervention for communication and swallowing differences with individuals across the lifespan to minimize the effect of those disorders and differences on the ability to participate as fully as possible in the environment						
Intervention for disorders and differences of the following:						
• Articulation	7206 (Dev & Acq Motor Spch Dis) 7204 (Speech Sound Dis)	7208 (Clinical Experience SLP)	Pediatric Language, School-			

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Labs Title and # or Description	Research Title and # or Description	Other Title and # or Description
			Based placement, Accent Modification			
• Fluency	7206 (Dev & Acq Motor Spch Dis) 7205 (Fluency Disorders)	7208 (Clinical Experience SLP)	Fluency (private & group)			
• Voice and resonance, including respiration and phonation	7206 (Dev & Acq Motor Spch Dis) 7203 (Voice and Upper Airway Disorders)	7208 (Clinical Experience SLP)	Voice, Adult Tx			
• Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities	7204 (Speech Sound Dis) 7212 (Autism) 7302 (Lang Dis Adults) 7308 (AAC)	7208 (Clinical Experience SLP)	Autism ; AAC; Hospital; Lang/Literacy; Lang. Stimulation; Aphasia bootcamp			
• Hearing, including the impact on speech and language	7113 (Rehabil Audiology) 7300 (Ch Lang Disorders)	7208 (Clinical Experience SLP)	Pediatric Language; Hospital;			

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Labs Title and # or Description	Research Title and # or Description	Other Title and # or Description
			School-Based (Oral School for Th Deaf)			
• Swallowing	7209 (Dysphagia) 7215 (Pediatric Feeding and Swallowing	7208 (Clinical Experience SLP)	Hospital			
• Cognitive aspects of communication	7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7308 (AAC)	7208 (Clinical Experience SLP)	Autism tx; AAC; Hospital; Lang/Literacy; Aphasia bootcamp			
• Social aspects of communication	7007 (Communicative Interaction) 7016 (Sociocultural Bases) 7212 (Autism) 7302 (Lang Dis Adults)	7208 (Clinical Experience SLP)	Autism tx; AAC; Hospital; Lang/Literacy; Aphasia bootcamp			
3.1.6B GENERAL KNOWLEDGE AND SKILLS APPLICABLE TO PROFESSIONAL PRACTICE						
Ethical conduct	7016 (Sociocultural Bases) 7203 (Voice and Upper Airway Disorders) 7204 (Speech Sound Dis) 7209 (Dysphagia) 7215 (Pediatric Feeding and Swallowing 7212 (Autism) 7302 (Lang Dis Adults) 7308 (AAC)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements		7500 (Evaluating Research)	

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Labs Title and # or Description	Research Title and # or Description	Other Title and # or Description
Integration and application of knowledge of the interdependence of speech, language, and hearing	6106 (Intro Survey Audiology) 7005 (Lang Sample Analysis) 7007 (Communicative Interaction) 7010 (Neuro Bases) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice and Upper Airway Disorders) 7205 (Fluency Disorders) 7207 (Clin Instrumentation) 7216 Endoscopy and Adv Cl Instrumentation 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7308 (AAC)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements		7500 (Evaluating Research)	
Engagement in contemporary professional issues and advocacy	7006 (Nml Sp & Lng Dev) 7010 (Neuro Bases) 7113 (Rehabilitatv Aud) 7203 (Voice and Upper Airway Disorders) 7209 (Dysphagia) 7212 (Autism) 7302 (Lang Dis Adults) 7308 (AAC) 7016 (SocioCultrl Bases)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)			7500 (Evaluating Research)	Mid-South Conference on Communicative Disorders
Processes of clinical education and supervision		7200 (Intro Clinic) 7208 (Clinical Experience SLP)				

	Academic Course Title and #	Clinical Course Title and #	Practicum Experience Title and #	Labs Title and # or Description	Research Title and # or Description	Other Title and # or Description
Professionalism and professional behavior in expectations for a speech-language pathologist		7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements			Mid-South Conference on Communicative Disorders
Interaction skills and personal qualities, including counseling, and collaboration	7007 (Communicative Interactn) 7010 (Neuro Bases) 7113 (Rehabilitate Aud) 7203 (Voice and Upper Airway Disorders) 7204 (Speech Sound Dis) 7209 (Dysphagia) 7215 (Pediatric Feeding and Swallowing 7216 Endoscopy and Adv Cl Instrumentation 7212 (Autism) 7302 (Lang Dis Adults) 7505 (Intro to IPE/IPP)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements	Role play assignments		
Self-evaluation of effectiveness of practice	7007 (Communicative interaction) 7016 (SocioCultrl Bases)	7200 (Intro Clinic) 7208 (Clinical Experience SLP)	All clinical placements			

SLP Program Appendix 3.6

SLP Knowledge and Skills as Listed by Course

Note: Aspects of each Standard are addressed to varying extents in individual courses.

7000 - Speech Science
7003 - Anatomy and Physiology of the Speech Mechanism
7005 – Language Sample Analysis
7006 - Language and Speech Development
7007 - Communicative Interaction
7010 - Neurological Bases of Communication
7015 – Professional Writing
7016 - Socio-Cultural Bases of Communication
7032 – Professional Development in CSD
6106 - Introductory Survey of Audiology
7108 – CSD and Public Health
7113 - Rehabilitative Audiology I
7123 - Clinical Applications Sign Language
7200 - Introduction to Clinical Practice in Speech-Language Pathology
7201 - Cleft Palate and Craniofacial Disorders
7206 - Developmental and Acquired Speech Motor Disorders
7203 - Voice and Upper Airway Disorders
7204 – Speech Sound Disorders
7205 - Fluency Disorders
7207 - Clinical Instrumentation
7208 - Clinical Experience in Speech-Language Pathology
7209 - Dysphagia and Related Disorders
7212 - Autism Spectrum Disorders and Related Disabilities
7215 - Pediatric Feeding and Swallowing
7216 – Endoscopy and Advanced Clinical Instrumentation
7300 - Language Disorders in Children
7302 - Language Disorders in Adults
7305 - Language Learning Disabilities
7308 - Augmentative Communication
7309 - Speech Rehabilitation for Head and Neck Pathologies
7500 - Evaluating Research in Communication Disorders
7501 - Phonetic Transcription
7505 – Introduction to Interprofessional Education and Practice

7000 – Speech Science
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Articulation
Voice and resonance, including respiration and phonation

7003 – Anatomy and Physiology of the Speech Mechanism
IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

7005 – Language Sample Analysis
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Evaluation

7006 – Language and Speech Development
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological,

acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Articulation
Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Evaluation

7007 – Communicative Interaction
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Interaction and Personal Qualities

7010 – Neurological Bases of Communication
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Articulation
Voice and resonance, including respiration and phonation
Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Evaluation

7015 – Professional Writing
V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

7016 – Socio-Cultural Bases of Communication
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.
The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Articulation
Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
IV-G The applicant must have demonstrated knowledge of contemporary professional issues.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

Evaluation
Intervention
Interaction and Personal Qualities

7032 – Professional Development in CSD
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Interaction and Personal Qualities

6106 – Introductory Survey of Audiology
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Hearing, including the impact on speech and language
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Evaluation
Intervention

7108 – Communication Sciences and Disorders and Public Health
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates across areas related to communication and swallowing.
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
The applicant must have demonstrated knowledge of contemporary professional issues.
V-A The applicant must have demonstrated skill sin oral and written or other forms of communication sufficient for entry into professional practice.

7113 – Rehabilitative Audiology I
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Hearing, including the impact on speech and language
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Intervention
Interaction and Personal Qualities

7123 – Clinical Application of Sign Language
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Hearing, including the impact on speech and language
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Intervention
Interaction and Personal Qualities

7200 – Introduction to Clinical Practice in Speech-Language Pathology
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Articulation
Fluency
Voice and resonance, including respiration and phonation
Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing

Hearing, including the impact on speech and language
Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
Augmentative and alternative communication modalities
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
The applicant must have demonstrated knowledge of contemporary professional issues.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment
Intervention
Interaction and Personal Qualities

7201 – Cleft Palate and Craniofacial Disorders
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Articulation
Voice and resonance, including respiration and phonation
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment
Intervention
Interaction and Personal Qualities

7204 – Speech Sound Disorders
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological,

developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Articulation
Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
Voice and resonance, including respiration and phonation
Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
Hearing, including the impact on speech and language
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
The applicant must have demonstrated knowledge of contemporary professional issues.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment
Intervention
Interaction and Personal Qualities

7205 – Fluency Disorders
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Fluency
Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people

with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment
Intervention
Interaction and Personal Qualities

7206 – Developmental and Acquired Motor Speech Disorders
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Articulation
Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
Voice and resonance, including respiration and phonation
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
The applicant must have demonstrated knowledge of contemporary professional issues.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment
Intervention
Interaction and Personal Qualities

7203 – Voice and Upper Airway Disorders
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the

ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Voice and resonance, including respiration and phonation
Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
The applicant must have demonstrated knowledge of contemporary professional issues.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment
Intervention
Interaction and Personal Qualities

7207 – Clinical Instrumentation
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Articulation
Voice and resonance, including respiration and phonation
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
V-B The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment

7208 – Clinical Experience in Speech-Language Pathology
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the

ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Articulation
Fluency
Voice and resonance, including respiration and phonation
Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
Hearing, including the impact on speech and language
Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
Augmentative and alternative communication modalities
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant must have demonstrated knowledge of standards of ethical conduct.
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
The applicant must have demonstrated knowledge of contemporary professional issues.
The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment
Intervention
Interaction and Personal Qualities

7209 – Dysphagia and Related Disorders
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological,

acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant must have demonstrated knowledge of standards of ethical conduct.
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
The applicant must have demonstrated knowledge of contemporary professional issues.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment
Intervention

7212 – Autism Spectrum Disorders and Related Disabilities
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
The applicant must have demonstrated knowledge of contemporary professional issues.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment

Intervention
Interaction and Personal Qualities

7215 – Pediatric Feeding and Swallowing
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant must have demonstrated knowledge of standards of ethical conduct.
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
IV-F The applicant must have demonstrated knowledge of contemporary professional issues.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment
Intervention
Interaction and Personal Qualities

7216 – Endoscopy and Advanced Clinical Instrumentation
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
The applicant must have demonstrated knowledge of contemporary professional issues.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment
Intervention

7300 – Language Disorders in Children
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Articulation
Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
Hearing, including the impact on speech and language
Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
The applicant must have demonstrated knowledge of contemporary professional issues.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment
Intervention
Interaction and Personal Qualities

7302 – Language Disorders in Adults
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
The applicant must have demonstrated knowledge of contemporary professional issues.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment
Intervention
Interaction and Personal Qualities

7305 – Language Learning Disabilities
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment
Intervention

7308 – Augmentative Communication
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
Augmentative and alternative communication modalities
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
The applicant must have demonstrated knowledge of contemporary professional issues.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment
Intervention
Interaction and Personal Qualities

7309 – Speech Rehabilitation for Head and Neck Pathologies
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Articulation
Voice and resonance, including respiration and phonation
Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
Augmentative and alternative communication modalities
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment
Intervention
Interaction and Personal Qualities

7500 – Evaluating Research in Communication Disorders
IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
The applicant must have demonstrated knowledge of contemporary professional issues.
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:
Assessment
Intervention
Interaction and Personal Qualities

7501 – Phonetic Transcription
IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

7502 – Intro to Transcription
IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

7505 – Introduction to Interprofessional Education and Practice
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological,

developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing

Hearing, including the impact on speech and language

Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)

Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)

Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

SLP Program Appendix 3.7

Goals and Expectations for Clinical Practicum in SLP

I. The Directors of Clinical Education in Speech-Language Pathology will:
   a. Design an individualized clinical practicum sequence for the student with the input from clinical faculty and in collaboration with the student with the emphasis on the skills the student has obtained and still needs to learn as well as his/her areas of interest;
   b. Retain and add external placements that will provide a rich learning environment for students;
   c. Be available for students to express interests and concerns about their clinical training or education in general;
   d. Keep all issues of concerns addressed with a student confidential;
   e. Maintain currency of the practice trends in speech-language-swallowing disorders and business practices to ensure the best opportunity for learning for students.

II. The clinical educator (supervisor) will:
   a. Provide background information about the clients and procedures for specific programs;
   b. Initially, inquire about the student's knowledge and experience with the disorder type/age of client assigned and determine the level of instruction needed for the student to succeed with the client;
   c. Share expectations of skill level for a student at his/her level of study by the end of the semester;
   d. Meet with students on a regular basis to plan and debrief the sessions as well as give feedback regarding the sessions;
   e. Be open to student questions and suggestions;
   f. Continuously assess the student's skill and knowledge to provide the optimal learning experience for the student;
   g. Encourage questions and guide the student regarding the types of questions a learner at his/her level of study is expected to ask;
   h. Foster critical thinking and problem-solving skills;
   i. Guide the student to a level of expected skill for his/her level of learning with the ultimate goal of independence in the session;
   j. Participate in self-assessment of clinical teaching methods and strategies and encourage feedback from students;
   k. Ultimately be responsible for providing the best services to the client and families

III. The student will:
   a. Participate in clinic assignments that will expose them to the breadth of the scope of practice across the lifespan, with diverse populations, and in as many different settings as possible;
   b. Work with each of the CSD clinical faculty in the majority of clinical programs offered at MSHC;
   c. Understand his/her responsibility to provide the best and most efficient care/service to the client and their families;

d. Come to the session prepared with the necessary plans, materials, knowledge, and practice of tests/techniques, and mindset to provide the best services for the client;
e. Be open to learning new techniques and to be an active learner in the education process;
f. Be familiar with the policies and procedures in the CSD Handbook and refer to it for information before asking questions;
g. Apply course content in the clinic and ask insightful questions to assist the clinical educator in identifying any disconnect of knowledge and application;
h. Gain meaningful insight, through self-assessment and instructor feedback, and achieve progress with each clinical placement;
i. Express concerns about the clinical experience with the assigned clinical faculty member throughout the semester and not just at the end of the assignment;
j. Participate in at least one placement in a medical setting and one in pediatric placement (i.e., school, private practice, etc.)
k. Meet the knowledge and skills outlined for certification of clinical competence for ASHA, TN teacher licensure, and other state licensures;
l. Exceed the minimum ASHA requirement of 400 clock hours

SLP Program Appendix 3.8

The Clinical Practicum Progression in SLP (under revision, 8.14.25)

In general, the progression of clinical education is based on the coursework taken by the student and the clinical experience the student has had. Students need to have had or are concurrently taking the courses that apply to the clinic assigned. Off-site medical placements require, at minimum, the Language Disorders in Adults I and preferably Dysphagia at least concurrently.

Each semester students will meet with the Co-Director of Clinical Education, SLP, Adele Dunkin, to discuss their progression of experiences and their requests for placements in the future. Efforts are made to accommodate the requests, when possible.

Students can request more clinic than the typical assignment. Students who are on clinical assistantships will be assigned an additional 10 hours a week, which can have an impact on the total number of clock hours accrued in the program.

- First Semester: (approximately 6 hours of client contact a week)
    a. With-Background (WB) students will be assigned 6 hours of client contact per week. A specific number of clients are not specified because the schedule can vary if working with individuals or groups in clinic. Assignments will typically be diagnostics or therapy with children (speech/language disorders) or accent modification with adults (ASSET). On a rare occasion, a student who has had fluency disorders undergrad may have a fluency client. Total number of clock hours expected by the end of the semester is 50+.
    b. With other Background (WOB) students may be assigned clinic in the role of observer or possibly the clinician. Clinician roles would be in the accent modification program (ASSET) and, on rare occasions, therapy with children. Assignments are determined based on the undergraduate area of study and experiences. The primary clinical assignment for the semester is obtaining 25 observation hours.

- Second Semester: (approximately 9 hours of client contact a week)
    a. Spring graduates, with recommendation from supervisors, can be placed off-site in pediatric/school settings. Assignments will be different than the first semester, but with the same types of clients. Total number of clock hours expected by the end of the semester is 100+.
    b. Summer Graduates (after the first semester students are no longer considered to be a WOB) assignments will typically be diagnostics or therapy with children (speech/language disorders) or accent modification with adults (ASSET). Total number of clock hours expected by the end of the semester is 50+.

- Third Semester: (approximately 9 hours of client contact a week)
    a. Spring graduates, with recommendation from supervisors, can be placed off-site in pediatric/school settings. Assignments with disorders for which class work has been completed or concurrently taken can be assigned. Total number of clock hours expected by the end of the semester is 150+.

b. Summer Graduates, with recommendation from supervisors, can be placed off-site in pediatric/school settings. Assignments will be different than the first semester, but with the same types of clients. Total number of clock hours expected by the end of the semester is 100+.

- Fourth Semester: (minimum of 9 hours of client contact a week)
  a. Spring graduates will have their first opportunity to be placed in a medical setting. Those not placed in a medical setting will be placed in some type of offsite experience, if they have not been off-site in earlier semesters. Most off-site placements are for 2 full days a week. Students will also be assigned at least one client in-house. Total number of clock hours expected by the end of the semester is 250- 300+ (with off-site twice a week). When assigned to an adult off-site placement, the goal is to get as many of the adult clock hours as possible that semester.
  b. Summer graduates will have their first opportunity to be placed in an adult/pediatric medical setting; however, the priority of placement will be to the spring graduates. Efforts are made to place as many as possible in some type of off-site placement. Total number of clock hours expected by the end of the semester is 150-250+ (depending on if assigned off-site twice a week). When assigned to an adult off-site placement, the goal is to get as many of the adult clock hours as possible that semester.

- Fifth Semester: (minimum of 9 hours of client contact a week)
  a. Spring graduates who have not been placed in a medical setting will have first priority for those placements. Second priority will go to the summer graduates. If placements are available, students who have an interest in the medical setting may request a second placement. Complete all hours in all categories with a minimum total of 400 (including 25 observation) clock hours.
  b. Summer graduates will have second priority for medical placements after those spring graduates who have not had that opportunity. Total number of clock hours expected by the end of the semester is 250-300+ (depending on if assigned off-site twice a week).

- Sixth Semester: (minimum of 9 hours of client contact a week)
  a. Summer graduates who have not been placed in a medical setting will have first priority for those placements. If placements are available, students who have an interest in the medical setting may request a second placement. Complete all hours in all categories with a minimum total of 400 (including 25 observation) clock hours.

The following table is a breakdown of the clock hours by disorder and age group. These are suggested targets to ensure a clinical experience that involves the scope of practice. Some states require these clock hours for licensure. It is important to be aware of the requirements of the states where you may do your CF early in the program to ensure time to acquire what is needed. The ultimate requirement for clinical experience is the competency level of both knowledge and skills across the nine disorder areas determined by ASHA, not the hours in each category.

Category	Hours Required	Category	Hours Required
Child Speech Diagnostics • Artic • Voice • Fluency • Dysphagia/feeding • Speech screening	20 total • only 10 of the 20 can be screening hours	**Adult Speech Diagnostics** • Artic • Voice • Fluency • Dysphagia/feeding • Speech screening	20 total • only 10 of the 20 can be screening hours • only 10 of the 20 can be dysphagia
Child Language Diagnostics • Language screening • Cognitive • AAC	20 total • only 10 of the 20 can be screening hours	**Adult Language Diagnostics** • Language screening • Cognitive • AAC	20 total • only 10 of the 20 can be screening hours
Child Speech Therapy • Artic • Voice • Fluency • Dysphagia/feeding	20 total	**Adult Speech Therapy** • Artic • Voice • Fluency • Dysphagia/feeding	20 total
Child Language Therapy • Language therapy • Cognitive • AAC	20 Total	**Adult Language Therapy** • Language screening • Cognitive • AAC	20 Total
Fluency (hours are counted in the speech category and then noted separately for this requirement)	15 Total • Can be any age • Can be either dx or tx • A portion can be prevention	**Hearing screening and Aural Rehab**	20 total • No minimum in either • Need to have some of both
Voice (hours are counted in the speech category and then noted separately for this requirement)	15 Total • Can be any age • Can be either dx or tx • A portion can be prevention	**Undergraduate Hours**	75 Maximum • Require signed log of hours to count
Counseling	No more than 25	**Settings**	3 different settings of 50 hours each
Staffing	No more than 25	**Total with U of M Faculty**	125
Observation	25 total	**Total clock hours**	375 minimum not including the 25 observation

SLP Program Appendix 3.9

SLP Students Frequently Asked Questions/Comments

The intent of this information is to help students understand some of the principles and processes used in the clinical practicum experience. It is in no way intended to suggest that students shouldn't express their interests, preferences, and fears about the clinical placements they receive.

I. "I have all of my child language hours (or hours) and I'm concerned I won't get all of my hours with the assignment I have".
   a. Students will have well more than the minimum of 20 hours in child language treatment, as well as other disorder type hours. It is impossible to experience the vast scope of language disorders with all ages of clients and feel confident in treating those cases independently in 20 hours. The goal is reaching competency in the disorder areas, not an hour count. The more you practice something, the better you will be. The 400 clock hours is a minimum.
   b. Below is a table of average clock hours based on the graduating classes for 2012-2014. These are only graduate hours, so undergrad clock hours are not in the totals. Typically child hours are in the first year and adult hours are in the second year. You will get your hours; so rather than noting your progress by the number of hours; try to focus on the experiences and what you want to learn.

Total Hours	Total Child	Total Adult	Child Speech Therapy	Child Lang Therapy	Child Speech Diag	Child Lang Diag	Adult Speech Therapy	Adult Lang Therapy	Adult Speech Diag	Adult Lang Diag
459	232	215	52	75	30	35	52	79	33	22

II. "I'm concerned about my clock hours."
   a. Students are to monitor their clock hours and inform the Director of Clinical Education if numbers are lower than the expected number listed by semester (approximately 50 per semester for the first three) or the assigned placements are not yielding the expected totals due to poor client attendance.

III. "My classmate has been assigned hours that I don't have. I'm concerned that I won't be ready to graduate on time."
   a. To get a cohort the hours needed to graduate, the order of experiences will differ. Availability often determines assignments. Some students may get hearing/ diagnostic/fluency, etc. hours early in their study to get everyone what they need by the end. All students will get the required hours in the end.

IV. "I have already worked with that supervisor, can you change my schedule?"
   a. You will more than likely work with the same supervisor in more than one semester. The goal of the assignment is to allow you to work with different clients. If you have a significant problem working with a particular person, it is important to address those difficulties during the semester you are assigned to them. You may request a break in being assigned to a particular person; however, the request needs to be expressed before the assignment is made.

V. “I prefer to work with adults, so can you just assign me to adult clinics?” or “I prefer to work with children, so can you just assign me to clinics with children?”
    a. The simple answer is “no”. We have to ensure that you have the clinical skills to work with all ages and all disorders. I know that the first year of clinic can be frustrating if all of your clients are children and you want to work with adults, but the coursework order dictates that early assignments are with children and the second years have the adult assignments. Likewise, those who have concerns about working in a medical setting may be fearful of what the second year will bring. Keep an open line of communication with the Directors of Clinical Education, and they will work you through it. By the way, a little bit of peppermint oil under the nose can help with the smells in a medical setting.

VI. “I have no interest in working in a (school, hospital, etc.). Do I have to?”
    a. It is our experience that five years after graduation, SLPs are working in environments that they had no interest in as a graduate student. Our goal is to give students a broad exposure to a range of practice settings. All will experience a medical placement and an external pediatric/school placement. Students are often surprised that their assumptions about the setting are in error. If nothing else, it gives the student the opportunity to know what type of settings they would be happy working in in the future.

Section IV - PhD Program

PhD in Communication Sciences and Disorders Program in Audiology

I. Program Goals and Overview

a. Description: A description of the PhD program appears in the Graduate Catalog of the University of Memphis and can also be accessed via the School's website. The information contained in the Graduate Catalog will not be repeated here. In addition, features of the PhD Program that overlap with aspects of the MA and AuD programs are detailed in earlier sections of this Handbook.

b. Collaborative, nurturing intellectual community: The School supports and implements highly interactive PhD training, involving close mentorship and student collaboration with both faculty and other students. Collaboration fosters networking, research productivity, and diverse methodological training. Consistent with the School's mission statement, the program places priority on PhD training for post-doctoral study and/or academic positions within the discipline with significant potential impact in the field of Communication Sciences and Disorders.

c. Flexibility and Individualization: Aside from Core Requirements, there is no standard curriculum for students enrolled in the PhD program. Coursework is tailored for the individual student and is designed to maximize the student's training in their research area. General graduation requirements imposed by the University are described in the Graduate Catalog.

d. The PhD Program in Communication Sciences and Disorders has three concentrations: (i) Hearing Sciences and Disorders; (ii) Speech-Language Sciences and Disorders; (iii) Neuroscience. The PhD program descriptions are identical.

e. Role of the faculty mentor: The program has as a primary objective to train the next generation of academicians in Communication Sciences and Disorders. Consequently, the PhD program places a primary emphasis on the interaction between each student and a primary faculty Mentor. Acceptance into the PhD program is predicated on finding a "fit" between the prospective PhD student and a current member of the tenure-track faculty. Students are only admitted when there is a faculty member willing to serve as primary Mentor. Since the expertise of the faculty does not encompass every area within Communication Sciences and Disorders, students whose primary areas of interest do not overlap with the expertise of a faculty member are counseled to apply elsewhere.

II. Decision-making in the PhD Program

a. Role of the Dean and faculty in governing the PhD program. Activities of the PhD Program are the responsibility of the tenure-track faculty along with the Dean and the Associate Dean. Further, each student has a designated Mentor, and by the second semester after enrollment, a Planning Committee (see Section F below). The Mentor, the Planning Committee, and ultimately the Dissertation Committee have the primary responsibility for the supervision of each PhD student's individual education.

b. Associate Dean of Academic Programs. The Associate Dean of Academic Programs provides formal letters of offer of admission. They also serve as the day-to-day contact with the upper administration and Graduate School regarding admissions, retention, and funding for graduate students.

c. PhD Program Committee (PPC). Coordination of most of the day-to-day functions of the PhD program are managed by the PPC (a standing committee in the School) and other members of the academic faculty. The primary purposes of the PPC include:
    i. Corresponding with applicants to the program and maintenance of information about inquiries from potential applicants.
    ii. Coordinating active recruitment efforts.
    iii. Arranging review of applications for admission and decisions about funding for PhD students seeking program level funding or certain other competitive fellowships such as the Van Vleet Scholarship. Grant funding is decided by primary investigators of externally funded projects.
    iv. Arranging Annual Evaluations of PhD Students.
    v. Supplying the Associate Dean of Academic Programs with follow-up information needed for evaluation letters to students and admission/funding letters.
    vi. Helping the Dean and Associate Dean of Academic Programs to ensure the regular offering of appropriate Professional Preparation courses (each is 1-cr).
    vii. Arranging orientation for new PhD students for introduction to both faculty and current PhD students.
    viii. Assisting in coordinating the PhD student colloquium.
    ix. Assisting in arranging social activities for the PhD program.

d. Assumed Background at Admission
    i. There is no requirement in the program for a student to have a background in Communication Sciences and Disorders, only that the student have successfully completed an undergraduate degree. Backgrounds of our PhD students have included Communication Sciences and Disorders, Psychology, Cognitive Science, Linguistics, Engineering, Education, and Music. Students admitted to the program are required to have an academic Mentor who is a tenure- track research faculty member in the program and a Full member of the Graduate Faculty in order to chair the Dissertation Committee.

e. General Program Requirements
    i. Information about Core Course Requirements (AUSP 8008, 8021, 8400, and 8010 or 8020), Research Tools, Collateral Area, the Pre-Candidacy Research Project, and Additional Requirements including admission, retention, and dissertation requirements are described in the CSD Graduate Catalog.

f. Full-time status
    i. Full-time status for the Fall/Spring is ≥9 credit hours with a maximum of 15 credit hours. A minimum of 1 hour is required in Summer with maximum of 12 credit hours.

ii. University-funded GAs must register for at least 9 hrs. per semester (or 3 thesis/dissertation hours after passing the Comprehensive Exam) in both the Fall and Spring terms.
iii. Graduate students must enroll in no fewer than 9 hrs. in the Fall and Spring and 1 hr. in the summer term.
iv. Requests for credit-hour overloads must be approved by the Associate Dean of Academic Programs.

g. Other features of the PhD program
   i. Planning Committee: A key factor for each PhD student is the Planning Committee, a description of which can be found at the sites for the concentration in Speech-Language Sciences and Disorders, concentration in Hearing Sciences and Disorders, or concentration in Neuroscience. The Planning Committee, in consultation with the PhD student, evaluates the student's academic needs and assists in the planning of the student's academic program. This plan, tailored to the students' needs, becomes an individualized program that is designed for that student. The academic plan is filed in the student's electronic file on the J drive within the first year (3 semesters) of the program. The plan is maintained and updated as necessary if changes are made after first filing. Changes must be approved by the Planning Committee.

   ii. Comprehensive Examination: This committee should be formed by the student and Mentor within the last year of coursework, with membership expertise that covers the main elements of the Plan of Study. Committee membership must include at least 3 CSD faculty and one faculty from an outside academic unit. It is typical for comps coverage to include expertise in area of concentration, foundations from which the student would be teaching, research tools and collateral areas, and sometimes also consideration of dissertation goals. The comprehensive planning committee should meet at least one semester before the examinations begin to review the student's comps plan and coverage (e.g., examiners' topic areas and hours per topic), scope and cohesion of projects, and the deliverables for each written and oral component. The plan is ratified by filing the Comprehensive Examination Planning form.

   iii. The purpose of comprehensives is to determine mastery and broad understanding of the theoretical and empirical issues in contemporary speech-hearing sciences. A detailed description of the exam is found in the Graduate Catalog. The examination entails 24 hours of evaluation, 15 of which may be in the form of hands-on projects and research tools (e.g., laboratory experiment, data analysis, scholarly paper(s), grant proposal, course development). Each project (typically 3-6 hrs) must be approved by the overseeing faculty committee member. It is imperative the student and faculty formulate a plan and what constitutes an acceptable "turn-in item" for the project (e.g., extent of data analysis, review paper, presentation at orals, manuscript submission, grant submission) at the planning meeting. Comps projects with sufficient scope will at minimum require a full

semester (or more) to complete. Each project/practical component must be concluded during the last semester of coursework to be counted toward the Comprehensive Examination. The exam should be scheduled with project completion in mind; only in rare cases should projects extend beyond the exam date.

iv. To allow for a clean break to candidacy and the initiation of dissertation credit hours, the comprehensive exam should be concluded during the last semester of completing academic requirements. The oral exam must occur within 3 weeks following the written exams. This means that students should plan to take their comprehensive exams (written + orals) within the last month of final term listed on their Plan of Study.

v. Prospectus: The dissertation should comprise original research as proposed in the prospectus and approved by the Dissertation Committee. The prospectus should be submitted shortly after the comprehensive exams and be approved prior to initiating the dissertation work. The prospectus is typically defended ~1 year before the final dissertation defense. The document format must include a thorough literature review of the theoretical and empirical work related to the research topic, details of the methods, analysis plan and statistics to be used, and hypothesis/predicted outcomes. The prospectus is one of the few times faculty can offer constructive feedback on the student's dissertation plan. As such, it will generally be treated as a significant milestone in the tenure of the PhD program.

vi. Dissertation: The Dissertation Committee consists of a minimum of 4 faculty members selected by the student in consultation with the dissertation chair (usually the students' Faculty Mentor). At least 2 of the members must be from the School and at least 1 member must be from a department outside the School of Communication Sciences and Disorders. The chairperson of the dissertation committee must be from the School and must be a full member of the graduate faculty. Details of the dissertation process, dissertation document guidelines, and dissertation submission are found in the Graduate Catalog and the Thesis/Dissertation Preparation Guide.

    1. Deviations in experimental design, scope, methodological techniques, etc., from the prospectus plan should be approved by the Dissertation Chair in consultation with committee membership.
    2. To allow ample time for faculty review, students should submit their dissertation document to their committee no later than 2 weeks before the oral defense. Faculty requesting revisions should return edits to the student within 1 week following the defense to allow adequate time for revision. Significant alterations (e.g., running new experiments, collecting additional data) may be unrealistic in the timeframe before dissertation submission. Therefore, faculty must be reasonable in requesting substantial modifications that fall

outside the scope of work as initially approved at the time of the prospectus.

3. Thesis announcement. Students defending their dissertation should complete the form though the Graduate School's website at least 3 weeks prior to the dissertation defense. https://memphis.co1.qualtrics.com/jfe/form/SV_6A3iFZELrGYXohf

vii. Collateral Area: A minimum of 9 hours in coursework outside the School must be taken toward completing the PhD. This Collateral Area is tailored to each student's unique interests.

viii. Students satisfy this requirement with a sequence of courses at the University of Memphis or other local institutions (e.g., UTHSC Neurosciences courses). Other students fulfill their Collateral via a Graduate Certification in Cognitive Science. The collateral area requirement can be waived for a student entering with a Master's degree in a field related to Audiology or Speech-Language Pathology or if the student's outside coursework is considered sufficient by the Planning Committee.

h. Research Assignments: Students are given a 20-hour/week research assignment each semester. By working in the research environment with the Mentor and other members of the doctoral faculty, the mentoring relation between PhD students and faculty is further enhanced.

i. The philosophy of the doctoral faculty is that the education of the PhD student takes place as much in the research laboratory as it does in the classroom. The interaction between the PhD student, the doctoral faculty, and fellow students is critical to the development of the future researcher.

j. Annual Evaluation: For each student enrolled in the PhD program for at least two semesters, an Annual Evaluation is undertaken in the Spring of each year (usually in May) that involves all members of the tenure-track faculty. This evaluation addresses the desired outcomes for each student consistent with the graduation requirements and with the planning document on file with approval of the Planning Committee. Prior to the Annual Evaluation meeting, each PhD student is instructed to review their plan of study to ensure that it is up to date.

k. Completion of each required step of the PhD program is documented with a form, which is signed by the appropriate committee members. Students are responsible for transmitting the forms to the Dean's Administrative Associate as milestones are completed. Students can access their individual student folder on J-drive.

l. PhD Database: In preparation for the Annual Evaluation, students should review their course and milestone progress with their primary advisor in UM Degree. In addition, students should document their scholarly accomplishments in the format provided by their advisor and review on a regular basis.

m. Scholarly activities (e.g., publications, presentations, grants) should be listed based on work completed at the University of Memphis (only). Additionally, PhD students should complete a Planning Narrative for the coming year. The narrative should not be a summary of the past year's accomplishments but is meant to describe planned research activities for the coming academic year.

n. The Annual Evaluation takes account of each student's progress in the PhD program, with the student's primary mentor leading the discussion of that student's progress. At the conclusion of the Annual Evaluation, a letter is sent to each student which summarizes the outcome of the review and is signed by the student's Mentor and the Associate Dean of Academic Programs.

o. The PhD Student Colloquium: In the fall and spring semesters a PhD student organizes a "brown bag" colloquium series, attended by School faculty, students, and outside departments. The colloquium serves as a platform to facilitate collaboration, diversify methodological training, and foster community within the School. Speaker preference is given to current PhD students, who use the colloquium as a medium to present their Research. Priority is given to students presenting their Pre- candidacy Research Projects. Although priority is given to students presenting their pre-candidacy Research Projects, all PhD students are encouraged to present research regularly at various stages of completion. CSD Faculty and ancillary outside speakers provide the remainder of the talks each semester.
    i. The PhD Student Colloquium meets Fridays at 12 pm in the fall and spring semesters.

p. Teaching opportunities (examples):
    i. AUSP 8400- Teaching Experience is a course that provides mentored teaching experience for PhD students in giving lectures, preparing tests, grading, and/or student advising. Students are supervised by the faculty instructor. This course may be taken for variable credit (min 1 cr. required). However, the objectives of the teaching experience should minimally include hands-on practice with (1) teaching/lecturing in front of a class, (2) grading/assessment, and (3) interacting with students (e.g., office hours, fielding questions).
    ii. PhD students may be able, with appropriate prior experience and approval of the Planning Committee, Dean, and Graduate School, to teach as instructors of record in the School's undergraduate courses, under the supervision of a faculty member. Current undergraduate offerings include: AUSP 4106: Introduction to Audiology; AUSP 4300: Autism: Socialization & Communication; and AUSP 4010: Introduction to Functional Neuroscience.
    iii. Professional Prep Courses: As part of the Core Requirements, PhD students must take a minimum of 3 credit hours of AUSP 8021 – Professional Preparation for Scientists. The goal of these courses are to help prepare PhD students for their eventual role in science and academia. These courses are offered semi-regularly by rotating faculty based on the interests and professional needs of the PhD student cohort. Past seminar themes have

included grant writing, scientific publishing and peer review, understanding tenure & promotion, responsible conduct in research, and teaching.

iv. Required Forms: A series of forms must be logged over the course of a PhD student's tenure after completion of each major program requirement (e.g., Pre-candidacy Project, Oral Exams, Comprehensive Examination Plan). These forms are submitted to the Dean's Administrative Associate and retained in the student's file (located here). Each year, the Ph.D. Program Committee conducts an Annual Evaluation of each PhD student, and it is the student's responsibility to be sure that the necessary information is included in their file.

q. PhD students are also required to file a separate SACs Outcomes Tracking form (see forms folder) for each program milestone (i.e., pre-candidacy project, comps exams, prospectus, dissertation defense). Speak to your mentor if they (and the corresponding committee) have not completed this rating form for a given milestone.

r. Financial Assistance: see section 1.9 Financial Assistance.

Section V - Clinical Education Policies

Clinical Education Policy Summaries

Clinical Education Policy 501: Reporting Clinic Clock Hours
Clinical Education Policy 501 outlines the procedures for accurately recording clinic clock hours required for Audiology and Speech-Language Pathology students. Key takeaways include the responsibility of students to log their hours weekly using the Exxat Prism or AHST Typhon systems, with a seven-day window for submission. Hours must be approved by clinical faculty or external preceptors and are archived in the student's academic file upon graduation. Students are advised to keep a separate copy of their clock hours for their records, as the university maintains them only for five years. Additionally, the policy provides guidance on logging audiology and speech-language pathology hours and clarifies how shared clinical activities should be recorded.

Clinical Education Policy 502: Documentation of Academic and Clinical Competencies for ASHA Certification
Clinical Education Policy 502 outlines the documentation process for academic and clinical competencies required for ASHA certification. Academic and Clinical Advisors are responsible for tracking students completed courses and clinical experiences, ensuring alignment with ASHA's knowledge and skills standards. Students are encouraged to track their progress and competencies throughout the program. Clinical skills are documented by the Directors of Clinical Education. In cases where students pass a course or practicum but do not fully meet the competencies, a Clinical-Academic Support Plan is implemented. Clinic hours are logged in the Exxat or Typhon systems. Upon graduation, the student's competencies are verified by their Academic Advisor and Clinical Education Director, and the necessary forms for ASHA certification are submitted for final approval.

Clinical Education Policy 503: Clinical-Academic Support Plan (CLASP)
Clinical Education Policy 503 outlines the process for creating a Clinical-Academic Support Plan (CLASP) when a student fails to meet competencies in a course or clinical experience. The CLASP identifies areas of study needing attention and sets goals to help the student achieve competency. The process can be initiated by the student, instructor, or advisor, and varies in severity from minor concerns (e.g., exam retakes) to major issues spanning multiple courses or clinical settings. A committee of faculty and advisors works with the student to create and assess the plan. The plan includes specific goals, actions, and a timeline for review. If progress is unsatisfactory, further actions may be required, and continued failure may impact the student's ability to obtain ASHA certification or lead to program dismissal.

Clinical Education Policy 504: Commitment to Non-Discrimination and Diversity
Clinical Education Policy 504 emphasizes the School of Communication Sciences and Disorders' commitment to diversity and non-discrimination. The program values a student body that reflects diverse backgrounds, cultures, and life experiences, recognizing that such diversity enhances the academic environment and enriches research and teaching. The policy ensures that no student or client is excluded from participation based on protected characteristics, including during admissions, clinical placements, or service delivery. Students and clients who feel discriminated against have access to formal complaint procedures. The program follows University policies on equal opportunity, non-discrimination, and harassment.

Clinical Education Policy 505: Core Functions

Clinical Education Policy 505 outlines the core functions necessary for students in the School of Communication Sciences and Disorders to succeed in both academic and clinical settings. These core functions include communication, motor skills, sensory abilities, intellectual/cognitive capacities, interpersonal interactions, and cultural responsiveness. Students must demonstrate proficiency in these areas, with or without accommodations, to meet program requirements and enter professional practice. The policy emphasizes the importance of adapting to diverse communication needs, utilizing assistive technologies when necessary, engaging in critical thinking, and maintaining cultural sensitivity. Students requiring accommodations for disabilities are encouraged to contact Disability Resources for Students for support.

Clinical Education Policy 506: Students Responsibilities in Diagnostics and Therapy Clinics
Students must be familiar with clinic procedures for evaluations and therapy. For diagnostic evaluations, students review patient records, plan evaluations, and ensure the room is prepared. After conducting the evaluation, results and recommendations are shared with the patient, and all necessary documentation is completed in the EMR system. For therapy, students must prepare materials, meet regularly with clinical faculty, and follow procedures for patient care, including managing absences and ensuring patients are escorted to and from therapy sessions. Students must also attend orientation sessions and remain available until the last day of finals. Missing orientation can lead to grade reductions unless excused.

Clinical Education Policy 507: Student Evaluation of Clinical Educators
Clinical Education Policy 507 outlines the process for student evaluation of clinical educators. Students are required to provide feedback on their faculty's supervisory and professional skills at the end of each semester, with ongoing evaluations encouraged throughout the term. This feedback process includes a mid-term meeting where students can offer specific suggestions for improvement. At the end of the semester, students submit a signed evaluation, which is reviewed by the Directors of Clinical Education before being shared with the faculty member. Additionally, students complete anonymous evaluations via the Typhon or Exxat system for both faculty and off-site supervisors. If students face concerns during the evaluation process, they are encouraged to seek guidance from the Director of Clinical Education or another trusted faculty member to address issues early in the semester and ensure a productive learning environment.

Clinical Education Policy 508: Required Immunizations, Certifications, Trainings and Background Checks for All Faculty, Staff, Volunteers and Students Working in SCSD and MSHC.
The policy requires all employees, students, and volunteers involved with the School of Communication Sciences & Disorders (SCSD) and the Memphis Speech and Hearing Center (MSHC) to comply with specific immunization, certification, training, and background check requirements to ensure safety and well-being. These include annual immunizations, CPR certification, HIPAA and blood-borne pathogens training, and other job-specific certifications. Non-compliance may result in restricted access to sensitive areas and prohibited involvement with children or patients. All records must be submitted and updated in the designated systems, with individuals responsible for maintaining their own compliance.

Clinical Education Policy 509: Immunizations and Training Required of Students Prior to Off-Site Clinical Placements
Clinical Education Policy 509 outlines the immunizations, certifications, and screenings required for students participating in external clinical placements. These include a Tuberculin (TB) test,

annual flu shot, TDap vaccination, Hepatitis B vaccination (or waiver), and CPR certification. Criminal background checks and drug testing are also mandatory, with specific procedures depending on the clinical site (e.g., schools or medical facilities). Some placements may require a COVID-19 vaccination. Students must upload proof of these requirements into the online compliance system (Typhon or Exxat) and keep personal records. Non-compliance or failure in any of these areas may impact clinical placement, graduation, and licensure eligibility.

Clinical Education Policy 510: Dress Code and Conduct for Students, Staff, and Faculty Involved in Clinic

Professional appearance and conduct are required when serving patients or conducting MSHC business. Students must wear U of M ID badges and appropriate attire, such as approved MSHC T-shirts or black scrub tops with matching bottoms. Closed-toe, closed-heel shoes are mandatory, and clinical educators can wear business casual attire. Inappropriate attire includes shorts, jeans, graphic T-shirts, and open-toe shoes. Additionally, students should avoid distracting body art, visible piercings (other than ears), and unnatural hair colors. Professional conduct includes refraining from eating, drinking, chewing gum, or using cellphones during clinical sessions unless for clinical purposes.

Clinical Education Policy 511: Malpractice Insurance for Students and Faculty Who Provide Clinical Services

All students and faculty members providing clinical services must have malpractice insurance. The School of Communication Sciences & Disorders will provide malpractice insurance for students at no cost, while clinical faculty are required to carry their own personal malpractice insurance to be eligible for credentialing and billing with insurance providers.

Clinical Education Appendix 5.1: CSD Clinical Competency Rating Scale and Experience Band

This appendix outlines a five-point Clinical Competency Rating Scale used to assess SLP student performance across clinical skills. The scale ranges from "Skill Not Evident" (1) to "Consistent & Capable" (5), reflecting increasing levels of independence, clinical reasoning, and self-evaluation. Supervision shifts accordingly, from maximum instruction to collaborative input as students progress. Additionally, the Experience Band links expected performance levels to specific semesters in the program, setting grade thresholds for clinic performance. Professionalism is also evaluated separately, with ratings of "No Concerns," "Minor Concerns," or "Major Concerns," which can directly impact a student's final clinical grade.

Clinical Education Appendix 5.2: Clinical-Academic Support Plan Documentation

Clinical Education Appendix 5.2 outlines the Clinical-Academic Support Plan (CLASP) process, which is used when a student fails to demonstrate all required knowledge and skills in a course or practicum, despite earning a passing grade. The plan identifies areas of concern, sets specific and measurable goals, and provides recommendations for improvement. The severity of the CLASP can be minor (focused on isolated competencies) or major (involving multiple competencies across courses or ongoing issues). The plan is reviewed regularly, and faculty can recommend whether to continue, revise, or discontinue the plan. Unsatisfactory performance in the CLASP may lead to a faculty review and potential dismissal from the program.

Clinical Education Appendix 5.3: Evaluation of Clinical Educator Competence

Education Appendix 5.3 outlines key areas of competency for clinical educators in the School of Communication Sciences and Disorders, focusing on preparation, instructional skills, reporting,

professionalism, and interpersonal relationships. Effective clinical educators are expected to set clear expectations, provide constructive feedback, and assist students in developing clinical, diagnostic, and therapeutic skills. They should also model professional conduct, encourage independent thinking, and create a supportive learning environment. Additionally, they are responsible for helping students improve their oral and written reporting, maintaining clinical records, and fostering collaborative relationships. The evaluation of these competencies ensures that clinical educators effectively contribute to students' professional growth and development.

Clinical Education Appendix 5.4: Special MSHC Programs and Offsite Placements
Clinical Education Appendix 5.4 highlights the diverse clinical experiences available to students at the Memphis Speech and Hearing Center (MSHC) and various offsite practicum locations. In addition to a broad range of adult and pediatric programs such as the Adult Aural Rehabilitation, Child Fluency Program, and Augmentative and Alternative Communication (AAC), students also have the opportunity to gain experience through clinical placements at numerous healthcare institutions and schools, including Baptist Hospitals, Le Bonheur Children's Hospital, and the Memphis VA Medical Center. These programs and placements offer hands-on experience in various specialized areas of speech, language, and hearing, preparing students for a well-rounded professional career.

Clinical Education Appendix 5.5: Castle Branch Background Check and Drug Screening
CE Appendix 5.5 outlines the process for completing required background checks and drug screenings through CastleBranch, a secure compliance management system used by the University of Memphis Audiology and Speech Pathology program. Students must visit the CastleBranch portal, select the appropriate screening package (typically UE54: Abuse – Background Check – Drug Test), and provide personal information to create an account. Through this platform, students can track order status, access results, and manage clinical compliance documents. Payments can be made via various methods, and students are responsible for maintaining access to their account and ensuring all requirements are completed in a timely manner. This is only relevant for students who are still using the Typhon system and not for students using Exxat.

Clinical Education Appendix 5.6: Experiential Learning Placements
CE Appendix 5.6 outlines the expectations, responsibilities, and risks associated with Experiential Learning Placements (ELPs) for students in the University of Memphis Audiology and Speech Pathology program. These placements offer real-world learning in clinical and professional settings, enhancing classroom education through hands-on experience. Students are expected to comply with university, program, and site-specific policies, follow ethical standards, and operate within their professional competency. They must acknowledge and accept the risks involved, including health and safety hazards, and understand that participation is voluntary. The university does not provide health insurance, and students are financially responsible for any medical care. In the event of unforeseen circumstances, the university will support students in finding alternative options but holds no liability for disruptions.

Clinical Education Appendix 5.7: Clinic Top/T-Shirt Design Guidelines
Proposed clinic top designs from student organizations must be submitted to the NSSHLA board for review. NSSLHA will select designs to forward to the MSHC leadership team for final approval, with up to 4 designs approved each school year. These approved designs will also be considered

appropriate attire in future years. Design submissions must include the MSHC logo, and the top's color and structure must meet specific guidelines (e.g., shoulder coverage, no low cuts, no cropped lengths). The top must be paired with acceptable clinic bottoms, undershirts, layers, and appropriate shoes. All designs must be submitted at least two weeks before they are advertised or printed.

Clinical Education Policy 501

Reporting Clinic Clock Hours

Effective Date: August 1, 2012
Supersedes Date: September 1, 2006
Review Date: May 2027

Policy: All students are responsible for recording clinic clock hours accurately according to ASHA guidelines on a weekly basis.

Procedure:

I. Recording Hours
   a. Students record hours weekly in the Exxat Prism System or the AHST Typhon System.
   b. A window of seven (7) days is allowed to enter hours.
   c. If hours are not logged within that period, the student may lose the ability to enter the hours.

II. Clock Hour Approval
   a. Clock hours are confirmed and approved throughout the semester by the clinical faculty and external preceptors within the system the students use to enter these hours.

III. Archiving Records
   a. A copy of a student's total clock hours is placed in the individual student's academic electronic file which is archived on the School's protected server upon graduation.
   b. It is recommended that students archive their clock hours separate from the Exxat or Typhon systems at the end of each semester and upon graduation. Students will have access to these databases for five years following graduation.
   c. The University of Memphis is only required to maintain student records for 5 years. It is STRONGLY suggested that clock hours be kept by the student in a safe place for perpetuity.

IV. Logging Speech-Language Pathology Hours
   a. Only direct contact with the client or the client's family in assessment, management, and counseling can be counted toward practicum. Preparation for sessions, chart review, and report writing cannot be counted as clock hours.
   b. When more than one student is actively participating in group therapy, i.e., directing the activity, modeling, keeping data and assisting in group management, all hours of clinical contact will be counted toward ASHA requirements. When a student is observing a group or individual session, these hours do not count as direct contact.
   c. When more than one student is participating in a Speech/Language diagnostic, the primary clinician counts the hours unless the one assisting is actively participating in data collection, test administration, or engaging the client.
   d. The clinical hours are verified by the faculty member supervising the session throughout the semester to ensure their accuracy.

e. A copy of the accumulated hours and totals by disorder is sent to the student following graduation.

V. Logging Audiology Hours
   a. When more than one student is participating in an audiology diagnostic, only the primary student (the student testing) may count the hours unless both are involved directly, for example, a pediatric session involving VRA testing.
   b. Audiology students (AuD) may count hours spent during the workday on such activities as consultation, record keeping, and administrative duties. Therefore, in the example given above regarding two students participating in an evaluation, only the primary clinician may count the direct contact hours, but the secondary clinician may count the hours as consultation. Both students may count time spent in consultation, record keeping, and other related administrative duties. See the Director of Clinical Education in Audiology for clarification and details and/or policy E-A-102 and E-A-103 for further clarification.

VI. Questions
   a. When a student has a question regarding the appropriate way to categorize specific hours, the appropriate Director of Clinical Education or the supervising faculty member should be consulted.

Clinical Education Policy 502

Documentation of Academic and Clinical Competencies for ASHA Certification

Effective Date: September 20, 2022
Supersedes Date: February 28, 2018
Review Date: May 2026

Policy: Academic and Clinic Advisors are responsible for recording the courses and clinical experiences completed by each student. Students are encouraged to track their mastered competencies as they progress through the program as well.

Procedure:

I. Knowledge and Skills Outcomes
   a. The knowledge and skills are found in the CSD Handbook by CAA Standards speech- language pathology (Appendix 3.5) and audiology (Appendix 2.2) and CFCC Standards by course (SLP Appendix 3.6). These list the standards for the ASHA Certificate of Clinical Competence in both professions and the courses that meet each standard. Each faculty member determines the knowledge and skills covered in their course(s) and the method that competencies are assessed. Knowledge and skills are tracked by the academic advisor for each student and are reviewed each semester with the advisor. The documentation of clinical skills is tracked by the Directors of Clinical Education.

II. Clinical-Academic Support Plan Form
   a. It is possible for a student to make a passing grade in a course/practicum and still not meet all the competencies covered in the course satisfactorily. If this is the case, the instructor will initiate a Clinical-Academic Support plan (Policy 503).

III. Clinic Hours
   a. Clinic clock hours are logged in the Exxat or Typhon system (Policy 501). Beginning with students enrolling in Fall 2024, clinic clock hours are logged in the Exxat system.

IV. Standards for Clinical Verification by Program Director
   a. The student's Academic Advisor and the appropriate Director of Clinical Education confirm all knowledge and skills at graduation.
   b. The Standards for Clinical Certification Verification by Program Director form is initiated through the ASHA portal by the applicant and signed electronically by the Dean.

Clinical Education Policy 503

Clinical-Academic Support Plan (CLASP)

Effective Date: August 1, 2024
Supersedes Date: September 17, 2019
Review Date: May 2027

Policy: When a student does not meet a competency in a course or clinical experience, the areas of study requiring attention will be identified and goals and recommendations will be developed for the student to complete to demonstrate competency in the area(s).

Procedure:

I. Purpose
   a. Upon graduation, students intend to obtain the ASHA Certificate of Clinical Competence (CCC) in either Audiology or Speech-Language Pathology. To achieve this certification, a student must demonstrate a set of knowledge and skills as defined by ASHA certification standards. It is possible for a student to make a passing grade in a course/practicum and still not demonstrate all of the knowledge and skills covered in the course or practicum.
   b. The intent of this procedure is to identify, address, and monitor areas of knowledge and skill in which a student may require additional study, instruction, or experience to achieve the expected level of competency to obtain the CCC. The ClASP is a supportive process designed to enhance student success and is to be collaborative with the student.

II. Process of Initiation of a Clinical - Academic Support Plan
   a. There are three ways to initiate the Clinical – Academic Support Plan process:
      i. Student initiated: Students may self-identify areas in which they believe they require additional support. A student discusses these concerns with either their instructor or advisor to develop a plan to address areas of need.
      ii. Instructor initiated: The competencies associated with each course are identified in the CSD Handbook. If a student does not meet a competency in a course or clinic, the instructor may complete a Clinic – Academic Support Plan an Areas of Study Requiring Attention form identifying the knowledge or skills that have not been met and will recommend how the competency is to be met.
      iii. Advisor initiated: A student's Academic Advisor or Directors of Clinical Education can initiate a Clinical – Academic Support Plan process if areas of difficulty are observed across different courses, clinical performance, or both.

III. ClASP Severity
   a. A minor ClASP is self-initiated or involves a minor concern such as an isolated instance of an exam retake or assignment revision due to low grade; or focused practice related to a competency addressed in a single course.

b. A major ClASP addresses a significant concern such as difficulties spanning more than one exam, assignment, course, instructor, or competency; or continuation of a previous ClASP.

IV. Process Regarding Academic Knowledge and Skills
   a. Minor ClASPs
      i. These plans require notification of the students' advisor.
      ii. A copy of the plan is signed by the initiator, the student, and the students' advisor.
      iii. An electronic copy is placed in the student's academic folder.
      iv. If the issue is related to clinic, the appropriate Directors of Clinical Education receives a copy as well.
   b. Major ClASP's
      i. The instructor or advisor initiating a major ClASP convenes a committee and communicates concerns to all committee members. If the ClASP is initiated by an instructor, the committee includes the instructor, the student, and student's advisor.
      ii. If the major ClASP is initiated by the advisor, the committee includes the advisor and at least one other faculty member who serves as the student's advocate addressing competency concerns. The committee meets to discuss the concerns and create a plan.
      iii. If the issue is related to clinic the committee also includes the Directors of Clinical Edcuation
      iv. The Associate Dean of Academic Programs receives a copy of all major ClASP's.
      v. A copy of the plan is signed by and shared with all committee members. An electronic copy is placed in the student's academic folder. If the issue is related to clinic, the Directors of Clinical Education receives a copy as well.
   c. Completion of the plan is assessed by the faculty involved at a predetermined date occurring not longer than one semester and noted in the student's academic folder.

V. Process Regarding Clinical Knowledge and Skills
   a. The faculty member who identifies the issue communicates the concerns to the appropriate Director of Clinical Education (DCE). The faculty member who identified the issue is free to convene a ClASP committee, with one of the committee members being the appropriate Director of Clinical Education.
   b. The DCE convenes a committee of faculty currently working with the student and the student's academic advisor to develop the Clinical-Academic Support Plan.
   c. The committee meets with the student to address the knowledge or skills that are not at the expected level and determine the best plan of action.
   d. A copy of the plan is distributed to the student, the students' Academic Advisor, and the faculty who are involved in the implementation of the plan. An electronic copy is placed in the student's academic file.
   e. The committee and student reconvene at or before a determined date to assess the progress and determine whether the plan has been achieved or further action needs to take place.

VI. Graduate Assistant

a. GA assignments will be reconsidered for students completing a ClASP that is not self-initiated.

VII. Components of a Plan
   a. The student's name, advisor, semester of study, course name and number, and instructor(s) of the course.
   b. Areas of Study-This is a specific list of the knowledge or skills in which the student has not demonstrated minimal competency.
   c. Goals-Goals are to be measurable to determine whether the outcome sufficiently demonstrates the successful completion of the competencies in question.
   d. Recommendations
      i. Specific steps of action as to how the goals can be accomplished.
      ii. A date for an intermediate progress review may be set.
   e. Date-A specific date is indicated to note when the goals are to be completed. Duration of a ClASP should not be more than a single semester.
   f. Signatures-All the individuals formulating the plan, including the student, are to sign the ClASP.
   g. Outcome and Performance
      i. Once the recommended period has lapsed, the faculty who are involved in the implementation of the plan note the outcome of the plan and determine the extent to which objectives have been met. Options for ClASP outcome include:
         1. Completed
         2. Continue plan
         3. Revise plan
      ii. Options for evaluating the student's progress toward ClASP objectives and overall performance include:
         1. Satisfactory
         2. Persisting concerns
         3. Unacceptable
   h. A meeting is called with the student and the individuals involved in the initiation of the plan to discuss the outcome and recommendations. After the outcome meeting, the parties involved, including the student, sign the form to indicate recognition of the outcome(s) and recommendation(s).

VIII. Time Constraints
   a. A plan addressing the same competencies should not extend beyond two semesters. If issues are critical and remain a concern:
      i. The student will be informed of the strong likelihood that CCC may not be obtained.
      ii. The student's options regarding program continuation will be reviewed with the student.
      iii. Unsatisfactory completion of a ClASP, particularly one of major severity, will prompt faculty review of student's overall performance across content areas and clinic, and may be grounds for dismissal.

Clinical Education Policy 504

Commitment to Non-Discrimination and Diversity

Effective Date: August 1, 2020
Supersedes Date: January 26, 2018
Review Date: May 2027

Policy: The program and its faculty are dedicated to and recognize the benefits of a student population diverse in background, culture, socioeconomic status, race, ethnicity, and work and life experiences. This policy reiterates the program's commitment to non- discrimination and its recognition of the value of diversity.

Procedure:

I. The School of Communication Sciences and Disorders follows the University of Memphis policies and procedures regarding:
   a. GE2004 Equal Opportunity and Affirmative Action
   b. GE2030 Non-Discrimination and Anti- Harassment
   c. GE 2024 Discrimination, Harassment complaint and investigation procedure
   d. GE 2039 Interim Sexual Harassment & Sexual/Gender based misconduct policy
   e. GE 2044 University Code of Ethics
   f. Not student shall be discriminatorily excluded from participation or denied benefits on the basis of a protected class. This prohibition against discrimination encompasses all areas of the program including, but not limited to, admissions, retention and clinical placements.
   g. Students who believe that they have been discriminated against or harassed based on their inclusion in a protected class can contact the Office for Institutional Equity and/or file a complaint through their online portal.
   h. No patient or individual served in a clinical setting shall be excluded from participation or denied services on the basis of a protected class. This prohibition against discrimination encompasses all areas of clinical practice including, but not limited to scheduling appointments, service delivery, or discharge.
   i. Clients who believe that they have been discriminated against or harassed based on their inclusion in a protected class can contact the Practice Manager at the Memphis Speech and Hearing Center, 901-678-2009, or the University's Office for Institutional Equity at 901-678-2713.

II. Diversity
   a. The School of Communication Sciences and Disorders is committed not only to providing a robust education, but also to building a diverse community of scholars. Central to our philosophy is that working side by side with persons of varied backgrounds, views and life experiences strengthens and enriches our research, scholarship, and teaching. A diverse graduate student population also enhances the academic

experiences for all students. Students are encouraged to collaborate, learn from each other and to take pride in their varied backgrounds and cultures.

Clinical Education Policy 505

Core Functions

Effective Date: March 15, 2024
Supersedes Date: October 26, 2018
Review Date: May 2026

Policy: Students must be able to perform these core functions during classroom, laboratory, experiential learning, and programmatic activities (including but not limited to participation in one- on-one interactions, small group discussions and presentations, large-group lectures, and patient/client interaction) in both the academic and clinical settings. The School of Communication Sciences and Disorders identifies the following core functions as fundamental to the curriculum and profession.

Procedure:

I. The purpose of this document is to provide guidelines on minimum core functions that must be met, with or without accommodations, to be successful in the program and to enter professional practice.

II. Communication
   a. Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.
      i. Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies
      ii. Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.

III. Motor
   a. Statements in this section acknowledge that clinical practice by audiologists and speech- language pathologists involve a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.
      i. Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and

therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process

ii. Respond in a manner that ensures the safety of clients and others

IV. Sensory

a. Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants.

i. Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication

ii. Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings

iii. Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

V. Intellectual/Cognitive

a. Statements in this section acknowledge that audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs.

i. Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies

ii. Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs

iii. Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills

iv. Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care

VI. Interpersonal

a. Statements in this section acknowledge that audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation.

i. Display compassion, respect, and concern for others during all academic and clinical interactions

ii. Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies

iii. Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities

VII. Cultural Responsiveness
   a. Statements in this section acknowledge that audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.
      i. Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
      ii. Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice

I. This document should be considered a living document and therefore reviewed by CAPCSD at regular intervals to ensure that current terminology, practice, and ideas are reflected.

II. Glossary
   a. Cultural responsivity involves "understanding and respecting the unique cultural and linguistic differences that clients bring to the clinical interaction" (ASHA, 2017) and includes "incorporating knowledge of and sensitivity to cultural and linguistic differences into clinical and educational practices".
   b. Evidence-based practice involves "integrating the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (Evidence- Based Practice in Psychology, n.d.).
   c. American Speech-Language-Hearing Association. (n.d.). Cultural responsiveness [Practice Portal https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Responsiveness/]
   d. Evidence-Based Practice in Psychology. (n.d.). https://www.apa.org. Retrieved March 3, 2023, from https://www.apa.org/practice/resources/evidence

III. Disability Accommodations
   a. Students who require academic accommodations to fulfill core functions due to a physical, mental or emotional condition or learning challenges are encouraged to contact Disability Resources for Students (DRS) by email at drs@memphis.edu or by phone at 901-678-2880. DRS, with input from the School, will make a determination of whether the condition is a disability as defined by applicable laws, and for determination of what accommodations are available and reasonable. Whenever possible, reasonable accommodations will be provided for students with disabilities to enable them to meet these standards.

IV. This policy's language is derived primarily from: Council of Academic Programs in Communication Sciences and Disorders (2023). A guide for future practitioners in audiology and speech-language pathology: Core functions. https://www.capcsd.org/academic-and-clinical-resources/

Clinical Education Policy 506

Student Responsibilities in Diagnostics and Therapy Clinics

Effective Date: August 18, 2022
Supersedes Date: August 19, 2012
Review Date: May 2028

Policy: Students are to be familiar with the clinic procedures for conducting evaluations and treatment.

Procedure:

I. Diagnostic Evaluations
   a. Pre-Evaluation Procedures
      i. A student logs into the electronic medical records (EMR) system to determine their diagnostic schedule for the week and the patient(s) they will serve.
      ii. The student assigned to conduct the evaluation will review the patient's records and the available medical/educational information before meeting with their assigned clinical educator.
      iii. Students will develop an evaluation plan to ensure all necessary diagnostic tests are completed.

II. Day of Evaluation
   a. The student prepares the diagnostic/sound room and selects appropriate materials before the evaluation.
      i. The student is notified that the patient is ready via the EMR check-in screen after the front desk has ensured the paperwork is completed by the patient.
      ii. The assigned clinical educator and student meet the patient and/or parents in the lobby and escort them to the testing/sound room.
      iii. If a patient over 36 months old is being seen for speech-language testing, their hearing is screened first, if possible, unless they have previously been evaluated by audiology. Adult patients and any present partners in care are taken to the evaluation room for the initial interview. Parents of young children being tested have been instructed to bring someone who can sit with their child in the lobby while they are with the examiners.
      iv. Following the interview, the clinician may choose to have the caregiver return to the lobby or remain to observe the evaluation. Parents are to stay in the building during the entire evaluation in case of emergency.
      v. The student and clinician complete the testing.
      vi. Testing is completed, and tests are scored and analyzed. The student and clinician discuss the results and recommendations and plan for counseling.
      vii. The parent/patient is informed of the test results and recommendations by the student and clinician. If the patient is interested in therapy services, the clinician adds them to the MSHC wait list for therapy and provides them with a list of other local therapy resources.
         1. Regarding evaluations for Disability Determination Section (DDS), clinicians do not share any information related to results or testing. This information should be provided to the patient by the Social

Security Office directly, and they will determine the qualification of benefits and any recommendations.
2. Some evaluations, particularly specialty diagnostics, may require a separate results meeting or a follow-up visit on a separate day.

viii. The student is responsible for restoring the room to its previous condition. This includes putting away all materials and cleaning as needed.

ix. IMMEDIATELY following the evaluation:
1. All patients will be escorted to the business office window to ensure payment is received for the services provided and additional appointments may be made at this time.
2. FORM(S) MUST BE TURNED IN BY THE END OF THE DAY OF EVALUATION.

x. If the patient is not in the lobby at the designated evaluation time, the student will wait in the lobby for 15 minutes. Students should remain in the building during their clinic slot at the faculty member's discretion.

xi. A clinic note should be entered the day of the evaluation appointment.
1. See Clinical Operations Policy 205 regarding documentation.

III. Therapy

a. Preparation for Therapy

i. Initial Student and Faculty Member Conference
1. The student is responsible for reviewing all information pertinent to planning a therapy program prior to the conference. The student and clinical faculty member will discuss the patient's current status and prognosis and will plan the initial treatment session.

ii. Therapy Materials
1. The student is responsible for the preparation of materials and organization of the therapy room prior to and following each therapy session.
2. Therapy materials are available for student checkout in the SLP Materials room in the clinic. Items are to be returned at the end of the day. Additional materials are in rooms for specific programs and are to remain in the rooms in which they are located.

b. Therapy Procedures

i. Weekly Student/Faculty member Conferences
1. Students meet with their clinical faculty weekly to discuss their patients' progress and plan therapy. Clinical faculty may choose to meet their students as a group or individually or discuss clients via email, in accordance with HIPAA policies.
2. Student Absences
a. Attendance is mandatory for all scheduled diagnostic and therapy sessions.
b. If the student is ill, they should notify the clinical faculty member in charge.
i. If the student is not able to attend the session, they must personally contact the faculty member in sufficient time to make the necessary adjustments. Leaving a message is not acceptable.

ii. The student is responsible for finding a substitute for the therapy and for providing a therapy plan for the session(s).
iii. If a substitute cannot be found, and the faculty member is available to cover the session, then the patient is seen at their regular time. The student is to provide the faculty member with the therapy plan.

c. A student may request to miss clinic in certain cases and approval is granted by the clinical faculty member and Director of Clinical Education. The student is expected to find a replacement clinician.
d. Please refer to appropriate policies regarding clinical experiences (AuD Policy 201, SLP Policy 301).

3. Meeting the Patient
   a. The student is responsible for meeting the patient on time in the lobby and accompanying them to the therapy room.
   b. If the patient is not in the lobby at the designated appointment time, the student will wait in the lobby for 15 minutes.
   c. The student should remain in the building during their clinic slot at faculty member's discretion. The student or faculty member will inform parents/family members or patient of policy regarding unattended children and excessive tardiness or absences.
4. Length of Sessions
   a. Therapy sessions are scheduled in 15-minute units. Length of session is determined by the individual clinician.

c. Returning the Patient to the Lobby
   i. All patients (adult or child) are to be escorted to the lobby by the student.

IV. Beginning and Ending Dates for the Clinic Semester
   a. Beginning
      i. All students are required to attend the general orientation meeting each semester, as well as orientation meetings specific to their clinical assignments, prior to the beginning of each semester.
   b. Ending
      i. Each student is required to remain available until the last day of finals each semester.
   c. Breaks
      i. Students can volunteer to see patients or complete research duties during the semester breaks unless the University is closed.

V. Grade Reduction for Missing Orientation Meetings
   a. Missing the general orientation and/or any individual orientation meetings with a clinical educator will automatically result in a reduction of the student's grade for the Professionalism/Administrative Accountability section.
   b. If an emergency or outstanding circumstance occurs that conflicts with orientation, the student must submit a written explanation to the appropriate Director of Clinical Education at least two weeks prior to the general orientation meeting.

c. The AuD/SLP Directors of Clinical Education will determine if the student is excused from attending orientation.
    i. If excused, there will be no grade penalty, but the student will be responsible for any information missed during the general orientation and/or individual orientation meetings.
    ii. If unexcused, the student's grade for Professional/Administrative Accountability section will be reduced. The student will be responsible for any information missed during the general orientation and/or individual orientation meetings.
d. Individual clinical educators will use their discretion in determining how they want the student to access missed information (recorded orientation, virtual participation, notes from a fellow student, etc.).

Clinical Education Policy 507

Student Evaluation of Clinical Educators

Effective Date: August 8, 2012
Supersedes Date: September 7, 2001
Review Date: May 2027

Policy: The students' evaluation and feedback of the faculty's supervisory and professional skills is required at the end of each semester and is encouraged to be an ongoing process throughout the semester.

Procedure:

I. Orientation
   a. The faculty member and student will discuss each other's expectations and goals for the semester about learning and instruction.
   b. Students will be referred to the Student Evaluation of Clinical Educator Competency Form (Appendix 5.3) as a guide to identify areas to consider when assessing supervisory skills.

II. The Process of Evaluation
   a. The student will be asked to evaluate his/her clinical faculty each semester. The evaluation is a process that continues throughout the semester.
   b. At mid-term, a meeting is scheduled for the student to provide specific information to the faculty member regarding his/her teaching and provide suggestions for change if applicable. The evaluation is presented in a face-to-face meeting. This evaluation is typically provided verbally; however, the faculty member has the discretion to request that it be submitted in writing.
   c. Both the student and the faculty member have the responsibility to give honest and accurate feedback and address issues as they arise throughout the semester.
   d. At the end of the semester, SLP students will submit their signed evaluation (Appendix 5.3) to the Directors of Clinical Education prior to the last day of clinic. The evaluation is then shared with the faculty member after clinic grades have been distributed to the students.
   e. All students are asked to complete an anonymous evaluation for each faculty member with whom they work in the semester. This is completed on Typhon, and the results are available for review by the faculty member.
   f. Evaluations of off-site supervisors are completed on the Typhon system and shared with the supervisor at the discretion of the Directors of Clinical Education.
   g. It is important that the information included in the evaluations has been addressed at some point in the semester with the supervisor so that they can discuss and revise their teaching with the student before the end of the semester.

III. Difficult Evaluations
   a. If at any time a student is concerned about how to address an issue or is concerned about his/her interactions with a clinical faculty member, they can discuss the matter with the appropriate Director of Clinical Education.

b. If the Director of Clinical Education is the supervising clinical faculty member, then the student is encouraged to seek out counsel from a trusted member of the faculty.
c. The conversation will be kept in strict confidence.
d. The goal of the meeting will be to find a way for the student to address the issue directly with the clinical faculty member.
e. Students are encouraged to seek counsel on how to address difficult issues early in the semester so that the optimal learning environment can be established.

Clinical Education Policy 508

Required Immunizations, Certifications, Trainings, and Background Checks for all Faculty, Staff, Volunteers, and Students Working in SCSD and MSHC

Effective Date: August 25, 2021
Supersedes Date: May 3, 2019
Review Date: May 2027

Policy: All employees, students and volunteers who participate in the operations of SCSD and the MSHC are required to comply with the attached schedule of annual immunizations, certifications, trainings, and background checks.

Procedure:

I. Purpose
   a. This policy is intended to protect the health and well-being of all employees, students, volunteers and patients participating in the operations of the School of Communication Sciences & Disorders (SCSD).
   b. The schedule and sequence correspond to the activities of an individual participating in the Clinic and the School.

II. Notification
   a. The Associate Dean of Academic Programs during admissions, Director(s) of Clinical Education, the School Administrative Associate, and/or approved designee will notify incoming employees, students, and volunteers of these requirements prior to their participation in MSHC or SCSD activities.
   b. Employees, students, and volunteers will be notified if they are responsible for any associated costs to meet these requirements.
   c. Those not in compliance will not be allowed access to HIPAA sensitive areas and will be prohibited from being around children and clients.

III. Definition of Groups Named in this Policy
   a. Individuals Providing Direct Client Services in MSHC includes all parties providing patient care in MSHC regardless of their affiliation or lack thereof with SCSD and/or the University of Memphis.
   b. Individuals working with Minor Children includes all parties who will oversee or interact with children under the age of 18 regardless of their affiliation or lack thereof with SCSD and/or the University of Memphis. This includes anyone in the MSHC and tenure-track faculty and students in laboratories who see children as participants.
   c. Volunteers, as defined in this policy, includes all individuals who are not affiliated with SCSD and/or employed by the University of Memphis. If an individual is participating in SCSD or MSHC activities and they are not affiliated with the

University of Memphis, they are also required to be registered with Legal as a volunteer and to use a sponsored account for building and computer access.

d. Requirements for Individuals Providing Direct Client Services in MSHC:

REQUIREMENT	FREQUENCY	CSD STUDENT DOCUMENTATION PROVIDED TO:	DUE DATE	PARTY RESPONSIBLE FOR COST
TB skin test, QuantiFERON blood test, or chest x-ray	One time	Upload to Typhon or Exxat account	Before clinic assignment begins.	Individual
Flu Shot	Annually	Upload to Typhon or Exxat	October 15th of each year	Individual
American Red Cross or American Heart Association CPR and AED2 Certification	Every 2 years	Upload to Typhon or Exxat	Before clinic assignment begins.	Individual for initial certification; SCSD for School scheduled renewals for SCSD clinical students, clinical faculty & clinical staff
TDAP Vaccination	Every 10 years	Upload to Typhon or Exxat	Before clinic assignment begins.	Individual
Hepatitis B vaccination series	One time series of 3 shots	Upload to Typhon or Exxat	Complete series by January 15th	Individual
Blood Borne Pathogens Training	Annually	Upload to Typhon or Exxat	Before Clinic assignment begins. Annually thereafter.	EH&S
Hazardous Waste training	Annually for those participating in infection control in MSHC (All AuD students) or a research lab using hazardous materials	Upload to Typhon or Exxat	Before Clinic or research assignment begins. Annually thereafter	EH&S
HIPAA training; both SCSD and UofM Training Required	Annually	Upload to Typhon or Exxat	Before clinic assignment begins. Annually thereafter.	SCSD

e. Requirements for Individuals Working with Minor Children in MSHC or at SCSD:

REQUIREMENT	FREQUENCY	DOCUMENTATION PROVIDED TO:	DUE DATE	PARTY RESPONSIBLE FOR COST
Background Check for Working with Minor Children*	Every 5 years	• Upload to Typhon or Exxat for SCSD students and Clinic personnel • Provide to Administrative Associate for all other parties	Before working with children or at the beginning of clinic assignment	Individual
Minors on Campus Training	One Time	• Upload to Typhon or Exxat for SCSD students and Clinic personnel • Provide to Admin Assc for all other parties	Before working with children or at the beginning of a clinic assignment	HR/Learning Curve course (no cost)
Clear Sex Offenders Registry Check	Every 3 years	• Upload to Typhon or Exxat for SCSD students and clinic personnel • Provide to Admin Assc for all other parties	Before working with children or at the beginning of a clinic assignment	No associated cost
Stewards of Children	Every 3 years	• Upload to Typhon or Exxat for SCSD students and clinic personnel • Provide to Admin Assc for all other parties	Before working with children or at the beginning of a clinic assignment	SCSD
Full directions for completing the Background Check for Working with Minors can be found at: https://www.memphis.edu/tep/clinical/background-checks.php				

f. Requirements for Non-Clinic Employees (Faculty and Staff), Students and Volunteers in SCSD:

Requirement	Frequency	Documentation Provided to	Due Date
HIPAA (CSD and UofM)	Annually	Administrative Associate	At the beginning of the academic year, or at the beginning of work assignment
Minors on Campus training	Once	Administrative Associate	At the beginning of the academic year, or at the beginning of work assignment
A signed statement acknowledging the need to report suspected abuse	Annually	Volunteers and staff sign notice below for Administrative Assoc.	At the beginning of the academic year, or at the beginning of work assignment
CITI Training (those working in research labs)	Check the website for dates – based on a schedule	Tracked by individual lab directors	Within 30 days of beginning in lab
Blood Borne Pathogens and Hazardous Waste (as identified in Research Lab Infection Control plans)	Annually	Tracked by individual lab directors	Within 30 days of beginning in lab
FERPA training (for all individuals working with student data)	Every 2 years	Tracked by University	

IV. Records and Dissemination of Information

a. SCSD Students and clinical faculty working in Clinic will upload proof of the required tests and procedures to their private record in the Typhon or Exxat system.
b. Non-SCSD affiliated individuals working in Clinic will provide proof of the required tests and procedures to the Administrative Associate.
c. Non-Clinic faculty, staff, and volunteers in the school will provide proof of the required tests and trainings to the Administrative Associate. They will be stored electronically at the School on the J drive.
d. The Directors of Clinical Education or their representatives are responsible for monitoring the expiration date in Typhon or Exxat for each item.
e. It is the responsibility of the individual to remain current with all records and procedures. If a site outside of MSHC requires documented proof of the test results, it will be the responsibility of the individual to provide the information.

V. Notice to Students Regarding Background Checks

a. There are potential consequences associated with failing a criminal background check regarding licensure. If one answers “yes” to any of the questions below, it is possible that they may be denied licensure and/or employment at the conclusion of their program.

i. Have you ever been convicted of a felony or crime(s) other than minor traffic offenses?

ii. Have you ever been denied licensure of the profession for which you might apply for licensure or had discipline imposed by another state’s licensing?

iii. Have you ever had a civil suit judgment entered against you or entered into an adverse civil settlement?

iv. Students must review the state licensure requirements specific to the discipline by contacting the specific licensing board. It is the student’s responsibility to understand.

Clinical Education Policy 509

Immunizations and Training Required of Students Prior to Off-Site Clinical Placements

Effective Date: August 25, 2021
Supersedes Date: May 1, 2023
Review Date: May 2027

Policy: This policy is intended to protect both students and clients. Clinical placements have varying requirements of students to show evidence of immunizations, a Tuberculin (TB) test, criminal background check, CPR certification, and drug testing to participate in a clinical experience.

All students who provide clinical services through external agencies are required to have an appropriate criminal background check that meets the standards of the facility, a Tuberculin (TB) test upon entrance into the program, an annual flu shot, TDap vaccination and current CPR certification.

Procedure:

I. Notification
   a. The program will notify incoming students of the requirements stated in this policy before entering the program.
   b. Students will also be notified in advance if they are responsible for any associated costs to meet these requirements.

II. Tests/Vaccinations
   a. Students are required to obtain a TB test or chest x-ray upon beginning the program. A student may be required to provide an updated TB test prior to an external placement.
   b. The TDap vaccination is required every ten years.
   c. An annual flu shot is required each fall.
   d. The HEP-B vaccination series or waiver is required by both MSHC and off-site facilities.
   e. Some off-site practicum sites require the COVID-19 vaccination before starting the practicum, and they do not offer exemptions. This may impact clinical opportunities or on-time graduation.
   f. Students will upload a copy of the documentation to the online clinical hours and compliance system within the first week of the Fall semester and keep a copy of the original for their records.

III. CPR and AED2 Certification
   a. All students are to take a CPR course offered by a reputable entity covering CPR and Automated External Defibrillator (AED) training for health care providers, including a hands-on practical examination.
   b. Students will upload a copy of the documentation to the online clinical hours and compliance system within the first week of the Fall semester and keep a copy of the original for their records.

IV. Criminal background check
    a. Students should be aware that criminal convictions may make them ineligible to participate in any clinical experiences included in the program, therefore necessitating removal from the program and/or impacting one's ability to successfully complete course and program requirements.
    b. Students assigned to the public or private schools may need a TBI criminal background check and finger printing completed through the College of Education at the University of Memphis. Detailed instructions can be found here. Some school districts may require a maximum amount of time since the completed background check.
    c. All faculty, staff, and students who interact with minors on or off-campus must have a TBI criminal background check and finger printing completed every 5 years through the College of Education at the U of Memphis. Detailed instructions can be found here.
    d. Students assigned to medical facilities will need a national background check. There is an additional cost associated with this procedure.
    e. There are potential consequences associated with failing a criminal background check regarding licensure. If a student answers "yes" to any of the questions below, it is possible that they may be denied licensure at the end of the degree program.
        i. Have you ever been convicted of a felony or crime(s) other than minor traffic offenses?
        ii. Have you ever been denied licensure of the profession for which you might apply for licensure or had discipline imposed by another state's licensing board?
        iii. Have you ever had a civil suit judgment entered against you or entered an adverse civil settlement?
    f. Students must review the state licensure requirements specific to the discipline by contacting the specific licensing board. It is the student's responsibility to understand.

V. Drug Testing
    a. Students who provide clinical services may be required to complete drug testing as a stipulation of the external clinical placement. Each agency will determine the requirements for drug testing for its facilities.
    b. Any student found to have failed drug testing may be unable to complete the requirements of the program.
    c. If a student fails a drug test, the external facility will determine if the student can retake the test. The external site has the right to refuse placement for the semester.
    d. If a student fails a drug test, placement at MSHC or any other facility will not be possible until the drug test is retaken and passed. The student may only retake the drug test once in a semester. This may affect the student's completion of clinical experience for that semester and potentially delay his/her program.

VI. Records and Dissemination of Information
    a. Students will upload proof of the required tests and procedures to their private record in the online clinical hours and compliance system and keep a copy of the original for their records.

b. The expiration date for each item will be entered with oversight from the Directors of Clinical Education or their designee.
c. It is the responsibility of the student to remain current with all records and procedures.
d. If a site requires documented proof of the test results, it will be the responsibility of the student to provide the information.

Clinical Education Policy 510

Dress Code and Conduct for Students, Staff and Faculty Involved in Clinic

Effective Date: August 18, 2022
Supersedes Date: August 19, 2012
Review Date: May 2027

Policy: Professional appearance/conduct is required when serving Patients or when conducting MSHC business

Procedure:

I. Examples of Appropriate Dress/Appearance
   a. U of M ID badges are to be worn on the upper torso when working with patients.
   b. Students may wear either an approved MSHC T-shirt or black scrub top with black bottoms. Examples of appropriate bottoms include black scrub pants, black dress pants, or black skirts that are knee-length or longer. To accommodate weather or personal needs, long-sleeved black or white undershirts may be worn under an MSHC T-shirt or black scrub top, or a student may choose to layer their MSHC T-shirt or black scrub top with an approved CSD pullover or a black cardigan.
   c. Shoes must be closed-toe, closed-heel, and appropriate for the population a student is serving.
   d. Clinical educators may wear the same attire as students or business casual clothing.
   e. Offsite facilities may require specific attire or have specific restrictions. It is the responsibility of the student to learn what the dress codes are and to follow them.
   f. Dress code requirements may be modified for special events (e.g., field trips and outdoor clinics) at the discretion of the MSHC clinical educator.

II. Examples of Inappropriate Dress/ Appearance
   a. Shorts
   b. Jeans
   c. Graphic T-shirts with writing
   d. Athletic attire
   e. Tank tops and tops with spaghetti straps must be covered with a jacket or a shirt
   f. Open toe shoes (due to infection control), casual sandals including flip-flops, or stilettos are not allowed in clinic.

III. Examples of Potentially Inappropriate Dress/Appearance
   a. Visible piercings other than the ears may be distracting. Be prepared to remove or cover them.
   b. Visual body art (e.g., tattoos) may be distracting and/or offensive. Be prepared to cover it.
   c. Subdermal implants (e.g. A subdermal implant refers to a body modification that is placed underneath the skin, therefore allowing the body to heal over the implant and creating a raised design) as may be distracting and/or offensive. Be prepared to be able to cover it with clothing in some way.

d. Hair colors that would not be of natural origin may be distracting. Be prepared to be notified if this is found inappropriate.
e. Students are expected to use good professional judgment regarding dress. If the clinical faculty member considers a student's dress inappropriate, the student may be asked to return home to change.

IV. Appropriate Conduct
   a. Student clinicians are not to take food or drinks into the therapy/diagnostic sessions unless there is a social event associated with the session or the presence of food or drink is a registered accommodation through Disability Resources for Students (DRS).
   b. Student clinicians are not to chew gum during therapy/diagnostic sessions.
   c. The details of this policy apply to a public clinical setting, regardless of whether the individual is actively involved in the clinic.
   d. Cellphones should not be visible in a session unless being used for clinical purposes.

Clinical Education Policy 511

Malpractice Insurance for Students and Faculty who Provide Clinical Services

Effective Date: August 19, 2012
Supersedes Date: September 7, 2001
Review Date: May 2026

Policy: All students and faculty members who provide clinical services must have malpractice insurance.

Procedure:

I. Students
   a. Malpractice insurance covering students will be provided and paid for by the School of Communication Sciences & Disorders.

II. Faculty
   a. All clinical faculty are required to carry personal malpractice insurance to be credentialed to bill insurances.

Clinical Education Appendix 5.1

CSD Clinical Competency Rating Scale and Experience Band

CSD Clinical Competency Rating Scale

Rating Scale	Student Clinician Performance	Clinical Educator Support
1	**Skill Not Evident**: Skill not evident or is implemented with difficulty. Student does not implement feedback to effectively change their behavior. Demonstrates incomplete understanding of clinical disorder/process. Observes & assists instructor. Difficulty focusing on client's/patient's needs.	**Maximum Instruction**: Clinical educator plans or executes service while student helps. Direct instruction, background information, and demonstration is necessary most of time. Patient service is provided by clinical educator.
2	**Emerging Skill**: Student occasionally implements feedback to effectively change their behavior. Needs instruction to modify skill. Implements skill if previously discussed or modeled. Focused primarily on own needs and performance and less so on patient needs. Limited self-evaluation skills.	**Constant Direction**: Clinical educator directs/guides student through planning and/or session. Helps student understand relevant client/patient needs majority of time. Clarifies priorities. Provides post-appointment input to facilitate appropriate follow-up. Facilitates student self-evaluation.
3	**Inconsistent Skill**: Skill is in development. Implemented appropriately but inconsistently. Student does not independently modify own behavior during session. Post-appointment, student aware of need to modify behavior, and able to identify some solutions, but may not use optimal methods.	**Ongoing Guidance**: Clinical Educator is actively involved during planning or during session. Input needed during appointment to ensure accurate, appropriate, and optimal services. Focus is on increasing student awareness of when and how to improve the skill. Instruction frequently required to facilitate understanding of patient needs.
4	**Consistent with Occasional Prompts**: Skill implemented appropriately most of the time. Working on refining skill (i.e., increased consistency, efficiency, or effectiveness). During appointment student is aware of need for change and modifies own behavior some of the time. Initiates new suggestions some of the time.	**Intermittent Prompting**: Clinical educator monitors student plans and/or sessions, but is mostly hands-off. Gives prompts regarding patient needs and possible alternatives to consider some of time. Seldomly intervenes during appointment.
5	**Consistent & Capable**: CF Ready. In most situations, implements skills consistently and proficiently. Student modifies own behavior as needed. Demonstrates independent clinical	**Collaborative Input**: Clinical educator is able to be almost entirely hands-off. Clinical educator confirms student hypotheses and plans most of the time. Collaborates with student regarding patient needs and suggests

	problem-solving. Generates accurate self-evaluation.	alternative areas to consider some of the time. Promotes student independence. Clinical educator does not need to intervene during an appointment.

Note: These ratings are a descriptive measure and are not based on a percentage of compliance in a section.

Level of Experience Based on Semester

When assigning grades, the Level of Experience is taken into consideration, primarily based on the number of semesters of clinic the student has completed. The only exception is that **Professionalism expectations are the same regardless of the number of semesters of clinic the student has completed**.

Semester	A	A-	B+	B	B-	C+	C	F
1	3 or above	2.8-2.99	2.6-2.79	2.5-2.59	2.3-2.49	2.1-2.29	2.0-2.09	Below 2.0
2	3 or above	2.8-2.99	2.6-2.79	2.5-2.59	2.3-2.49	2.1-2.29	2.0-2.09	Below 2.0
3	3.5 or above	3.3-3.49	3.1-3.29	3.0-3.1	2.8-2.99	2.6-2.79	2.5-2.59	Below 2.5
4	4 or above	3.8-3.99	3.6-3.79	3.5-3.59	3.3-3.49	3.1-3.29	3.0-3.09	Below 3.0
5	4.5 or above	4.3-4.49	4.2-4.29	4.0-4.19	3.8-3.99	3.6-3.79	3.5-3.59	Below 3.5
Professionalism	Clinical Faculty Group Determination of "No Concern", "Minor Concern", "Major Concern"							

*** Professionalism scores will be assigned through faculty group determination. **Scores that are a Major Concern in 1 semester or a Minor Concern across 2 semesters may results in a Clinical or Academic Support Plan (ClASP).**

*** A Professionalism score of **"Minor Concern"** will result in the final clinic grade dropping by 1/2 letter grade (e.g., a numerical score earning an “A-“ for other clinical skills will be dropped to a “B+”).

*** A Professionalism score of **"Major Concern"** will result in the final clinic grade dropping by 1 full letter grade (e.g., a numerical score earning an “A” for other clinical skills will be dropped to a “B”).

Clinical Education Appendix 5.2

Clinical-Academic Support Plan Documentation

Clinical – Academic Support Plan
School of Communication Sciences and Disorders
The University of Memphis

The student must meet the requirements of the School, as well as demonstrate a set of knowledge and skills as defined by ASHA certification standards. A student can earn a passing grade in a course/practicum and still not demonstrate all the knowledge and skills covered in the course or expected in practice (Policy 503 in CSD Handbook). Unsatisfactory evaluation of a ClASP, particularly one of major severity, will prompt faculty review of the student's overall performance across content areas and clinic, and may be grounds for dismissal.

Student: _____ **Advisor:** _____ **Semester:** _____

Instructor/Course: _____

Date of Original Plan: _____ **Date of Current Plan:** _____

Severity of ClASP:
☐ Minor—self-initiated or minor concern (e.g., isolated competency within a single course)
☐ Major—more significant (e.g., multiple competencies spanning an entire course or courses; continuation of previous ClASP)

Area(s) Identified (Knowledge and Skills):

Goals to be Completed (Specific and Measurable):

Recommendations for Completion:

Date to be Assessed (no longer than a single semester): _____

Instructor's Signature: _____ Date: _____
Student's Signature: _____ Date: _____
Advisor's Signature: _____ Date: _____
Instructor: _____ Date: _____
Instructor: _____ Date: _____
Instructor: _____ Date: _____

Overall Performance:

☐ Satisfactory ☐ Persisting Concerns ☐ Unacceptable

Recommendations:

☐ Discontinue Plan ☐ Continue Plan ☐ Revise Plan ☐ Faculty Review

Date to be Assessed (no longer than a single semester): _____

Instructor's Signature:	_____	Date:	_____
Student's Signature:	_____	Date:	_____
Advisor's Signature:	_____	Date:	_____
Instructor:	_____	Date:	_____
Instructor:	_____	Date:	_____
Instructor:	_____	Date:	_____

Clinical Education Appendix 5.3

Evaluation of Clinical Educator Competence

The following are five areas of competency and suggested skills for clinical faculty that are to be used as a guide for the semester evaluation.

I. Preparation/Organization
   a. Discusses specifically his/her expectations of the student at the beginning of the semester
   b. Discusses working folders and available information about the client at the beginning of the semester or prior to the evaluation
   c. Plans and maintains conference times throughout the semester
   d. Uses conference time effectively
   e. Demonstrates an understanding of the client's needs

II. Instructional Skills
   a. Assists in determining clinical goals and objectives
   b. Assists in developing and refining diagnostic and assessment skills
   c. Assists in developing behavior management skills
   d. Assists in developing and refining therapy skills
   e. Assists in observing and analyzing assessment and treatment sessions
   f. Assists in developing student clinician's self-evaluation of his/her clinical performance
   g. Encourages collaborative identification of the student clinician's clinical strengths and weaknesses
   h. Encourages and aids the student clinician to relate academic work to therapy and assessment situations
   i. Provides appropriate demonstration of testing/therapy procedures
   j. Provides appropriate demonstration of communicating with clients and families
   k. Provides guidance about resources (e.g., articles, materials, tests, videos)
   l. Shares own clinical experience and knowledge
   m. Encourages independence
   n. Provides prompt, specific and constructive feedback
   o. Provides instruction on data collection

III. Reporting
   a. Assists in developing skills in oral reporting
   b. Assists in developing skills in written reporting and editing
   c. Assists in the development and maintenance of clinical records
   d. Returns written material in an established time frame
   e. Provides clear and constructive feedback on written material

IV. Professional
   a. Models and facilitates professional conduct
   b. Shares information regarding ethical (including confidentiality), legal, regulatory and reimbursement aspects of professional practice
   c. Demonstrates/shares knowledge of current clinical research/literature

d. Demonstrates/shares knowledge of current supervisory research/literature
e. Encourages participation in professional organizations/activities
f. Demonstrates enthusiasm for the profession and the clients serve

V. Interpersonal
   a. Shows genuine concern for the client as a person
   b. Establishes an environment for learning based on openness, honesty, and trust
   c. Establishes and maintains an effective working relationship
   d. Works collaboratively with the supervisee
   e. Is open to suggestions and listens to the supervisee
   f. Addresses issues as they arise
   g. Identifies strengths and weaknesses in a constructive way and provides positive feedback
   h. Employs language conducive to facilitating independent thinking and problem solving by the student clinician
   i. Listens openly and respectfully to student's perceptions, opinions and rationales
   j. Listens openly to student's feelings and concerns
   k. Shares personal self (feelings, mistakes, goals, etc.) as appropriate
   l. Requests and encourages feedback about the supervisory process
   m. Is open to new avenues of thought
   n. Interacts with the supervisee in planning, executing, and analyzing conferences
   o. Facilitates the student's learning and development of interpersonal skills
   p. Respects the student's time regarding clinical and academic commitments
   q. Employs a sense of humor freely and appropriately
   r. Communicates expectations clearly

Adapted from: Tihen, L.D., Expectations of student speech-language clinicians during their clinical practicum. American Speech-Language-Hearing Association (1985). Clinical Supervision in speech-language-pathology and audiology. Position statement. ASHA, 27, (6) 57-60. In house survey and collaboration of students and faculty in the School of Communication Sciences and Disorders at The University of Memphis, draft 2/19/97.

Clinical Education Appendix 5.4

Special MSHC Programs and Offsite Placements

In addition to the wide variety of clinical experiences available at the Memphis Speech and Hearing Center daily, students also may gain experiences in the following programs:

Special MSHC Programs

Adult Aural Rehabilitation
Adult Fluency Program
Adult Neurogenic Communication Disorders Program
Adult Services for Standard English Training (ASSET)
Aphasia Bootcamp
Auditory Evoked Potential Testing
Auditory Processing Disorders
Augmentative and Alternative Communication (AAC)
Child Aural Rehabilitation
Child Fluency Program
Cochlear Implants
Community Based Speech, Language, and Hearing Screenings
Early Hearing Testing
Gender Affirming Voice Therapy
Hearing Aid Fitting and Assistive Listening Device Counseling
Language-based literacy program
Language Learning Lab (LLL)
Parent-Infant Program for Children who have hearing losses
Social Stories
Swallowing and Feeding Disorders
Tiger PALS (preschoolers acquiring language skills)
Voice Assessment and Treatment

Clinical Practicum Sites (Other than MSHC)
Baptist Hospital East
Baptist Memorial Hospital – DeSoto
Baptist Rehab – Germantown
Bartlett City Schools
DeSoto County Schools
DeSoto Healthcare Center
Encompass Health – Central
Encompass Health - North
ENT Consultants of North Mississippi
ENT Memphis
Germantown Municipal Schools
Hearing and Balance Centers of West Tennessee
Lakeland School District
Le Bonheur Children's Hospital
Le Bonheur Early Intervention and Development

Le Bonheur Rehab
Libertas School of Memphis
Memphis Audiology
Memphis Family Connection Center
Memphis Hearing Aid and Audiological Services
Memphis Oral School for the Deaf
Memphis Shelby County Schools
Memphis VA Medical Center and affiliated clinics
Methodist Hospital – Germantown
Methodist Hospital – Olive Branch
Methodist Medical Group Otolaryngology
Methodist North Hospital
Methodist South Hospital
Methodist University Hospital
Mid-South Ear, Nose and Throat, P.C.
Millington Healthcare Center
Power of Words Therapy Services, LLC
Regional One Medical Center
Southaven Hearing Health Center
SRVS
St. Jude Children's Research Hospital
Thrive Hearing & Tinnitus Solutions
UT Boling Center for Developmental Disabilities
UT Methodist Physicians
West Cancer Center
West Tennessee School for the Deaf
Words for Life Speech and Language Center, LLC

Clinical Education Appendix 5.5

Castle Branch Background Check and Drug Screening

I. Order instructions: Go to https://portal.castlebranch.com/UE54
   a. Select “Place Order” at the bottom of the screen
   b. Open the “Please Select” tab
   c. Choose the one you need to complete. In most cases it is the first option.
      i. UE54: Abuse - Background Check - Drug Test
      ii. UE54bg: Abuse – Background Check
      iii. UE54dt: Drug Test
   b. Read the order instructions and check the box “I have read this information”
   c. Acknowledge Terms and Conditions
   d. Complete the Personal Information Form

II. About CastleBranch
   a. University of Memphis Audiology and Speech Pathology has partnered with CastleBranch, one of the top ten background check and compliance management companies in the nation to provide you a secure account to manage your time sensitive school and clinical requirements. After you complete the order process and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements. You will return to your account by logging into castlebranch.com and entering your username (email used during order placement) and your secure password.

III. Payment Information
   a. Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

IV. Accessing Your Account
   a. To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.
   b. Contact CastleBranch
      i. For additional assistance, please contact the Service Desk at 888.723.4263 or visit servicedesk.cu@castlebranch.com for further information.

Clinical Education Appendix 5.6

Experiential Learning Placements

The mission of the University is to help each student develop his/her professional competencies. Experiential learning placements are designed to provide opportunities for students to learn to become effective in their area of practice through observations and practice in a professional setting. These experiences are designed to augment the knowledge, skills, and dispositions gained in the university classroom by requiring regular engagement in on-site, in-person practicum activities in a healthcare, public health, social service or other setting. However, these experiences also come with enhanced responsibility on the part of the student.

Compliance with policies and rules. By signing below, I affirm that I have read and will abide by all applicable University/School policies and practicum guidelines as well as any policies and rules required by any experiential learning placement (ELP) sites. I further affirm my responsibility to comply with all ethical standards associated with my professional placement(s).

Duty of care. I agree that it is my responsibility to understand and follow ELP site policies and procedures designed to identify and control risks, including safety and security procedures and bloodborne pathogen policies, and to obtain any immunizations or testing which ELP site(s) and the University may recommend and/or require. I further understand that it is my responsibility to follow safe practices as set by the University of Memphis, my relevant academic program, and my ELP site, as well as those required by local, state and federal governments. I acknowledge that it is my responsibility to bring to the University's and/or School's attention any information regarding any ELP site being unsafe or otherwise improper.

Practicing within your competency. An important aspect of ethical, professional practice is knowing the limits of your knowledge and skills and not engaging in activities that are beyond your level of competence. I acknowledge that engaging in an ELP may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant to practice within my level of competency.

Acknowledgement of risk. I acknowledge that there are certain risks inherent in my participation in ELPs, including, but not limited to risks arising from: travel to and from the ELP site, ELP activities, unpredictable or violent behavior of certain client populations served by the site, suboptimal working conditions due to pandemic/epidemic circumstances, and exposure to infectious diseases, including tuberculosis or other airborne pathogens, and hepatitis, HIV or other bloodborne pathogens.

Assumption of risk and release. I acknowledge that my chosen profession is not risk free and that by extension, experiential learning placements for the profession may inherently involve risk that could result in my bodily injury, up to and including death, as well as mental anxiety and stress. I voluntarily participate in ELPs in spite of these risks. I agree to assume those risks and release the University of Memphis and its board, employees, agents, and successors, of and from any and all expenses, damages, judgments, and costs, of whatever kind, that arise from any illness or injury I may acquire or sustain while participating in ELPs.

Medical conditions and treatment. I acknowledge that University of Memphis does not provide health and accident insurance for ELP participants and I agree to be financially responsible for any medical bills incurred as a result of emergency or other medical treatments. Should I require emergency medical treatment as a result of accident or illness arising during the ELP, I consent to such treatment. I will notify my field supervisor and clinical director if I have medical conditions about which emergency personnel should be informed.

Unforeseeable circumstances. Circumstances may arise that necessitate discontinuing – permanently or temporarily – ELPs. Such circumstances may include, but are not limited to, business disruptions, loss of site credentials, fire, flood, embargoes, war, acts of terrorism, civil commotions, natural disasters, and/or pandemics/ epidemics. I understand that in the event of such a circumstance the University will maintain communication regarding alternative pathways for completion of required coursework and will take all necessary steps to determine a suitable path forward. However, the University will not incur any liability as a result of unforeseen circumstances.

Voluntary election. It has been explained to me, and I understand, that faculty are available to discuss any questions or concerns I have about the nature and physical demands of ELPs and the inherent risks, hazards, and dangers associated with ELPs. I am voluntarily electing to move forward with my ELP in light of current circumstances. I acknowledge that if I have health issues or am not comfortable participating in an ELP at any time, I can elect to postpone my ELP(s) to a later date, knowing that it may affect my original projected graduation date and/or the award of my degree. If I wish to discontinue an ELP after the start date, I am responsible for first discussing the reasons why with my Directors of Clinical Education. I further understand that any decision made to discontinue an ELP may affect my original projected graduation date and/or the award of my degree.

Affirmation

Student Signature_____Date_____

Director_____Date_____

Clinical Education Appendix 5.7

Clinic Top/T-Shirt Design Guidelines

I. Any proposed clinic top design (from general students, STRIDE, MSHC Inc, SAA, etc.) must be submitted to the NSSHLA board. The NSSHLA board will review the designs and decide which student-body-approved designs to send on to the MSHC leadership team (Dean, Practice Manager, Directors of Clinical Education) for final approval.

II. The leadership team will approve up to 4 designs each school year, starting in fall and ending in summer. The 4 approved designs do not include the main clinic shirt that is given to students at orientation. It is very important that the NSSHLA board balances the needs of both speech-language pathology and audiology disciplines in the approval of top designs.

III. Design will need to be submitted to MSHC leadership team a minimum of two weeks before it is to be advertised or printed. The full team meets monthly and the meeting times are published on the CSD_Info calendar.

IV. Any designs approved by the MSHC leadership team will also be considered appropriate clinic attire for future years.

V. Requirements for Clinic Approved Tops

a. The design must include the MSHC logo on the front left chest (actual top pocket is optional)
b. The top's color is limited to black, white, Comfort Colors' "Mystic Blue", or Bella + Canvas' "Heather Deep"
c. The top's structure must cover the wearer's shoulders, not be low-cut (regular V-neck is fine), and not be a cropped length. Any post-purchase altering of an approved top in this manner (e.g., removing sleeves, cutting the neckline or bottom hem, fringing, etc.) will result in that top no longer being considered clinic appropriate.
d. To be worn in the clinic, the clinic top must be paired with the acceptable clinic bottoms (black scrub pants, black dress pants, black skirts that are knee-length or longer), undershirts (black or white long sleeved), layers (SAA CSD pullover, black cardigan), and shoes (closed toe, closed heel, appropriate for the population you are working with).

Part VI - Clinical Operations Policies

Clinical Operations Policy Summaries

Clinical Operations Policy 601: Criteria for Admission for Therapy Services at MSHC
Individuals of all ages are eligible for treatment if they have a communication or swallowing disorder or if intervention may prevent such a disorder. Admission to services requires collaboration with the Patient, family, or guardian. Eligibility for assessment and treatment is based on factors such as referrals, screening failures, functional communication limitations, and the impact of communication or swallowing difficulties on daily life. Admission procedures involve registration, evaluation, and placement on a waitlist, with therapy assignments based on need, student training requirements, availability, and scheduling logistics.

Clinical Operations Policy 602: Straight to Therapy Admissions Process
Patients seeking therapy without an evaluation must submit a recent SLE from a certified SLP, with standard scores. Children under 3 must provide a current hearing evaluation from a certified audiologist, while those over 3 will undergo a hearing screening at admission. Evaluations must be within 6 months for children under 4 and within 12 months for those over 4. The business office will explain the "Straight to Therapy" process, waiting list procedure, and student training model. Once received, an SLP will review the reports to ensure completeness and determine if additional testing is necessary. If the child is under 3 or has significant hearing history, an audiologist will review hearing reports. After approval, the patient is placed on the SLP Therapy Wait List, and the business office contacts the family to confirm placement and verify contact details.

Clinical Operations Policy 603: Discharge and Follow-up from Therapy Services
Discharge ideally occurs when the communication or swallowing disorder is resolved or effectively managed, but other factors may also necessitate discharge. The decision is made collaboratively with the patient, family, or guardian, with efforts to provide follow-up after discharge. Patients may be discharged due to goal completion, lack of progress, medical or behavioral concerns, noncompliance, lack of support, attendance issues, or financial constraints. Follow-up recommendations, such as maintenance therapy or referrals, are provided as needed, with the supervising clinician overseeing the process.

Clinical Operations Policy 604: Reporting of Clinical Information and Progress
Clinical services are documented electronically and communicated verbally to the patient/guardian. Documentation, including progress notes, SOAP notes, and discharge summaries must be completed in the EMR system withing specified timeframes. Diagnostic reports must also be completed in or uploaded to the EMR system within specified timeframes (e.g., audiology reports within 24 hours, speech-language reports within 5 days unless otherwise instructed by a supervisor). All documentation is reviewed by supervising faculty, with feedback provided for revisions if necessary. Final reports are sent to the patient and relevant parties within either by mail or electronically. Formal patient-family conferences are held at the start and end of treatment, with the supervising faculty present, while informal updates may be given post-session. The process ensures thorough documentation, timely communication, and adherence to privacy guidelines.

Clinical Operations Policy 605: The Maintenance of Clinical Records
Patient records must be current, secure, and confidential. All documentation, including reports and signed forms, is scanned into the EMR system under the correct headings. Patient information is confidential and should only be discussed with those directly involved in the case. Requests for

information are handled through the HIPAA Privacy Office, and a signed release of information is required for sharing patient data. Physical files, used before August 2023, are stored securely in the file room and are kept for 10 years after the last professional contact, with specific guidelines for minors. All records are managed according to HIPAA standards for privacy and security.

Clinical Operations Policy 606: Client Referrals from Outside Agencies
Referrals to the Memphis Speech and Hearing Center are accepted from any source, including self-referrals. Professional referrals are processed electronically and categorized by staff or student workers. A physician's referral is required for all patients regardless of individual insurance requirements. Referral sources receive a copy of the report upon request, and their name is included in the report, adhering to HIPAA guidelines.

Clinical Operations Policy 607: Client Referrals to Outside Agencies
A referral to an outside agency will be made if the needed services are unavailable at the center or if additional services are warranted. The supervising clinician must inform the patient that a referral is necessary and provide at least three appropriate service providers (if available) with their contact details. The patient or guardian must sign a Release of Information (ROI) form for the referral. This form will be documented in the patient's electronic medical record (EMR). The supervising clinician will record the referral recommendation and any communication with the external agency in the EMR system. Any reports or information will be shared securely through the EMR system, based on the appropriate release of information. If the patient/guardian disagrees with the referral, it must be documented in the patient's record. If the refusal impacts treatment (e.g., refusing an ENT referral for a voice patient), services may be terminated.

Clinical Operations Policy 608: Criteria for Hearing Evaluation Prior to Speech-Language Evaluations
Children under 36 months scheduled for a speech-language evaluation must either undergo a hearing evaluation or submit a recent one, including assessments of hearing sensitivity and middle ear function, from a licensed audiologist. If a previous hearing test is unavailable or deemed incomplete, a hearing evaluation will be scheduled before or alongside the speech-language evaluation. External hearing evaluations are reviewed by an audiology faculty member to ensure the results are complete and reliable for communication purposes, with any additional testing recommendations discussed with the speech-language pathologist.

Clinical Operations Policy 609: Hearing Aid Dispensing Procedure for MSHC Patients
The hearing aid dispensing procedure at the Audiology clinic includes several key steps. First, a hearing evaluation determines the need for hearing aid services, and the clinician reviews the procedures with the patient. Follow-up appointments are scheduled, including hearing aid examination, selection, fitting, and orientation. During the hearing aid selection appointment, the total cost, payment due dates, and additional fees are reviewed with the patient, and the necessary paperwork is completed. The fitting and orientation appointment includes finalizing the agreement, completing billing, and collecting any remaining payments. Additional costs may apply for ear impressions or molds.

Clinical Operations Policy 610: Checking in Earmolds, Hearing Aid Repairs, and New Hearing Aid Orders
Audiology faculty or student clinicians will document details of earmold orders, hearing aid repairs, or hearing aid orders in the EMR under Lab Orders. Business Office personnel or Graduate

Assistants will check-in devices and accessories that come in through USPS, UPS, FedEx, or other delivery companies for patients.

Clinical Operations Policy 611: Hearing Aid(s) Returns to the Memphis Speech and Hearing Center

Hearing aid returns will be handled by the Billing Coordinator. Clinician and/or business staff personnel will collect hearing aid(s) and all parts from patient, put in bin, and notify dispensing audiologist. Patient will be notified that they will not be reimbursed for shipping, handling, professional services, ear impressions or earmolds. The Billing Coordinator will be notified of the refund amount. Dispensing audiologists will complete return form, shipping return label, and schedule pick up.

Clinical Operations Policy 612: Limitations to Scheduling Patients for Diagnostic Services

Patients with a history of absences or an outstanding balance at the Memphis Speech and Hearing Center will not be rescheduled for diagnostic appointments. If a patient misses an appointment, they will be placed on an on-call list and may be scheduled for the following semester. Additionally, patients with an unpaid balance may not be scheduled for any appointments until the Billing Coordinator determines a deferment plan is in place. No-show and attendance policies are outlined in the center's procedures.

Clinical Operations Policy 613: Camps Involving Minors

Special programs or "camps" for minors using University facilities must adhere to strict policies regarding minors on campus. These programs require permission from the Dean and Provost, along with submission of a Minors on Campus Certification form. All employees, students, and volunteers involved must undergo background checks, sex offender registry checks, and Minors on Campus training. Additionally, safety protocols are outlined, ensuring minors are always supervised, with proper emergency procedures in place. The camp coordinator must also create a participant code of conduct, detailing expectations and consequences for dismissal.

Clinical Operations Policy 614: MSHC Services for Individuals Associated with SCSD and University of Memphis

All appointments and services at the Memphis Speech and Hearing Center (MSHC) must be scheduled through the business office, which also handles device and equipment purchases. The billing coordinator is responsible for discussing insurance benefits and financial responsibility with patients. No free services are offered, and all patients, including those affiliated with the University of Memphis, must follow established scheduling protocols. MSHC accepts various insurance plans, including those for University employees and students, and offers a need-based financial assistance program (CAP) for those struggling to pay.

Clinical Operations Policy 601

Criteria for Admission for Therapy Services at MSHC

Effective Date: August 18, 2022
Supersedes Date: August 9, 2012
Review Date: May 2028

Policy: Individuals of all ages are eligible for treatment when their ability to communicate and/or swallow is impaired or when there is reason to believe that treatment will prevent the development of a communication or swallowing disorder. The decision to admit an individual to these services must be made in conjunction with the potential Patient and/or the Patient's family or designated guardian, as appropriate.

Procedure:

I. Eligibility for further assessment and subsequent treatment is indicated if one or more of the following factors are present:
   a. Referral because of suspected communication or upper aerodigestive disorder from the potential Patient, family member, audiologist, physician, educator, other speech-language pathologist, psychologist, or other allied health professional.
   b. Failure to pass a screening assessment for communication and/or upper aerodigestive function.
   c. The potential Patient is unable to communicate functionally or optimally across environments and communication partners.
   d. The presence of a communication or upper aerodigestive disorder has been verified through an evaluation by a certified speech-language pathologist or audiologist.
   e. The potential Patient's ability to communicate is not comparable to others of the same chronological age, gender identity, ethnicity, or cultural and linguistic background.
   f. The potential Patient, family, and/or guardian seeks services to achieve and/or maintain optimal communication (including alternative and augmentative means of communication), and/or upper aerodigestive skills.
   g. The potential Patient's communication skills negatively affect educational, social, emotional performance, vocation, and/or status of health and safety.
   h. The potential Patient's swallowing/feeding skills negatively affect their nutritional health or safety status.
   i. The potential Patient, family, and/or guardian seek services to achieve and/or maintain optimal communication and/or swallowing skills.
   j. The potential Patient, family, and /or guardian seek services to enhance communication skills.

II. Procedures for Admission to Therapy/Instruction
   a. Registration for services is managed by the office staff and entered into the EMR system.
   b. Patients seen for an evaluation and who wish to be placed on the waiting list for therapy are added to the SLP therapy wait list via the EMR system.
   c. Patients are offered therapy services based upon the following considerations:

i. Patient's acuity of condition and need.
ii. Specific disorder type needed for student training.
iii. Availability in a particular therapy program.
iv. Length of time on the waiting list based on the evaluation date.
v. Patient's availability for open therapy slots.
vi. When a Patient's schedule is confirmed, the office staff schedules the sessions in the EMR system.

Clinical Operations Policy 602

Straight to Therapy Admissions Process

Effective Date: August 19, 2012
Supersedes Date: May 1, 2023
Review Date: May 2027

Policy: Patients wishing to be admitted to therapy without having an evaluation at the Memphis Speech and Hearing Center must submit the results of a complete speech/language evaluation. The evaluation must be administered by a certified speech-language pathologist and include test results with standard scores, if applicable. If the Patient is a child under the age of three years, the parent or guardian must submit the results of a hearing evaluation completed by a certified audiologist. Any Patient above the age of three years will undergo a hearing screening upon admission. All tests must be "current," defined as: within six months for birth to four- year-old; twelve months for children above four years of age.

Procedure:

I. Verbal request from patient/parent/caregiver or professional
   a. When the request is received to bypass the evaluation and be directly enrolled into therapy, the business office personnel taking the call will do the following:
   b. Describe the "Straight to Therapy" process.
   c. Describe the Waiting List process.
   d. Explain the nature of a student training program. Specifically, that student clinicians provide services under the supervision of a certified clinician.
   e. Convey that the appropriate therapy programs are recommended only after all reports are reviewed by the clinical supervisor.
   f. Inform the caller about Tennessee Early Intervention Services (TEIS) if the child is under age three.
   g. Request all required documentation, as listed below:
      i. A complete current speech/language evaluation administered by a certified speech/language pathologist. "Current" means within six months for children ages birth to four and twelve months for individuals four and above.
      ii. A complete current (within six months) hearing evaluation administered by a certified audiologist if the child is under the age of three years.
   h. Inform them that once a slot is available a physician's referral is necessary if services are to be covered by insurance.
   i. If asked, provide three resources of information regarding other therapy providers.
   j. Obtain insurance provider information.
   k. Report therapy fee schedule.
   l. Intake Information
   m. The designated business associate scans all information into EMR
   n. Once reports and documentation are received, a reminder is sent to the reviewing SLP
   o. Evaluation information is reviewed

p. All straight to therapy requests will be managed by an assigned SLP, who will review the speech/language diagnostic report(s) and:
    i. Determine if reports are complete and current.
    ii. Determine if further testing will be required.
    iii. Make recommendations/referrals as appropriate.
    iv. If the child is under the age of three or the Patient has a significant hearing history the hearing diagnostic information is reviewed by an Audiologist faculty member and will:
        1. Determine if reports are complete and current.
        2. Determine if further testing will be required.
        3. Make recommendations/referrals as appropriate.
q. If all information is complete, the reviewing SLP will request that the office associate contact the parent/Patient to inform them of the decision.
r. Following the decision to proceed, the reviewing SLP will add the patient to the SLP Therapy Wait List located in the Team-MSHC Clinicians. The SLP will include the disorder(s), severity, recommendations, and recommended therapy program(s), and the evaluation date.
s. If appropriate, more than one program should be considered when making the recommendation.
t. The business associate will contact the Patient/parent to inform them that all paperwork has been received and that they have been placed on the request for services list (waiting list). They will also confirm:
    i. the Patient/parent(s) name(s)
    ii. address(es)
    iii. contact numbers (multiple numbers are helpful)
    iv. and insurance provider information.
    v. They will also remind the (Patient or caregiver to notify MSHC if any contact information changes.
u. If the Patient has specific questions regarding the recommendation or any other clinical process, they will be referred to the SLP in charge of the therapy program.
v. If the information submitted for review is incomplete, the reviewing SLP will forward the file to the business associate to contact the parent/caregiver and request the missing data.

II. Scheduling the Patient
    a. The faculty member submits information in the Patient Management System that indicates the Patient is “Straight to Therapy”.
    b. The business associate will enter the schedule and contact the insurance carrier for precertification if applicable.
    c. The responsible party who calls to schedule the therapy will advise the Patient to come early on the first day to complete the paperwork. Every effort will be made to provide the paperwork to the Patient before the appointment.

III. Patient check-in on the first therapy visit
    a. On the first therapy visit the Patient will sign-in and will follow procedures for the check-in of new Patients (Policy C-217).

b. The student clinician and faculty member will review the updated information before the session. Additional testing, including a hearing screening, may be performed in the first session.

Clinical Operations Policy 603

Discharge and Follow-Up from Therapy Services

Effective Date: August 9, 2012
Supersedes Date: May 1, 2023
Review Date: May 2026

Policy: Patient discharge from treatment ideally will occur when the communication or swallowing disorder is remediated or when compensatory strategies are successfully established. Because these goals can't always be achieved, additional factors will be considered. The decision to discharge a Patient from treatment/instruction will be made in conjunction with the Patient and/or family or guardian, as appropriate. Every attempt is made to follow the Patient after discharge/transfer.

Procedure:

I. Conditions for Discharge
   a. Eligibility for discharge is indicated if one or more of the following factors are present.
      i. The communication or feeding and swallowing disorder is defined within normal limits or is now consistent with the Patient's premorbid status.
      ii. The goals and objectives of treatment have been met.
      iii. The patient's communication abilities are consistent with prognosis and/or have become comparable to those of others of the same gender identity, ethnicity, or cultural and linguistic background.
      iv. The patient's speech, language, communication, and/or feeding and swallowing skills no longer adversely affect the Patient's educational, social, emotional, or vocational performance or health status.
      v. The patient who uses an augmentative or alternative communication system has achieved optimal communication across environments and communication partners.
      vi. The patient has attained the desired level of standardized communication skills.
      vii. Treatment no longer results in measurable benefit. There does not appear to be any reasonable prognosis for improvement with continued treatment. It is appropriate to consider future reevaluation to determine if the patient's status has changed or whether new treatment options have become available.
      viii. The patient is unable to tolerate treatment because of new onset or progression of a serious medical, psychological, or other condition.
      ix. The patient demonstrates behavior that interferes with improvement or participation in treatment (e.g., noncompliance, malingering), providing that efforts to address the interfering behavior have been unsuccessful.
      x. There is a lack of appropriate and necessary support for treatment.
      xi. The patient is unwilling to participate in treatment.
      xii. Treatment attendance has been inconsistent or poor and efforts to address these factors have not been successful. Two unexcused absences (and/or tardiness by 15 minutes) within a 90-day period will result in patient

discharge from therapy. Patients/families are informed of this attendance policy prior to admission and will be asked to sign an attendance agreement.

xiii. The Patient or guardian fails to follow through with referrals or recommendations, thus impeding progress in therapy.

xiv. The Patient is referred to and accepted in another program when services not available at the Memphis Speech and Hearing Center are required (e.g., educational, interdisciplinary treatment program, etc.).

xv. No service may be provided for a Patient who has an outstanding balance from a previous semester. A deferment plan may be established in some cases. Arrangements are to be made with the business office.

xvi. The supervising clinical faculty member and associated student are expected to discuss discharge plans with the Patient/parent as an ongoing part of the therapy process. If the Patient, parent, or family member who carries legal responsibility does not agree with dismissal, an additional period of treatment, not to exceed (four) 4 weeks, might be considered to help the Patients served understand and accept the dismissal decision.

II. Follow-up Procedures after Discharge/Transfer

a. Follow-up arrangements (i.e., maintenance therapy, speech-language re-check, referral to another agency, etc.) will be recommended to meet the needs of the Patient as needed. The supervising clinician is responsible for management of the Patient's follow-up.

Clinical Operations Policy 604

Reporting of Clinical Information and Progress

Effective Date: August 18, 2022
Supersedes Date: August 19, 2012
Review Date: May 2028

Policy: Clinical services are documented electronically and reported verbally to the client/guardian.

Procedure:

I. Reporting
   a. Evaluation Report
      i. All reports are to be completed in the EMR system or if completed outside of the EMR system, scanned into the EMR.
      ii. The student will complete speech/language reports within 3 to 5 working days (depending on the type of report and supervisor instruction) and audiology reports within 24 hours.
      iii. For audiology students, the first version of the electronic report is reviewed by the supervising faculty member. Acceptability is based on timeliness and extent of revision required. The faculty member will make the necessary revisions and may forward the revised report to the student as feedback. If the report is poorly written and the faculty member's revision is exhaustive, the faculty member can request a full re- write of the report with guidelines for improvement. A poorly written report may be reflected in the student's clinic grade.
      iv. For speech-language pathology (SLP) reports, a template is used for the heading and format for the report. If the report is poorly written and the faculty member's revision is exhaustive, the faculty member can request a full re- write of the report with guidelines for improvement. Grading consequences for a poorly written report will apply on subsequent submissions.
      v. Speech-language test forms should be kept in the master file located in the file room.
      vi. After the responsible faculty member reviews and evaluates reports, they may notify the student that the report requires corrections and edits. The student has one day to make corrections. The faculty member is responsible for reviewing, signing, and sending it to the patient and relevant partners in care.

vii. The office associate may mail the report to the patient and relevant partners in care along with individuals or agencies listed on the release of information form when requested by the supervising clinician. Reports must be mailed within 48 hours of report completion. Reports can also be sent electronically via the patient portal or fax.
viii. The office associate ensures that the master files' contents are in the appropriate order (see Policy 605) and returned to the designated location. The master file is filed in the file room by business office personnel or a graduate assistant.

b. Clinical Summary Report
    i. Reports will be completed at the supervising faculty member's discretion every semester, depending on the requirements of the pay source.
    ii. The report format templates are on the shared clinic drive.
    iii. The final summary report will be added to IMS, and a copy will be sent to the patient and relevant partners in care. The master file will be placed in the file room.
c. Annual Re-Evaluation Report for Clients in Treatment/Instruction
    i. After one year of service, clients may be re-evaluated by the current supervisor and student seeing the client that semester. An annual report will be written to summarize services provided, results of testing, progress made, and subsequent recommendations.
d. Discharge Summary Report
    i. The discharge summary report is a complete summary of service, the progress gained in treatment and instruction, results of final testing, and recommendation at discharge.
e. Progress/SOAP Notes
    i. Progress notes or SOAP notes will be recorded in the electronic medical record.
f. Verbal Reporting
g. Evaluation Reporting
    i. Results of the evaluation will be presented and explained to the client/guardian at the conclusion of the evaluation unless the client was referred by the DDS.
    ii. The student and supervising faculty member may choose to plan the delivery of the results before they meet with the client/parent.
h. Formal Client/Family/Parent Conferences in Treatment
    i. The student and supervising faculty member will discuss treatment objectives, procedures, and discharge criterion with the client/family at the beginning of the service period.
    ii. The student and supervising faculty member will discuss the results of the treatment objectives, post-therapy testing results, and subsequent recommendations with the client/family at the end of the service period/discharge.
    iii. Additional conferences may be scheduled if necessary.
    iv. The supervising faculty member must be present during all client/family/parent conferences.
i. Informal Dissemination of Information

i. Following a session, the student clinician may briefly inform the parent/caregiver of how the client did in therapy that day, in accordance with HIPAA policy.
ii. If a parent/caregiver expresses specific concerns or requests more detail, the student will suggest that the caregiver schedule a conference with the supervising faculty member to address concerns or requests.

Clinical Operations Policy 605

The Maintenance of Clinical Records

Effective Date: July 31, 2019
Supersedes Date: May 1, 2023
Review Date: May 2026

Policy: All client records will be current, orderly, secure, and confidential.

Procedure:

I. Current Practice

a. Documentation should be scanned into the EMR system, IMS. This is to include all protocol forms, reports, patient signed forms, etc. These forms should be entered as the date the patient was seen and under the correct heading for the type of appointment and paperwork completed.

II. Confidentiality

a. All patient information is to be kept confidential and should never be discussed with anyone not directly involved in the case.
b. All requests for confidential information are to be handled by the HIPAA Privacy Office, their designee, or business office.
c. The signed release of information is valid for a period of 4 months.
    i. At the age of 18 years, patients should sign a current release of information for themselves.
    ii. Individuals over the age of 18 and under the guardianship of parents, a person, or an agency, will need to provide proof of a Healthcare Power of Attorney that will then be into their electronic file.
    iii. A release signed by a patient, parent, or guardian, is required before a report can be set to an entity other than the referring agency.
    iv. No Protected Health Information (PHI) will be divulged over the telephone without signed consent.
    v. Refer to the Clinical Operations Policy 215 or the SCSD HIPAA Manual or the HIPAA Compliance Committee for further information regarding HIPAA.

III. Prior to August 2023

a. Location and security of Patient Physical Master Files
    i. Each patient was given a physical file, prior to August 2023. These files are kept in the file room, located in the business office. The file room is monitored during working hours and is only accessible via badge access after-hours.
    ii. Patient physical files are to never leave the building. A student or faculty member may review the file, if needed, within the file room.
b. Order of Master Files (blue)
    i. Each blue file contains the following information. Documents not listed below were not kept in the file and scanned into the previous

EMR system, Cerner, before being transferred to the new EMR system, IMS.

ii. Left Side
    1. Demographic sheet containing all demographic information, insurance, and parent/guardian information.

iii. Right Side
    1. MSHC Reports such as the SLP original evaluation or DDS reports; SLP test forms including protocol forms; Audiology hearing aid data.

c. The physical files (tan and blue) will be kept in the file cabinet for 5 years. After a file has been inactive for 5 years, it is removed, and placed in a locked closet in MSHC for an additional 5 years.
    i. Tennessee law specifies that medical records are to be kept for 10 years after the last professional contact.
    ii. The records of minors are kept for 10 years after the last professional contact and/or until the minor is 19 years of age, whichever is longer

Clinical Operations Policy 606

Client Referrals from Outside Agencies

Effective Date: August 18, 2022
Supersedes Date: March 1, 2008
Review Date: May 2028

Policy: Referrals to the Memphis Speech and Hearing Center are accepted from all sources including self-referral.

Procedure:

I. Referrals from professionals/agencies are received via electronic fax. Referrals are reviewed, categorized and added to the referral task list by a business office associate or student worker(s).

II. A physician's referral is required before services are rendered if the Patient/guardian intends to file a claim for services with an insurance provider. This is a clinic policy and applies to all Patients even if that Patient's insurance does not require a referral.

III. The referral source will receive a copy of the report as requested even if the Patient/guardian has not listed the referral source on the release of information form. (For more information see HIPAA (Health Insurance Portability and Accountability Act) and Health Information Guidelines).

IV. The name of the referral source is included in the report.

Clinical Operations Policy 607

Client Referrals to Outside Agencies

Effective Date: September 7, 2001
Supersedes Date: May 1, 2023
Review Date: May 2026

Policy: Referrals will be made to outside agencies for patients when appropriate services are not available at the Memphis Speech and Hearing Center or if additional services are warranted which are not available at the Center.

Procedure:

I. The supervising clinician will advise the Patient that an outside referral is warranted.

II. If the patient/guardian agrees with the referral or requests a referral to another professional or agency for diagnostic or therapy services, at least three names, if available, and numbers of appropriate service providers will be given.

III. The patient/guardian will sign a release of information (ROI)to referral choice. This ROI will be recorded in the patient's chart in EMR system.

IV. The supervising clinician will record the recommendation and any contacts with the referring agency in EMR system.

V. Reports and information will be provided as requested per appropriate release of information via secured EMR system.

VI. If the patient/guardian is not in agreement with the referral, the supervising clinician is to document this in the Patient's record in EMR system. Services may be terminated if the refusal of the referral restricts the ability to treat the patient appropriately (e.g., an ENT referral for a voice Patient) or hinders progress in treatment.

Clinical Operations Policy 608

Criteria for Hearing Evaluation Prior to Speech-Language Evaluations

Effective Date: August 18, 2022
Supersedes Date: January 25, 2011
Review Date: May 2026

Policy: All children younger than 36 months of age at the time of the evaluation who are scheduled for a speech-language evaluation must be seen for a hearing evaluation or submit a recent hearing evaluation (to include hearing sensitivity and middle ear function) from a licensed audiologist/professional.

Procedure:

I. Audiologic Testing at Another Facility
   a. External hearing evaluations are reviewed by an audiology faculty member and are evaluated on completeness and reliability that qualifies hearing is appropriate for communication.
   b. The audiologist will discuss with the speech-language pathologist any recommendations for further audiological testing prior to the scheduled speech-language evaluation.

II. No Previous Testing
   a. If hearing test results are not available or the audiologist determines that external results obtained are incomplete, a hearing test is scheduled prior to or in conjunction with the speech-language evaluation.

Clinical Operations Policy 609

Hearing Aid Dispensing Procedure for Memphis Speech and Hearing Center Patients

Effective Date: August 18, 2022
Supersedes Date: June 1, 2013
Review Date: May 2026

Policy: Hearing aid dispensing procedures for the Audiology clinic
Procedure:

I. Hearing Evaluation Appointment
   a. Clinician will:
      i. Determine need for hearing aid services and/or other options for amplification
      ii. Give patient a copy of the Procedures for Obtaining a Hearing Aid at MSHC handout and review the handout with them.
      iii. Schedule appropriate follow-up appointments with business office.
      iv. All hearing aid appointments should be scheduled in the following manner:
         1. Hearing Aid Examination and Selection-1 week following HE
         2. Hearing Aid Fitting and Orientation-2 weeks following HAE/S or once the hearing aid is received from the manufacturer.
         3. Follow-Up-2 weeks following fitting
         4. Hearing Management Group - on next scheduled dates

II. Hearing Aid Examination and Selection Appointment
   a. Following the hearing aid selection with the patient, the clinician will:
      i. Indicate on the Hearing Aid Purchase Agreement the total cost of the hearing aid including shipping and handling, and additional features or accessories.
      ii. Review the Hearing Aid Receipt with the patient to ensure they understand each section including:
         1. Payment due dates (Memphis Speech and Hearing offers NO payment plan)
         2. Half of the cost of the hearing aid(s) is due at the time of ordering
      iii. Remaining balance is due at the hearing aid fitting and orientation appointment
         1. Service fees are separate from the cost of the hearing aid and are non- refundable.
         2. HAE fee is due on the day of the selection and the fitting and dispensing fees are due at the hearing aid fitting and orientation appointment.
         3. Return policy
         4. Additional costs may apply
            a. If an ear impression is taken, the clinician will review the cost for the ear impression(s) and ear mold(s) and have the patient sign the Consent for Taking Ear Impressions.
            b. Standard ear mold(s) remain at the current price. Specialty ear mold(s) will require a price quote.

5. The clinician will complete billing in the EMR for the total cost of the hearing aid including shipping and handling, added items or accessories, earmolds and impressions if applicable, and service fees for the appointment.
6. The clinician will include all the above information in the report template completed following the appointment.

III. Hearing Aid Fitting and Orientation appointment
   a. The remaining portion of the Hearing Aid Receipt will be completed, and the clinician will have the patient sign the agreement.
   b. A copy is given to the patient at check-out
   c. The clinician will complete the billing and the patient will pay remaining charges.

Clinical Operations Policy 610

Checking in Earmolds, Hearing Aid Repairs and New Hearing Aid Orders

Effective Date: July 1, 2023
Supersedes Date: June 1, 2023
Review Date: May 2027

Policy: Audiology faculty or student clinicians will document details of earmold order, hearing aid repair, or hearing aid orders in the EMR under Lab Orders. Business Office personnel or Graduate Assistants will check-in devices and accessories that come in through USPS, UPS, FedEx, or other delivery companies for patients.

Procedure:

I. Business Office Personnel

a. All arriving orders will be received by the Business Office.

b. The Business Office will complete a hearing aid check-in tracking form. The business associate will then place the devices and hearing aid check-in tracking form in the appropriate box -- indicating a new or repaired device -- in the Hearing Aid Workroom (CHB 1010).

II. Faculty Member or Student Clinician

a. Faculty member or student clinicians will notify the business office to call patient and schedule appointment to pick up device(s) or accessories via reminders in EMR. All device, accessory, or repair orders will be documented by clinicians according to check-in procedures in the EMR on the Lab Orders tab.

b. The device or accessories are to be placed in appropriate box, indicating it is ready to be picked up.

c. Clinicians will complete the informational card placed on the front of the bins so that relevant information may be obtained easily.

Clinical Operations Policy 611

Hearing Aid(s) Returns to the Memphis Speech and Hearing Center

Effective Date: August 18, 2022
Supersedes Date: June 1, 2013
Review Date: May 2026

Policy: Hearing aid returns will be handled by the Billing Coordinator
Procedure:

I. Patient returns hearing aid(s) to clinician or front desk staff member.
II. Patient will complete the Hearing Aid Request form and indicate reason for return.
III. Clinician and/or business staff will:
    a. Collect hearing aid(s) and all parts from patient and put in hearing aid bin on shelf and notify dispensing audiologist a return has been made.
    b. Notify the patient that they will not be reimbursed, per contract, for shipping and handling charges, professional services, ear impressions or earmolds.
    c. The billing coordinator will be notified of the amount needed to refund the patient. Please note the appointment (service) fees are not to be refunded nor will ear impressions, earmolds, or shipping and handling.
    d. Dispensing audiologist or designee will complete the manufacturer's specified return form, complete shipping return label, and schedule pick up of return.
    e. Dispensing audiologist will complete a note in IMS and in the lab section of IMS.
    f. MSHC Billing Coordinator will verify the credit has posted on the hearing aid account and complete the reimbursement for the patient.

Clinical Operations Policy 612

Limitations to Scheduling Patients for Diagnostic Services

Effective Date: August 18, 2022
Supersedes Date: August 19, 2012
Review Date: May 2026

Policy: Patients with a history of absences or a delinquent account with the Memphis Speech and Hearing Center will not be re-scheduled for diagnostic appointments.

Procedure:

I. Missed Appointments
   a. Patients will not be rescheduled for diagnostic appointments if they fail to show for the appointment. The Patient will be added to an on-call list and will have an opportunity to schedule for the following semester. The Practice Manager may make this determination.
   b. No-show and attendance policies for therapy and diagnostic evaluations can be found in Policy Clinical Operations 202 Discharge and Follow-Up from Therapy Services and Policy Business Office Operations 406 No Show.

II. Outstanding Balance
   a. Patients will not be scheduled for diagnostic or therapy appointments when the Billing Coordinator determines that the Patient has an outstanding balance from a previous semester. The Patient may arrange a deferment plan with MSHC.

Clinical Operations Policy 613

Camps Involving Minors on Campus

Effective Date: May 1, 2019
Supersedes Date: May 1, 2019
Review Date: May 2028

Policy: Special programs considered as "camps" for minors using University facilities must follow the policies and guidelines as it relates to minors on campus.

Procedure:

I. Minors on Campus Certification
   a. Permission from the Dean and the Provost must be obtained when planning a camp for minors at the Community Health Building.
   b. The Minors on Campus Certification form is submitted for signature with a description of the proposed camp.
   c. Requirements
      i. The requirements and forms necessary for employees and volunteers are on the Legal Counsel Website.
      ii. All employees and volunteers need proof of background/sex offender registry checks and Minors on Campus training. Either the Directors of Clinical Education or the School's Administrative Associate will keep records of proof of participants' training (Clinical Education Policy 508 Required Immunizations, Certifications, Trainings, and Background Checks for all Faculty, Staff, Volunteers, and Students Working in SCSD and MSHC).
      iii. Students may be considered volunteers if the assignment is not related to a course or graduate assistant duties.
         1. Volunteers must submit a Volunteer Form five days before the scheduled start date of the program/activity, so Legal Counsel has time to file them with the State of Tennessee.
      iv. All employees, students, and volunteers involved in the camp/activities will receive a packet of information and forms to be signed that includes:
         1. Guidelines for Working with Minors: A list of Do's and Don'ts
         2. Staff-to-participant ratios
         3. Reporting Responsibilities: Every Person has an Obligation to Report Child Abuse
         4. Statement of Acknowledgement Minors on Campus

II. Safety
   a. Policy Phys-304 in the School of Communication Sciences and DisordersHandbook covers the emergency procedures for all individuals in the Community Health Building.
   b. All minors must be always supervised.
   c. All Patients at MSHC have signed consent forms, and information is gathered to include medical conditions, dietary restrictions, medications, and emergency contacts.
   d. Specific camps/activities may require additional documentation for participants to include medication that needs to be taken during the camp, a media release, and a

statement of assumption of risk. These forms are located on the Legal Counsel website.

i. When possible, medically trained staff should be available during the camp hours.
ii. The coordinator of the camp will create a drop-off and pick-up plan for the camp and include it in the information provided the families.

III. Participant Code of Conduct

a. The coordinator of the camp/activity will create a code of conduct that is explained to the participant and given to the parent/guardian.
b. The code should contain an explanation of expectations of the participant as well as conditions that may lead to dismissal.

Clinical Operations Policy 614

MSHC Services for Individuals Associated with SCSD and University of Memphis

Effective Date: August 1, 2024
Supersedes Date: August 1, 2024
Review Date: May 2026

Policy: All appointments and services offered by MSHC are scheduled through the business office. All devices and equipment purchases are processed through the business office. Discussion of benefits and financial responsibility is completed by the billing coordinator in the business office. No free services are offered at MSHC.

Procedure:

I. All audiology and speech-language pathology services are scheduled through the business office. This applies to all patients including:
   a. Individuals and their families who work for the University of Memphis including the School of Communication Sciences and Disorders
   b. Individuals and their families who are students at the University of Memphis including the School of Communication Sciences and Disorders
   c. Individuals and their families who know employees or students at the University of Memphis including the School of Communication Sciences and Disorders
   d. Appointments should not be made by anyone who is not an MSHC business office employee.
      i. All appointments have a wait list for services, and patients should not bypass the wait list.
      ii. Any exceptions are approved by the Practice Manager and Directors of Clinical Education, including follow-up appointments.
      iii. Individuals associated with the University of Memphis should not indicate that they can make an appointment on the behalf of a patient.
      iv. Individuals associated with the School of Communication Sciences and Disorders should not indicate they can help an outside party bypass the wait list for services or the established protocols for scheduling appointments.
   e. All discussion of insurance benefits and financial responsibility should be completed by the billing coordinator in the business office. Providers and individuals associated with the School of Communication Sciences and Disorders should not discuss financial responsibility with patients, with some exceptions for audiology.
      i. The benefits that cover evaluations and those that cover devices, such as hearing aids, are provided by different companies and therefore have different coverage.
      ii. Some devices and services are not covered.
   f. The billing coordinator in the business office will work with patients to verify their coverage amounts.

II. There are no free services offered at MSHC for any patients.
   a. MSHC accepts a variety of insurances (commercial, Medicare, and Medicaid) including insurances offered by the University of Memphis for employees.

b. Services for students are included in the student fees that they pay as part of their tuition.
c. We offer a need-based financial assistance program (CAP) to help those who are struggling to pay their bills regardless of their insurance status.

Section VII - Business Office Operations

Business Office Operations Policy Summaries

Business Office Operations Policy 701: On Call Clinic and Hearing Aid Drop Off Procedure
On-Call Clinic is designed for quick, routine hearing aid services (about 15-30minutes). Drop-off services are available too with a structured process for device intake and follow-up. Ensuring proper documentation, timely inspections, and clear communication with patients are key components of both procedures.

Business Office Operations Policy 702: Patient Check In Procedures
The Business Office check in all patients before services are to begin. New Patients will sign in and complete paperwork, insurance card(s) and ID scanned into EMR, Co-pay collected if applicable, if no insurance verification, patient must pay privately or reschedule. Returning Patients will sign in and update paperwork if needed, if not seen in over a year, consents and insurance details must be updated.

Business Office Operations Policy 703: Patient Check Out Procedures
Check-Out Process: Business Office personnel check out patients after services and collects payments. Clinician must enter superbill prior to patient checking out at window.

Business Office Operations Policy 704: Patient No Show Policy
Patients must reschedule or cancel at least 24 hours in advance. If 2 no-shows in 90 days/semester → Services suspended until the next semester. We have a 15-minute grace period for all appointments. If the patient is after this time frame, they are rescheduled.

Business Office Operations Policy 701

On-Call Clinic and Hearing Aid Drop Off Procedures

Effective Date: July 1, 2023
Supersedes Date: June 1, 2023
Review Date: May 2027

Policy: The On-Call service is designed for brief (approximately 15 minute) visits to address routine hearing aid problems such as assessing hearing aids for possible repair, performing minor in-office repairs, changing earmold tubing, thin tubes, and receivers, obtaining earmold impressions, fitting earmolds/domes, and replacing accessories.

Procedure:

I. When an established patient is scheduled during On-Call.
   a. Patient arrives and signs in at front desk.
   b. Business office checks patient in EMR system and ensures all appropriate paperwork is up to date.
   c. Business office personnel direct patients to waiting area and informs the patient they will be seen as soon as possible.
   d. After patient is seen, the supervising audiologist will complete the billing via the Superbill tab in IMS noting procedures completed and pricing for hearing aid services and products.
   e. Clinician escorts patient to Business Office window to check out and to pay.

II. Drop-off procedures when On-Call Clinic is not in session
   a. Patient arrives at front desk and is given the in-office repair form to complete.
   b. After completing the form, the patient turns in device(s) and form to business office personnel. Business office reviews the form to ensure completion.
   c. Business office personnel tell patient they will be contacted by Audiology within two business days.
   d. Business office personnel place device(s) and completed Hearing Aid Service Request Form in the red bin marked as “Drop Box” on top of the metal rack.
   e. Any device dropped off before 12:00 PM will be inspected the same day. Any device dropped off after 12:00 PM will be inspected the following business day.

Business Office Operations Policy 702

Patient Check-In Procedure

Effective Date: August 9, 2023
Supersedes Date: May 1, 2023
Review Date: May 2027

Policy: Client Check in Procedures - Business Office personnel will receive and check-in clients prior to providing services

Procedure:

I. New Patients
   a. Patient is received by individual at Front Office Desk and asked to sign in.
   b. Patient or legal guardian must complete new patient information via paper or on-line via the patient portal.
   c. Business Office Personnel
      i. Scan patient's insurance card(s) (front and back) and photo ID into the EMR system
      ii. Collect co-pay, if applicable
      iii. Once patient is scheduled, they will be issued a portal login. In the portal, they will be able to complete all paperwork and upload a copy of their insurance card(s) and photo ID.
      iv. If patient states they do not have their insurance card, an attempt is made to obtain verification of services. If carrier cannot verify coverage while patient is at the Center, the patient is informed that he/she will have to private pay for that day's service or reschedule the appointment.

II. Returning Patients
   a. Patient is received by individual at Front Office Desk and is asked to sign in legibly.
   b. The business associate will confirm that all paperwork (consents) and demographic information is up to date.
   c. If patient has NOT been seen within the past year, the business associate will:
      i. Ask the patient to complete required paperwork (General Consent, Education Release, and Demographic Info if that has changed) and update information in the EMR.
      ii. Scan in current insurance card (front and back) and photo ID.
      iii. Check for eligibility with insurance carrier.

III. Therapy Patients
   a. First day of therapy patient will check in with business office and update any of the necessary forms or insurance card or IDs
   b. The business associate will scan insurance card (front and back) and photo ID.
   c. Complete needed paperwork if it has been over a year.
   d. Check with insurance for eligibility if not completed prior to visit.
   e. Collect co-pay each visit, if applicable.

IV. All Patients

a. Patient should not be taken to clinic until all consents are signed.
b. Clinician will complete the billing, and the patient will pay remaining charges at the time of check out.

Business Office Operations Policy 703

Patient Check-Out Procedure

Effective Date: August 9, 2023
Supersedes Date: May 1, 2023
Review Date: May 2027

Policy: Client Check-Out Procedures - Business Office personnel will check-out patients

Procedure:

I. Patient Out
   a. Patient is accompanied to checkout by student or clinician -with completed billing and follow-up notes through EMR.
   b. Hearing aid repairs should be charged the day it is sent for repair (even if patient is not present)
      i. Repair charges should include the following:
         1. Cost of repair,
         2. Shipping and handling,
         3. Electroacoustic analysis (monaural or binaural) if beyond the first year or out of warranty (not billed until that date of service, just quoted at this time)
         4. Unexpected additional charges may apply to the cost of the repair (i.e. recase); therefore, the patient should be advised of this possibility, and the additional charges will be assessed at the time of pick-up.
         5. Hearing aid orders should be charged the day of order.
            a. Clinician should complete the Hearing Aid Purchase Agreement with the patient's signature at this time.
               i. This form will be used by the Business Office associate at time of check-out.
               ii. A copy should be made for the patient at this time too.
            b. Clinician will complete billing in the EMR for the total cost of the hearing aid including shipping and handling, added items or accessories, earmolds and impressions if applicable, and service fees for the appointment.
            c. Half of the cost of the hearing aid is due at time of order.
            d. Remaining balance is due at the hearing aid fitting and orientation appointment
            e. Service fees are separate from the cost of the hearing aid and are non-refundable.
   c. Business office personnel will total charges for the day in the EMR. If a patient does not have insurance coverage, they should private pay for services at time of check-out.
   d. All products and services are to be paid for when the patient receives them.

Business Office Operations Policy 704

Patient No Show Policy

Effective Date: September 3, 2021
Supersedes Date: May 1, 2023
Review Date: May 2027

Policy: It is the client's responsibility to notify the office at least 24 hours in advance of their scheduled appointment to reschedule or cancel. Individuals who fail to show for two scheduled appointments within a 90-day period or semester are informed that the Memphis Speech and Hearing Center will be unable to provide additional services until the following semester.

Procedure:

I. Patients
   a. All Patients seen at the Memphis Speech and Hearing Center (excluding other agreements) are subject to this policy to include University students, regardless of their insurance coverage.

II. Patients Seen for Evaluations
   a. The no show policy will be communicated to patients.
   b. A notice will be included in the paperwork sent to the client prior to the appointment.
   c. Notation of the no show will be noted in EMR.

III. Patients Seen in Therapy
   a. The business office staff will give the client the attendance policy in writing at the time of their first therapy appointment.
   b. Patients who have two unexcused appointments in a 90-day period may be dismissed from therapy. (Policy 603). The dismissal letter is sent by the Practice Manager. The clinician must notify the Practice Manager of this need.

Section VIII - Safety Policies

Safety Policy Summaries

Safety Policy 801: Emergency Situations
All personnel must be prepared for emergencies, with specific procedures in place for various situations. Emergency contact information for both personnel and clients is stored electronically, and staff should ensure all individuals are evacuated safely during emergencies. Evacuation procedures include using primary exits, not using elevators during a fire, and assembling in the designated parking lot. For tornadoes, shelter should be taken on the ground floor or an interior room, while in the case of an earthquake, the "Drop, Cover, and Hold On" technique should be used. Active shooter procedures emphasize lockdown and communication with authorities. In medical emergencies, appropriate CPR/First Aid should be followed, and incident reports must be filed within 24 hours.

Safety Policy 802: Reporting an Injury
All personnel and students must report injuries according to established procedures. Students or volunteers should inform their instructor or clinical faculty member and complete a First Report of Injury or Illness form. Employees must notify their supervisor and submit a report to the Environmental Health and Safety Department and Employee Benefits within 24 hours. In emergencies, employees should seek treatment at the nearest emergency room and initiate the workers' compensation process. For non-emergencies, employees must contact their supervisor and call the Workplace Injury and First Notice of Loss Call Center to determine if further medical treatment is necessary.

Safety Policy 803: Infection Control for Memphis Speech and Hearing Center
The infection control guidelines for MSHC emphasize the importance of minimizing exposure to bloodborne and other infectious pathogens. The procedures include using engineering controls, personal protective equipment (PPE), and proper cleaning and disinfecting practices to safeguard patients, students, and staff. Key steps include thorough hand washing, use of gloves, and sterilization of instruments that encounter bodily fluids. Specific protocols for cleaning, disinfecting, and sterilizing equipment are outlined, with particular attention to audiology and speech-language pathology tools. Additionally, there are procedures for handling waste, personal illness, and potential exposure, along with regular reviews and updates to ensure compliance with safety standards.

Safety Policy 804: Infection Control for the Videostroboscopy Equipment
This policy emphasizes minimizing exposure to bloodborne and non-bloodborne pathogens through engineering controls, personal protective equipment, and environmental infection control practices. Waste material must be disposed of according to biohazardous procedures, and chemicals should be handled and disposed of following the Material Safety Data Sheet (MSDS) guidelines. The guidelines stress the importance of reporting new materials or chemicals for documentation, and an annual review of infection control procedures will be conducted by the Clinical Policies Committee to ensure ongoing safety and compliance.

Safety Policy 805: Infection Control for Research Labs
The infection control guidelines for the School of Communication Sciences & Disorders aim to protect personnel, students, and research participants from exposure to infectious materials.

These procedures align with OSHA's Bloodborne Pathogens Standard and include proper cleaning, disinfection, sterilization, and waste disposal protocols for research labs. Personnel handling biohazardous materials must undergo annual training in Bloodborne Pathogens and Hazardous Waste. Personal protective equipment, such as gloves and lab coats, is required during procedures, and regular handwashing is essential. Infection control procedures and waste management, including the disposal of biohazardous materials, are carefully outlined to ensure safety.

Safety Appendix 8.1: Statement Acknowledging Need to Report

This statement acknowledges the individual's responsibility to report suspected child abuse or neglect in accordance with Tennessee State Law (TN Code Annotated 37-1-403(i)(1)). The individual confirms understanding of the procedures for reporting abuse, the requirement to report any suspected crime on the University of Memphis campus to campus security, and that they have read the guidelines on working with minors. Additionally, they certify that they have never been convicted of a crime related to the abuse or neglect of minors or the elderly.

Safety Policy 801

Emergency Situations

Effective Date: March 1, 2018
Supersedes Date: Not applicable
Review Date: May 2026

Policy: All personnel should be prepared for an emergency.

Procedure:

I. Personal Emergency Information
   a. CSD client emergency data are kept in their electronic medical record.
   b. CSD personnel submit their emergency contact information through Team CSD in the CSD Faculty and Staff channel.
   c. CSD students submit their emergency contact information in their clock hours system profile.

II. Emergency Evacuation Procedures
   a. In the event of an emergency, call 911 or the U of M Campus Police 678-4357 (678-HELP).
   b. If you are told to evacuate, you should do so immediately.
   c. Faculty and staff are responsible for making sure that all handicapped persons in their charge leave the building safely.

III. Fire
   a. Use listed primary exits in case of emergency unless they are blocked. A floor plan is posted in the hallways indicating the primary and alternate exits.
   b. Elevators are not to be used in case of fire.
   c. People with mobility impairments who are not on the first floor should move to the stairwells located in the four corners of the building. Someone (faculty or staff) must stay with the person, while another person directs emergency/rescue personnel to their location.
   d. On the first floor, clients should be led out of the building.
      i. At no time should clients be left unattended during a building evacuation.
      ii. A wheelchair is in the MSHC file room on the first floor, if needed.
   e. The assembly point in the event of a fire is the parking lot behind the building, behind the second row of parking spaces. All personnel should assemble there and wait for a head count.
   f. Do not block fire lanes and building entrances and do not re-enter the building until given the all-clear from Campus Police or emergency personnel.

IV. Shelter in Place
   a. In the event of a shelter in place emergency, everyone should head inside.
   b. Close and lock all windows and doors, where possible. Try to shelter in spaces where there is room for everyone to sit.
   c. Close fire-doors if possible.
   d. Report everyone who is with you to the Dean via email (ljrmlwcz@memphis.edu).

e. Await further instruction.

V. Tornado
   a. In case of a tornado warning, all occupants should proceed to the ground floor to the internal hallways in the clinic.
   b. If the ground floor cannot be reached (e.g., wheelchair bound), find an interior room or hallway.
   c. Stay away from rooms with windows.

VI. Earthquake
   a. In the event of an earthquake, occupants should follow the "Drop, Cover, and Hold On" technique. Drop to the ground, take cover under a sturdy object (e.g., desk) or cover your head and neck, and hold on.
   b. Avoid windows and unsteady objects that could fall.
   c. Do not try to exit the building during the earthquake.
   d. Do not use elevators.
   e. After the earthquake, if the building is damaged, evacuate and alert Physical Plant and Police Services of building damage.

VII. Active Shooter
   a. If a shooter is outside your building and you are inside, go to a room that can be locked, close all doors and windows and turn off the lights. If possible, have everyone get down on the floor and out of view from windows & doors.
   b. Call 911 and alert them to the situation. Stay out of sight until you get an 'all clear' message from the University or law enforcement.
   c. If a shooter is inside your building, follow the procedure above. If a locked room is not available, go to a room, close the door and have everyone gather along the wall nearest the door. Avoid clumping together and barricade the door as you are able. Cellphones should be put on silent.
   d. If a shooter enters your classroom or office, call 911 and let police know the shooter's location, if possible. If you cannot speak, leave the line open. Your goal should be to either escape or hide. Trying to physically overpower the shooter should be used only as a last resort. If you decide to escape, do not attempt to take injured people with you. Let emergency personnel know where they are. Have an escape route and plan in mind and keep your hands free.
   e. Regardless of where you are relative to the shooter, do not leave campus until emergency personnel have indicated it is safe to leave (see E. Shelter in Place).

VIII. Medical Emergency Procedures
   a. Follow appropriate CPR/First Aid guidelines.
      i. Students: Call for help if alone with a client.
      ii. Notify a supervisor or faculty member.
      iii. If possible, send another student for a faculty member.
      iv. Notify a family member or other appropriate person to come to the location of the emergency.
      v. If unable to reach a family member or guardian and if emergency treatment is warranted:

1. Individual involved will call 911 or campus police and will accompany client to the hospital if the parent is not present.
2. Clinical faculty member will notify family member via phone.
3. An AED is in the mail/copy room (1064) in the clinic.
4. Incident report must be filed by the supervising clinician/clinical faculty member within 24 hours of event. See Phys-306.

Safety Policy 802

Reporting an Injury

Effective Date: September 8, 2023
Supersedes Date: August 6, 2018
Review Date: May 2026

Policy: All personnel and students should report injuries according to policy. Information can be found at the Office of Environmental Health and Safety.

Procedure:

I. Student/Volunteer/Patient Report of Injury
   a. The student's instructor or clinical faculty member should be informed of any injury after an accident.
   b. The student and faculty member should complete the Student/Visitor First Report of Injury or Illness form.

II. Employee First Report of Injury
   a. An employee's supervisor should be informed of any injury after an accident. The employee and their supervisor are to complete a First Report of Injury or Illness form and submit it to the Environmental Health and Safety Department (ehs@memphis.edu) and Employee Benefits (benefits@memphis.edu) on main campus.
   b. Reports must be submitted within 24 hours of the injury.
   c. Employees will also forward a copy of their injury report to the Administrative Associate to be kept on file.

III. Workers Compensation
   a. In an emergency, employees should go to the nearest emergency room and seek treatment.
   b. Contact your supervisor and Employee Benefits as soon as possible to start the workers' compensation claims process.
   c. A written record of any information pertaining to any emergency, not in the forms mentioned above, should be maintained in the employee's file.

IV. Non-Emergency
   a. In a non-emergency, immediately notify your supervisor and then call the Workplace Injury and First Notice of Loss Call Center at 1.866.245.8588.
      i. Choose option 1 and speak to a nurse who will recommend whether or not you should seek treatment.
      ii. If the recommendation is for you to seek treatment, you should proceed to the medical facility that the nurse recommends that you go to.

Safety Policy 803

Infection Control For Memphis Speech and Hearing Center

Effective Date: March 19, 2021
Supersedes Date: July 1, 2020
Review Date: May 2026

Policy: The following guidelines for infection control are written to inform and instruct all personnel, faculty, staff, volunteers and students who participate in clinic at the Memphis Speech and Hearing Center. Further information regarding infectious disease, disinfection, sterilization, regulatory agencies and terminology can be found in the references listed at the end of these guidelines. The CSD Exposure Control Plan is available for review in the CSD Dean's suite. Infection Control for Research Labs is outlined in Safety Policy 312. It is strongly recommended that all personnel be familiar with the information contained in these references.

Procedure:

I. Background
   a. In accordance with the Occupational Safety and Health Administration's Bloodborne Pathogens Standard (29 CFR 1910.1030), this plan has been developed to minimize the risk of exposure to bloodborne pathogens as well as other potentially infectious bodily substances. While direct exposure to blood is unlikely, this plan is written to protect the employees, students, volunteers and patients from that possibility and to reduce the exposure of personnel to non-bloodborne pathogens, as well. If exposure occurs, please visit http://www.memphis.edu/ehs/pdfs/bbpecattach3.pdf to complete the report form.
   b. Engineering and work practice controls will be utilized to minimize or eliminate potential exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment will be utilized.
   c. Environmental infection control and basic housekeeping practices will be implemented to protect patients, students, volunteers, and employees.
   d. Potentially contaminated waste material will be disposed of in accordance with approved biohazardous waste procedures.
   e. All chemicals in use in the MSHC will be stored, utilized, labeled and disposed of in accordance with the directions contained in the Material Safety Data Sheet (MSDS) for that product.
   f. Purchase and use of materials or chemicals not reported in this document will be reported to the Administrative Associate for appending to this document.
   g. There will be an annual review of the infection control documents for MSHC with oversight by the CSD Clinical Education and Policies Committee.

II. Personnel
   a. Not all faculty, staff, volunteers, students, and/or interns have the same potential risk of exposure to infectious materials.
   b. Professional Staff, Students and Volunteers
      i. Audiologists, Speech-Language Pathologists, volunteers and students engaged in direct patient contact might encounter the following tasks or

procedures that place them at some risk of exposure to infectious material including but not limited to using, handling, cleaning, disinfecting, or sterilizing:

Audiology	Speech-Language Pathology	All
Instruments with 2% glutaraldehyde Earmolds/hearing aids/cochlear implants Ear examination through otoscopy Cerumen management Ear impressions Otoscopes Hearing Aid Workroom Equipment (e.g. Stethosets, Cleaning tools) Sound Suite Equipment (e.g. Headphones, Audiometers, Immittance bridges)	Oral Mechanism Examinations Endoscopic equipment Airflow masks Nasometers TEP prostheses Speaking valves Inner cannulas of tracheostomy tubes Dentures Oral prostheses Mucous/sputum	Patient "touch and splash" surfaces Immittance probe tips, earlight tips, and specula Toys Changing diapers Microphones Headphones Surfaces/tables Emesis

c. Clinic and Office Personnel
    i. Clinic and/or office personnel may be exposed to infectious material but typically do not participate in cleaning/disinfecting procedures.
d. Building Maintenance and Cleaning Staff
    i. These individuals may be exposed to infectious material through assistance in cleaning or through removal of trash containing infectious materials.
e. Other personnel utilizing space in MSHC should be aware of and comply with University policy regarding Hazardous Waste and Bloodborne Pathogen training and policies.

III. Cleaning and Disinfecting
a. Definitions from Bankaitis & Kemp (2005)
    i. Cleaning: removal of gross contamination from contaminated instruments and areas without necessarily involving the killing of germs.
    ii. Disinfecting: process involving killing a percentage of germs.
b. Procedures will be used in the clinic areas including all sound rooms, hearing aid rooms all therapy rooms, speech clinic laboratory, and lobby as well as the sound rooms and surrounding suite space.
c. Containers with a cleaning and disinfecting solution will be in infection control/materials areas on the first floor.
d. Clorox or viricidal wipes will be in each therapy space and should be used to clean each room after every patient.
e. Sterilization materials will be limited to the infection control/materials rooms.
    i. Containers for sterilization chemicals will be provided with lids that must remain in place except when instruments are being placed or removed.
    ii. There will be no food or drink in these areas.

f. All soiled instruments needing cleaning, disinfection, or sterilization will have visual soil and debris removed with a germicidal cloth or enzyme soap prior to being placed in a cleaning and disinfectant bath.
    i. Personnel assigned to infection control duties will be responsible for transferring instruments to a sterilization bath and carrying out sterilization procedures.

IV. Infection Control Protocols
a. Environmental
    i. Surface Disinfection - Surfaces to be Cleaned will include counter tops, tabletops, doorknobs, light switches, chair armrests, and test equipment surfaces will be cleaned and disinfected following each clinic session or following test procedures (responsible party-student or employee completing their session).
        1. The table surfaces used for therapy, diagnostics, hearing aids, cochlear implants will be cleaned and disinfected following each use (responsible party-student or employee doing the hearing aid modifications).
        2. Headphones and other equipment used with a patient (such as the patient signal button) will be cleaned and disinfected with a disinfectant towelette following each use (responsible party-student or employee completing the testing).
        3. Toys used in clinic will be cleaned and disinfected following each use. Items may be cleaned in the dishwasher or washer & dryer located in the infection control/materials room.
        4. Areas used for disinfection and sterilization will be cleaned and disinfected daily (responsible party-the students assigned to infectious disease duties).
b. Surface Disinfection Procedures is a two-step process of cleaning gross contamination followed by a disinfectant to kill germs. A product containing both a cleaning compound and disinfectant can be used for both steps.
    i. Each sound room, test, or therapy area will be supplied with a hospital grade disinfectant/cleaner, wipes or spray and will be supplied with disposable drop-cloths.
    ii. During cleaning, gross contamination and debris will be removed with a paper towel or other disposable or cleanable device. The surface will then be wiped down with a disinfectant cloth or spray solution.
    iii. Disinfection will follow with a surface wipe or spray leaving it wet for at least two minutes, or longer if specified on the product label. The surface will then be wiped dry, if needed.
c. Disinfection
    i. Immersion: Noncritical objects and instruments will be immersed for disinfection. These items include rod portion of the endoscope, earmolds, and pen light tips that appear to be free of blood, mucus, or cerumen. These items will remain in the disinfectant bath as long as directed on the disinfectant instructions.
    ii. UV disinfection of instrumentation: All facets of instruments exposed to exhalation by unmasked faculty, volunteers, students, and patients will be

disinfected for at least 10 seconds by use of a UV wand, and the space in which this activity occurred will be illuminated by UV light for at least 15 minutes. Signage on the door of the space will warn personnel of the period that the UV light has been on.

d. All equipment that meets humans is assumed to be contaminated and is always to be handled with gloved hands prior to and during cleaning and disinfection.
e. Handling, Cleaning and Disinfecting Hearing Aids and/or Earmolds
    i. The hearing aid and/or earmold will be received from the patient/patient in a disinfectant cloth, gloved hand, tissue, or container provided for this purpose.
        1. There will be small plastic bags and/or cardboard boxes available in all audiology test areas as well as front desk reception and the business office for receipt of hearing aids and earmolds.
        2. The business office staff will be instructed to have the hearing aid/earmold placed in a bag or box by the patient and will place the box in the Hearing aid workroom for drop box clinic.
        3. Under no circumstances will the office personnel handle the hearing aids or earmolds that have not been cleaned and disinfected.
    ii. Audiologists and students will wear gloves during cleaning and disinfecting process.
        1. Due to the inability to immerse hearing aids or cochlear implants for disinfection, disinfectant cloths or spray (Sanitize H/H) on a tissue will be used to clean and disinfect the surface areas of the hearing aid or cochlear implant.
        2. Then the hearing aid or cochlear implant should undergo UVC light source treatment.
        3. Earmolds, which can be separated from behind-the-ear hearing aids or cochlear implants, will be immersed in a cleaning solution.
        4. All instruments (wax loop, picks, etc.) used to clean a hearing aid or cochlear implant will be disinfected following use.
    iii. Stethoscope ear tips and the tip that attaches to the hearing aid or cochlear implant will be cleaned with a disinfectant cloth following each use and then immersed in sterilizing solution, if needed.
    iv. Once cleaned and disinfected, hearing aids or cochlear implants can be placed in the test box for electroacoustic analysis or for programming purposes. The hearing aid surface or cochlear implant will be disinfected again following test completion.
    v. The disposable boxes or plastic bags used to receive and store hearing aids or cochlear implants are to be thrown out once the hearing aid or cochlear implant is returned to the patient.
    vi. Syringes used during earmold impressions are to receive surface disinfection with a disinfectant cloth or spray unless it encounters blood. In this instance, once wiped cleaned, should be immersed in sterilizing solution.

V. Sterilization
    a. Definitions from Bankaitis & Kemp (2005)

i. Sterilization: killing 100% of germs including endospores.

b. This procedure is required for instruments that contact blood, ear drainage, cerumen, mucous, sputum, or emesis.
    i. This includes probe tips, specula, stethoscope tips, oral appliances, and TEP.
    ii. Instruments used in cleaning hearing aids such as wax loops and picks may occasionally need sterilization if blood or ear drainage is encountered during their use.
    iii. Items belonging to or leaving with patients will typically be cleaned, disinfected, and returned to the patient.
    iv. If otoscopy reveals blood or visible ear drainage, sterilization of the earmold should be considered.
        1. Cold sterilization with 2% glutaraldehyde (Aurasept, Wavicide, etc.) or 7.5% hydrogen peroxide (Sporox) will be utilized.

c. Sterilizing solution will be placed in a covered plastic tray, which is approved for this use.
    i. Gloves and eye protection will be worn when handling the solution.
    ii. Lab coats for protection of clothing are available for use when changing sterilizing solution.
    iii. Instruments will be removed, rinsed in water, and set on a prepared surface to dry. Once the instruments are dry, they will be returned to the appropriate storage containers.

VI. All disinfectant and sterilizing solutions will be changed every 14-28 days as directed on the label, or sooner if the solution becomes visibly soiled, viscous and/or fails the effectiveness test.
    a. Infection control logs will be posted in each cleaning area. Each solution change will be dated and recorded on the log.
    b. MSDS instructions will be followed in safe handling and disposal of the solution.

VII. Handling and Cleaning the Rod Portion of the Endoscope (see Appendix III - C for full cleaning procedures)
    a. The soiled portion of the endoscope will be cleaned with enzyme soap and rinsed.
    b. The fiber optic portion of the endoscope is immersed in the sterilizing solution (Cidex Plus) for 20 minutes.
    c. Rinse with running water until residue is cleaned.
    d. Dry with a soft cloth and place in the clean endo-caddy.
    e. This procedure must be done for each trial with a new person/patient.

VIII. Human
    a. Hand Washing
        i. Hands will be thoroughly cleaned before and after each patient (and after handling any potentially biohazardous material) through handwashing or use of an alcohol- based handrub.
        ii. The hand washing procedure to be followed is remove rings (as able), start water, lather the soap scrubbing palms, the backs of hands, between fingers, under fingernails, over the wrists, and onto the forearms. Rinse the soap off with running water, dry the hands using a paper towel, then turn off

the water using the damp towel, not clean hands. Avoid using hot water as this may increase risk of dermatitis. Or apply alcohol-based hand rub product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Follow the manufacturer's recommendations.

b. Gloves and Protective Clothing
    i. Gloves will be worn for all procedures that may create exposure to blood, cerumen, ear drainage, or contagious rashes. This applies to earmold impression removal, oral mech exams, endoscopic exams, otoscopy, immittance, OAEs, placing and removing immittance tips and specula, any hearing aid procedure and other situations as deemed appropriate by each clinician.
    ii. Gloves must be changed after each procedure is complete and prior to any additional procedure requiring gloves if the user encounters unclean objects, one's clothing, hair, skin, or body fluids or leaves the room.
    iii. Gloves will be worn for cleaning and disinfecting instruments, toys, hearing aids, and when handling sterilizing solutions. Two pairs of gloves will be worn when treating patients known to be infected with HIV or Hepatitis B.
    iv. Gloves are to be removed by grasping the wrist of one glove with the other gloved hand, pulling the glove off into an inside/out position. The ungloved hand will then be used to grasp the inside edge of the remaining glove and pull off in an inside/out manner folding the first glove inside the second. Gloves will then be placed in a trash receptacle.
    v. Before and after glove removal, the clinician should wash hands with soap and water or use alcohol-based hand sanitizer when soap and water are not immediately available.
    vi. When using the endoscope or during VNG appointments (where exposure to emesis or other contaminants may occur), each clinician present in the room will be required to wear a disposable gown, buttoned lab coat, or other protective covering available in the lab. This must be discarded before leaving the lab. Lab coats are to be cleaned if soiled (or weekly if used regularly) in the infection control room. Personal lab coats may be taken home for cleaning if stored in a plastic or paper bag before leaving the clinic.

IX. Personal Illness
    a. Staff, volunteers and students are encouraged to use good judgment regarding personal illness and the potential for spreading illness to co-workers and patients.
    b. Staff, volunteers and students should not enter the clinic, at MSHC or off-site, if they are sick. Illness that creates an inability to attend to clinic responsibilities may necessitate a change in clinical faculty member, student clinician, or evaluation/therapy appointment (refer to Policy C-107).
    c. Symptoms of infectious disease include, but are not limited to fever, rash, cough, sore throat, vomiting, and diarrhea.
    d. Medical treatment for strep throat, conjunctivitis, and other contagious diseases is required before returning to clinic.

X. Waste Management

a. Most waste can be placed in the regular trash that will consist of plastic lined trash bins placed throughout the clinic area.
b. Items that are visibly contaminated with cerumen, ear drainage, blood, mucous, sputum or emesis will be disposed of as Biohazardous Waste in the red biohazard bags. After the red bag is sealed, it is transferred to the biohazard disposal container for Stericycle, Inc. pick-up as scheduled or specially arranged. To arrange a special pick- up, call 800-633-9278.
c. All other waste contaminated with cerumen, saliva, drainage, etc. can be placed in the regular trash.
d. Tongue blades are to be broken before they are discarded.
e. Used disinfectant will be disposed of in accordance with the directions found on the Material Safety Data Sheet (MSDS) for each product which will be kept in a binder in the Infection Control Room.
f. All sharps are to be disposed into an approved Sharps Disposal Container. When the container is full, then it is to be placed into the Stericycle, Inc. disposal container for biohazard materials. Stericycle, Inc. will pick-up the disposal container biannually unless notified otherwise. Sharps may include needles, razor blades, broken glass and/or syringes.

XI. References

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Safety Policy 804

Infection Control for the Videostroboscopy Equipment

The following guidelines for infection control are written to inform and instruct all personnel-faculty, staff, and students-who participate in videostroboscopic evaluations in the Memphis Speech and Hearing Clinic. Further information regarding infectious disease, disinfection, sterilization, regulatory agencies, and terminology can be found in the references listed at the end of these guidelines. Also, the Exposure Control Plan document and Infection Control Policies for the Research labs are located in the Dean's office. It is strongly recommended that all personnel be familiar with the information contained in these references.

POLICY:

I. In accordance with the Occupational Safety and Health Administration's Bloodborne Pathogens Standard (29 CFR 1910.1030), this plan has been developed to minimize the risk of exposure to bloodborne pathogens as well as other potentially infectious bodily substances. While direct exposure to blood is unlikely, this plan is written to protect the employees, students and clients from that possibility and to reduce the exposure of personnel to non-bloodborne pathogens, as well. If exposure occurs, please visit http://www.memphis.edu/ehs/pdfs/bbpecattach3.pdf to complete the report form.

II. Engineering and work practice controls will be utilized to minimize or eliminate potential exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment will be utilized.

III. Environmental infection control and basic housekeeping practices will be implemented to protect clients, students, volunteers and employees.

IV. Potentially contaminated waste material will be disposed of in accordance with approved biohazardous waste procedures.

V. All chemicals in use in the MSHC will be stored, utilized, labeled and disposed of in accordance with the directions contained in the Material Safety Data Sheet (MSDS) for that product.

VI. Purchase and use of materials or chemicals not reported in this document will be reported to the Administrative Associate for appending to this document.

VII. There will be an annual review of the infection control documents for the MSHC with oversight by the Clinical policies Committee.

PROCEDURE:

I. Personnel

Not all employees, staff, or students have the same potential risk of exposure to infectious material.

a. Professional Staff and Students
   i. Speech-Language Pathologists and students engaged in direct client contact might encounter the following tasks or procedures that place them at some risk of exposure to infectious material.
      1. Disinfecting patient "touch and splash" surfaces.
      2. Oral mechanism examinations
      3. Oral and intraoral manual therapy and diagnostic techniques
      4. Using and storing endoscopic equipment
      5. Cleaning endoscopic equipment with Cidex Plus
      6. Use of electromyographic sensors and equipment

b. Office Personnel
   i. Office personnel are not typically exposed to infectious material, nor do they participate in cleaning/disinfecting procedures.

c. Building Maintenance and Cleaning Staff
   i. These individuals may be exposed to infectious material through assistance in cleaning or through removal of trash containing infectious materials.

II. Cleaning and Disinfecting

a. General Information
   i. Cleaning and disinfecting procedures will be completed in the endoscopy clinic room. Containers with a cleaning and disinfecting solution and Clorox wipes will be located in the endoscopy room cupboards.
   ii. Sterilization materials will be limited to the endoscopy clinic room. Containers for sterilization chemicals will be provided with lids that must remain in place except when instruments are being placed or removed. There will be no food or drink in these areas.
   iii. All soiled instruments needing cleaning, disinfection, or sterilization will have visual soil and debris removed with an enzymatic wash and placed in a cleaning and disinfectant bath (Aztec caddy or Endobath). Personnel assigned to endoscopy duties[1] will be responsible for transferring instruments to a sterilization bath and carrying out sterilization procedures.
   iv. Rigid Endoscope Cleaning: Aztec endoscope caddy with lid
      1. In the endoscopy room with the door open
      2. Cleaning Solution: Cidex OPA Concentrate

v. Flexible Endoscope Cleaning: Endobath Flexible Scope SmartBasin M601

1. In the endoscopy room with the door open.
2. Cleaning Solution: Cidex OPA Concentrate
3. See sections 6.0-8.3 of Endobath Instruction Manual 2.0 for detailed operating procedures.

III. Infection Control Protocols

a. Environmental

i. Surface Disinfection

1. Surfaces to be Cleaned
    a. Rigid endoscope.
    b. Flexible endoscope.
    c. Counter, sink, and cabinet surfaces in the endoscopy room.
    d. Vertical surfaces of the endoscopy tower.
    e. Endoscope dirty bin following cleaning procedures.
2. Surface Disinfection Procedures
    a. Will follow Phys-309
3. Endoscope Disinfection Procedures
    a. This is a two-step process of cleaning gross contamination followed by a disinfectant to kill germs. A product containing both an enzymatic cleaning compound and disinfectant can be used for both steps.
    b. The endoscopy room will be supplied with the enzymatic cleaning compound in liquid form.
    c. During cleaning, gross contamination and debris will be removed with a designated enzymatic sponge or other disposable or cleanable device, wiping the endoscope area from proximal (nearer the handle) to distal end (nearer the lens or camera end) at least 20 times. Following cleaning, the endoscope will be rinsed with water from proximal to distal end and wiped down with a clean cloth in the same direction.

ii. Sterilization

1. Instruments will be removed, rinsed in water, and set on a prepared surface to dry. Once the instruments are dry, they will be returned to the appropriate storage containers.
2. All disinfectant and sterilizing solutions will be changed every 14-21 days as directed on the label, or sooner if the solution becomes visibly soiled or viscous.

Safety Policy 805

Infection Control for Research Labs

POLICY: The following guidelines for infection control are written to inform and instruct all personnel-faculty, staff, volunteers, and students-who participate in research labs in the School of Communication Sciences & Disorders. Further information regarding infectious disease, disinfection, sterilization, regulatory agencies, and terminology can be found in the references listed at the end of these guidelines. Also, the Exposure Control Plan document and Infection Control Policies for the Research labs are located in the Dean's office. It is strongly recommended that all personnel be familiar with the information contained in these references.

PROCEDURE:

I. In accordance with the Occupational Safety and Health Administration's Bloodborne Pathogens Standard (29 CFR 1910.1030), this plan has been developed to minimize the risk of exposure to bloodborne pathogens as well as other potentially infectious bodily substances. While direct exposure to blood is unlikely, this plan is written to protect employees, students, volunteers, and research participants from that possibility and to reduce the exposure of personnel to non-bloodborne pathogens, as well. If exposure occurs, please visit http://www.memphis.edu/ehs/pdfs/bbpecattach3.pdf to complete the exposure form.

II. Each research lab will develop and maintain its own infection control and waste disposal procedure. The procedure will identify all reusable materials, all disposable materials, and chemicals in use in the laboratory. It will define the correct methods for cleaning, sanitization, and storage of reusable materials. It will define the correct methods for safe handling, disposal and storage for all disposable materials and chemicals.

III. A copy of each lab's procedures, along with MSDS's and information about accessing safety stations in the Community Health Building (e.g. eye wash, safety showers) will be maintained in the lab as well as in the Dean's Suite.

IV. Engineering and work practice controls will be utilized to minimize or eliminate potential exposure to employees and students. Where occupational exposure remains after the institution of these controls, personal protective equipment will be utilized.

V. Environmental infection control and basic housekeeping practices will be implemented to protect research participants, students, volunteers, and employees. Potentially contaminated waste material will be disposed of in accordance with approved biohazardous waste procedures.

VI. All hazardous chemicals will be identified, labeled, stored and disposed of in accordance with the MSDS for that product.

VII. There will be an annual review of the infection control procedure for each lab with oversight by the Dean's Office. The infection control procedure for each lab will also be reviewed and updated each time an Academic Faculty member has a new grant or project that will be conducted in the laboratory.

VIII. In compliance with UM1759, all employees, volunteers, and students who are working in research labs that produce biohazardous or hazardous waste will undergo Hazardous Waste Training on an annual basis.

IX. In compliance with the School's Exposure Control Plan, all employees, volunteers, and students who are exposed or are likely to be exposed to bloodborne pathogens or other potentially infectious materials (e.g. cerumen, saliva, urine, solid waste) will undergo Bloodborne Pathogen Training on an annual basis.

Safety Appendix 8.1

Statement Acknowledging Need to Report Suspected Abuse

Date: _____

I, _____, understand:

_____ The duty to report child abuse or neglect under Tennessee State Law TN the duty to report child abuse or neglect under Tennessee state law TN Code Annotated 37-1- 403(i)(1),
_____ the procedures to follow when I suspect abuse or neglect,
_____ that any suspected crime committed on the University of Memphis campus is to be reported to Police Security,
_____ I have read the guidelines Working with Minors Do's and Don'ts.
_____ I certify that I have never been convicted of a crime related to abuse and neglect of minors or the elderly.

_____
Signature

Section IX - Physical Operations

Physical Operations Policy Summaries

Physical Operations Policy 901: Office, Clinic, and Research Lab Space
Space assignments within the School of Communication Sciences and Disorders are managed by the Dean for faculty and staff offices, and by the Associate Dean for classroom assignments. Faculty and staff office space is assigned with consideration of research needs, while shared office space may be provided to adjunct or part-time faculty if available. PhD students may request office space at the dissertation stage, while AuD and MA students have access to shared labs for clinic work. Classroom and conference room reservations are made through the Administrative Associate, and clinic facilities are scheduled via the Skedda system. Research space use requires prior approval from the faculty member overseeing the research. All other space issues should be directed to the Dean.

Physical Operations Policy 902: Clinical Materials and Equipment Requests
MSHC clinical materials and equipment are the property of the School of Communication Sciences and Disorders and are available for use within clinical or classroom activities. Unauthorized use by individuals outside the School requires express permission from the Dean. Any use of equipment outside routine clinical activities must be approved by the respective Director of Clinical Education, and items must be returned by the end of the day. Special permission is needed to remove materials from the premises, and research-related use must be cleared by relevant personnel. Audio-visual equipment can be checked out through the Audiovisual Multimedia Specialist, and any equipment damage or loss should be reported immediately to prevent delays in replacements.

Physical Operations Policy 903: Building Use
The Community Health Building (CHB) and MSHC spaces should be kept clean, safe, and secure. Access to the building is granted through University ID badges, with additional caution advised for evening and weekend use. Security protocols include ensuring all doors are securely closed and reporting any access issues promptly. Maintenance of classrooms, research labs, and therapy rooms is everyone's responsibility, and any issues should be reported immediately. Smoking is prohibited, and mailboxes are assigned based on faculty, staff, and student status. Collaboration and quiet spaces are available for study and relaxation. Food services are provided during the semester, and COVID-related procedures should be followed as per University guidelines.

Physical Operations Policy 904: Parking Procedures
All personnel must park in assigned locations and display the appropriate parking permits. University parking permits are required for all vehicles on campus, with different procedures for students, faculty, and staff. Students receive a general parking permit at no additional cost upon enrollment, while faculty and staff must purchase permits, with automatic deductions for full-time and certain part-time employees. Part-time employees working less than 7.5 hours per week will receive a client parking pass. Client parking is designated in specific lots, and clients must display a dash-tag during their visit. Research participants and visitors must follow the CSD-Parking calendar to manage limited spaces.

Physical Operations Policy 905: Use of Copy Machines

CSD copy machines on floors 1 and 3 are for official business and should only be used by authorized personnel. Each faculty and staff member is assigned a personal four-digit copy code for academic and clinical purposes. Research, grant, or NSSLHA/SAA-related copies require an additional code for billing purposes. Graduate Assistants may use the copiers for work-related tasks with assigned codes, but students cannot make personal copies without faculty permission. For personal copies, individuals can load funds onto their University ID to use the copier in the second-floor student mailroom. All users must comply with copyright laws.

Physical Operations Policy 906: Ordering Keys

Key requests, returns, and reissuances must be processed through the CSD Administrative Associate. Initial key requests for students must be made by faculty or staff. If a key is available, it will be reissued, and the new keyholder's details will be logged. For new keys, the administrative associate will place orders, and students need faculty approval for key issuance. Lost or stolen keys must be reported to University Police and may incur a replacement fee of $4. When leaving the university, individuals must return all keys to the CSD administrative associate, who will log them back into the system.

Physical Operations Appendix 9.1: Email Guidelines

The key takeaways for email etiquette emphasize using email for routine, non-urgent communication, and handling emergencies via phone. The subject line should be clear and descriptive, and emails should be concise, focusing on short information, not lengthy discussions. When replying, avoid unnecessary "reply alls" and ensure responses are clear and address all questions. Forwarding emails requires permission, and distribution lists should be used thoughtfully. General guidelines include avoiding overuse of high priority tags, being mindful of professional language, and refraining from discussing confidential matters through email. Emails should be well-structured, with proper grammar and punctuation, and attachments should only be included if necessary.

Physical Operations Policy 901

Office, Clinic, and Research Laboratory Space

Effective Date: August 8, 2022
Supersedes Date: January 25, 2019
Review Date: May 2028

Policy: Space Assignment

Assignment of office and research laboratory space is made by the Dean of the School of Communication Sciences and Disorders. Classroom assignments are made by the Associate Dean of Academic Programs when the semester schedule is determined. Other spaces (conference rooms, meeting spaces, etc.) are formally reserved through the Administrative Associate. Clinic space is assigned by designated clinical faculty.

Procedure:

I. Offices
   a. Faculty and Staff
      i. The CSD Dean assigns faculty and staff offices and closet storage.
      ii. Laboratory space is assigned with consideration for the faculty member's research needs.
      iii. CSD Emeritus faculty members are not guaranteed a private office or lab space.
      iv. A designated, shared office space will be available to CSD adjunct faculty or part-time faculty/instructors during the semester they are teaching or working with students, if available.
      v. Space justifications may be requested at any time.
   b. Student(s)
      i. New PhD students will be assigned carrel space in the PhD workroom (room 2030).Students at the dissertation stage of their program (after courses and comprehensive examinations) are eligible for offices upon request and availability.
      ii. Office space may also be assigned to PhD students with written justification of the need of an office. Reasonable requests include work assignments requiring some privacy, such as teaching or clinical assignments or supervision.
      iii. AuD and MA students may use the CSD HIPAA lab (room 2015) on the second floor to complete clinic reports on a first come, first serve basis. The computer lab in 2028 may also be used by all CSD students.
      iv. Private offices are not provided for AuD or MA students.

II. Classrooms & Conference Rooms
   a. Request for classrooms and 3rd floor conference rooms, to use on a temporary basis, maybe scheduled with the School Administrative Associate.
   b. 4th floor conference rooms are available by making reservations in the student study space spreadsheet maintained by the School Administrative Associate. Email fwright2@memphis.edu if you need more information.

c. Please reserve as early as possible to ensure access to the desired spaces.

III. CSD Clinic Facilities
   a. Therapy rooms for internal use (CSD faculty) and external use are reserved in the online Skedda scheduling system. The SLP Co-Director of Clinical Education provides clinicians with Skedda user accounts and monitors room use and accessibility.
      i. CSD/MSHC, contact Adele Dunkin (adunkin@memphis.edu)
      ii. Outside of CSD, contact Katherine Mendez (krgraham@memphis.edu)
   b. Audiology booths are used on a first come, first serve basis except for some booths periodically reserved for special purposes.
      i. Audiology booths for external use must be reserved through the Director of Clinical Education in Audiology.
   c. The business office door is locked, and admission is subject to approval of the HIPAA Privacy Officer via the CSD administrative associate. CSD students are only to be in the business office to access the file room or complete GA tasks. Non-CSD personnel should not be in the business office without authorization.
      i. There should be minimal traffic in the business office. Individuals who use this space are responsible for ensuring all access doors to the business office are closed and locked when not currently in use.

IV. Research Facilities
   a. Requests for scheduling research space and equipment should be made only with the consent of the faculty member directing the research project. The use of space in a particular laboratory should be requested through the primary faculty member who has responsibility for the laboratory. This should be done well in advance of the proposed use of the lab.

V. All other space issues should be directed to the Dean.

Physical Operations Policy 902

Clinical Materials and Equipment Requests

Effective Date: August 18, 2015
Supersedes Date: September 7, 2001
Review Date: May 2026

Policy: MSHC clinical materials and equipment are the property of the School of Communication Sciences and Disorders and are available within the school, clinical or classroom activities. Individuals who are not members of the School of Communication Sciences and Disorders are not permitted to use the equipment or materials without express permission of the Dean of the School. Special permission to remove materials orequipment from the premises is required.

Procedure:

I. MSHC/CSD Clinical Materials/Equipment
   a. Use of the clinical equipment or materials outside of routine clinical use should be requested through the respective Director of Clinical Education(SLP or Audiology). This is true for both entities outside CSD and for research activities.
   b. All items are to be returned at the end of the day.
   c. Materials and equipment should not be removed from any therapy room without notifying the Director of Clinical Education in SLP or from a sound suite or clinic rooms without notifying the Director of Clinical Education in Audiology.
   d. The portable audiometers in the sound rooms are **not** to be removed or checked-out for screenings.
   e. The portable audiometers available for use at satellite programs can be checked out from the Audiology infection control/materials room. Those used for Head Start and preschool screenings are in the SLP materials room (also labeled as Sam Cooper 1205.
   f. Clinic space and/or materials used for research purposes that are independent of patient services should be cleared by the Director of Clinical Education and any other relevant personnel.

II. Classroom and Research Equipment
   a. Classroom and research equipment can be obtained through the permission of the professor directing the research laboratory or class involved.
   b. Priority will be given to sponsored research activities and approved dissertation activities.

III. Audio-Visual Equipment
   a. The Audiovisual Multimedia Specialist, Devan Yanik, should be the primary contact for checking out portable equipment (e.g., camcorders) or for setting up recording or remote classroom equipment (e.g., meeting OWLs).
   b. Repairs of equipment and materials should be reported immediately to either the clinical faculty member or the instructor in charge.

c. CSD school equipment and materials are extremely costly and fragile, and care must be taken to protect all of them. If equipment is abused or lost, there may notbe funding necessary to permit immediate replacement.

Physical Operations Policy 903

Building Use

Effective Date: August 30, 2022
Supersedes Date: August 10, 2020
Review Date: May 2028

Policy: The spaces used by CSD should be kept clean, safe, and secure. The building is staffed for clinical services weekdays between 8:00 a.m. and 5:00 p.m. CSD students and faculty with permission may have access to the clinic, sound rooms, and student computer area during evenings and on weekends.

Procedure:

I. Building Access
   a. The University ID badge provides electronic swipe-access to the building, student workrooms,and CSD/MSHC clinic space. It is activated through the CSD Dean's office based on individual access needs.
   b. CSD students may use the building during evenings and on weekends; however, caution should be used during these times.
      i. Students are advised not to keep late hours at the Center. If entering or exiting the building after dark, please do so in groups.
      ii. When leaving late, call Building Security (x3848) for an after-hours escort to your car. Alternatively, the Tiger Patrol/Police Service has a 24/7 on-campus escort program, whichone can reach by calling 901-678-HOME.

II. Building Security
   a. The north doors to the building (facing Park Avenue) are unlocked from 7:30 a.m. to 6:00 p.m.The security desk is manned from 6:30 a.m. till 7 p.m. The south doors (facing parking lot) are always locked.
   b. You must have your ID badge to enter the building at any time that the exterior doors are locked. The security guards have permission to stop anyone who is not wearing an ID badge.
   c. Do not prop open building doors for any reason. Do not open the doors for anyone you do notknow who cannot produce a University ID. Make certain that you completely close exterior doors when you are entering or exiting the building..
   d. All stairwell doors onto the floors should be closed after 8 PM and on the weekends.
   e. Report any door access issues to the CSD Administrative Associate (x5877) as soon as younotice them.

III. Library
   a. The library is located on the second floor of the CHB and staff are available Monday through Thursday 8:00 a.m. to 6:00 p.m.; Friday 8:00 a.m. to 4:30 p.m.; and Monday through Friday 8:00 a.m. to 4:30 p.m. between semesters. The library is not open on the weekends.
   b. All books and/or materials must be returned on or before the designated date to avoid a late fee charge.

c. All persons entering the library shall ensure with their behavior that the library is always kept quiet.

IV. Classrooms, Research Labs and Therapy Rooms
   a. All faculty, staff, and students are expected to help maintain all classrooms, research labs,and clinic rooms. This includes individual responsibility to help always keep these areas clean and orderly.
   b. Items/signage are not to be attached to walls, doors, or cabinets either by nails, tape orany type of adhesive, without approval from the CSD Dean.

V. Physical Plant Maintenance and Repairs
   a. Any problem with building operation should be reported immediately to the CSD Administrative Associate (x5877). Including, but not limited to, temperature control, elevator operation, water and waste drainage, and swipe-card function.

VI. Smoke Free Area
   a. The Community Health Building/Memphis Speech and Hearing Center has been designated as smoke free to offer an optimum environment for clients and employees. Therefore, smoking is not permitted in the building.
   b. Please refer to the Limited Tobacco Use recommendations for designated in which to smoke: Limited-Use Tobacco Policy - Limited Tobacco-Use Campus - The University of Memphis.

VII. Mailboxes
   a. First floor, clinic area mailroom: CSD clinical faculty and staff.
   b. Second floor mail room: CSD MA and AuD students are assigned mailboxes. Studentsshould check their mailboxes and University-issued e-mail daily.
   c. Second floor PhD student lab: CSD PhD students are assigned mailboxes.
   d. Students should not utilize the School address as their permanent mailing address.
   e. Tenure Track Faculty and Research Staff: TT faculty and research staff are assigned mailboxes in the 3rd floor workroom.
   f. Personal deliveries and mail should not be sent to the School.

VIII. Collaboration Space
   a. Spaces are available for all students to congregate and break from class/clinic.
      i. The Collaboration Space on the 3rd floor is designated for Graduate Student use.
      ii. Room 4016 isdesignated for CSD student use and is available 24/7.
   b. Quiet space for individual and group study can be accessed in the Health Sciences Libraryor by reservation with the CSD Administrative Associate. See Policy 301 for locations and reservation procedures.

IX. Food Services
   a. The Atrium Café on the first floor is open during the semester when classes are held in the building. It is not open in the summer or during University breaks.
   b. Refrigerator and microwave use
      i. A refrigerator and microwave are available to CSD clinical students in the closet of Room 2015 on the 2nd floor.

ii. PhD students have access to a refrigerator and microwave in the PhD Student lab (CHB 2030) on the 2nd floor.
iii. There are also refrigerators and microwaves in the Clinic breakroom (1st floor) and Dean's Suite breakroom (3rd floor). These are available as long as they remain clean.

c. There are vending machines located in the 2nd and 3rd floor collaboration spaces. If youdiscover they are empty, please let the School Administrative Associate know.

X. COVID related Procedures

a. For guidance associated with containing the spread of COVID, please see: https://www.memphis.edu/coronavirusupdates/
b. Coronavirus Disease 2019 (COVID-19) | COVID-19 | CDC

Physical Operations Policy 904

Parking Procedures

Effective Date: August 6, 2018
Supersedes Date: August 18, 2015
Review Date: May 2028

Policy: All personnel should park vehicles in assigned locations and with the appropriate permits.

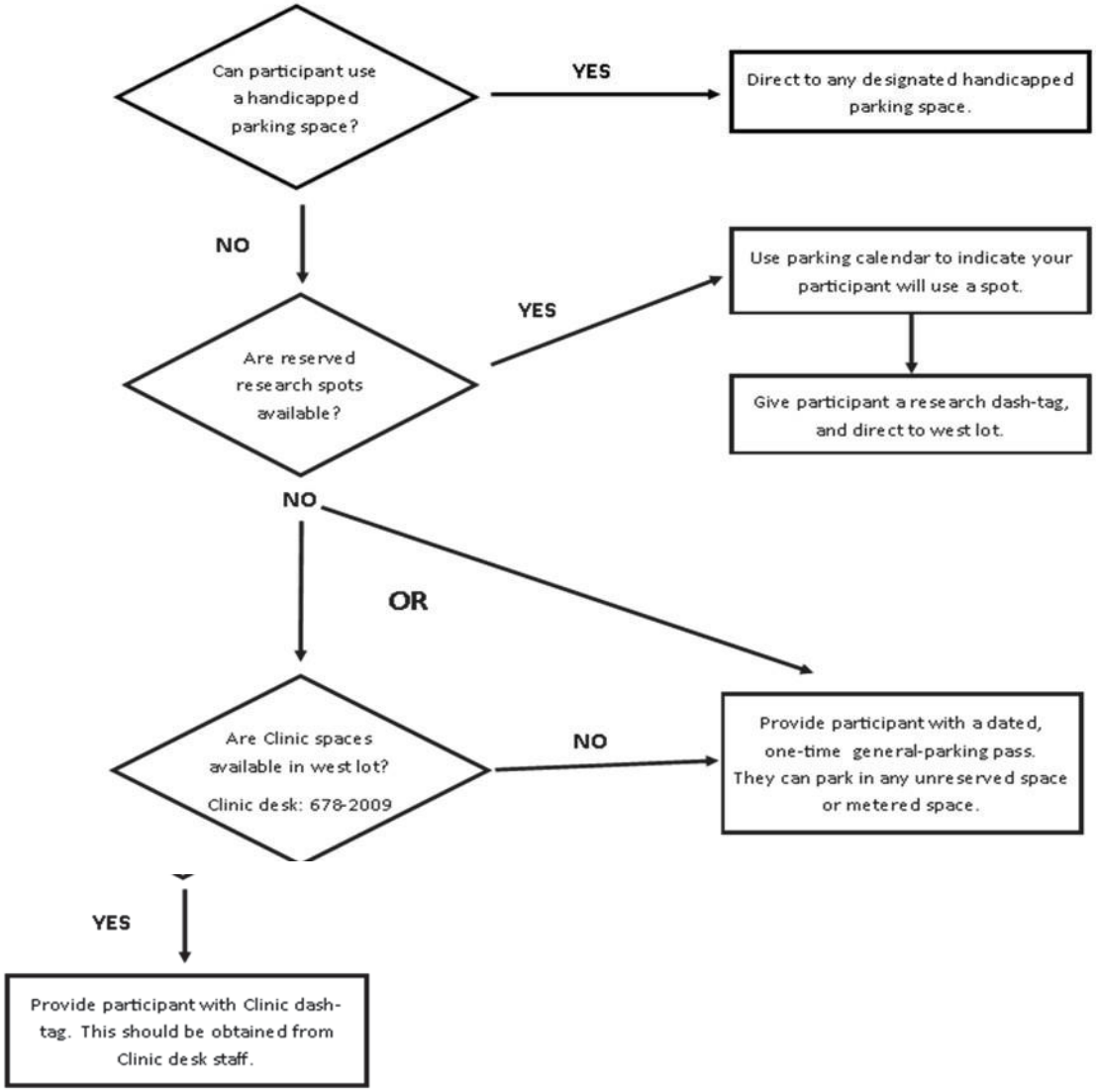
Procedure:

I. Parking for Faculty, Staff and Students
   a. Every vehicle parked on campus property must have a university parking permit (hangtag) properly displayed. The University Parking and Transportation Services is located at 120 Zach Curlin Parking Garage. Hours are M-Th 7:00-6:00, F 7:00- 4:30. Phone: 678-2212.
   b. Contact the Parking office (X2212) for more information on permit cost and options.
   c. Pay or appeal parking citations online through MyMemphis or TigerPark.
   d. Students
      i. A parking permit, which provides access to the University's general parking areas, is issued to each student upon their initial enrollment at the university. After fees are satisfied, the parking office issues the university-parking permit (hang- tag).
      ii. There is no additional charge to students for their initial general parking permit and validation sticker. These are issued each subsequent semester the student enrolls and satisfies registration fees.
   e. Faculty and Staff
      i. Permits are purchased through the Parking Office and paid through automatic deductions for all regular full-time employees and part-time employees working more than 7.5 hours a week or for longer than a month.
      ii. Part-time employees working on site less than 7.5 hours per week or for less than a month will be given an MSHC Client Parking pass, and they will park in the Client parking lot.

II. Parking for Clients
   a. Client parking is designated by signage in the lot to the West and North of CHB.
   b. Clients must obtain dash-tag from the MSHC staff to place in their car for the duration of their visit. Clients may receive a citation if the dash-tag is not visible. If this happens, please bring it to the attention of the Practice Manager.

III. Parking for Research Participants or other visitors
   a. The CSD-Parking calendar is to be used for sharing the limited participant spaces.
   b. See CSD guide to research participant parking below:

CSD's guide to research participant parking



Physical Operations Policy 905

Use of Copy Machines

Effective Date: August 18, 2015
Supersedes Date: June 12, 2008
Review Date: May 2028

Policy: Copy machines in the mail rooms on floors 1 and 3 are for CSD business and to be used by authorized personnel only. Funds may be placed on a University of Memphis ID to make personal copies on the copier located on floor 2 on the CSD side of the building.

Procedure:

I. Each CSD faculty and staff member is assigned a personal four-digit copy code. Copies on this code are intended to support academic and clinical education.

II. Individuals making copies related to research, grant, or NSSLHA/SAA activities will be assigned an additional code to ensure that the appropriate account(s) are billed.

III. CSD Graduate Assistants (GA) are allowed to make copies on CSD School copiers as part of their work assignment. GAs will obtain codes from authorized faculty and staff. Students are prohibited from making personal copies on CSD School or MSHC Clinic copiers without faculty permission.

IV. Students, faculty, and staff may place funds on their University of Memphis ID which will allow them to make copies for personal use on the machine in the student mailroom on the second floor. Materials may also be scanned and emailed on this machine for free.

V. Individuals are required to be aware of and follow all copyright laws and regulations.

Physical Operations Policy 906

Ordering Keys

Effective Date: August 30, 2022
Supersedes Date: July 27, 2016
Review Date: May 2028

Policy: Internal Process for Ordering New Keys, Returning Keys, Reissuing Keys

Procedure:

I. All initial requests for keys should be submitted via email to the CSD Administrative Associate.
   a. Requests for student keys need to come from faculty or staff members.
   b. Once a request is made, the CSD administrative associate will check to see if a key is available for reissue.
   c. If the requested key is available, they will make an entry of the new holder's name, UID # and the date the key is reissued in the Key Control Spreadsheet.
   d. Key transfers will be recorded through the B&F Door Access System when the key being transferred has an individual core mark.
   e. Individual key holders will be responsible for reporting the loss or theft of the key and paying for its replacement if it is lost or stolen.

II. Ordering a New Key
   a. New key orders will be made by the CSD Administrative Associate.
   b. Student keys must be requested by a staff or faculty member and must also be authorized with an email from the CSD Dean to the lock shop that includes the work order #, the student's UID # and permission to issue the key.
   c. Key holders will need to present a university ID at the Physical Plant office in order to claim their key(s). Individual key holders will sign for keys and be responsible for reporting the loss or theft of the key and paying for its replacement if it is lost or stolen.

III. Replacing Lost or Stolen Keys
   a. If you have a lost or stolen key, you will need to file a police report with University Police reporting the loss of your key/keys. They can be reached at 678-4357.
   b. Check to see if a key can be reissued to you.
      i. If one is available, it will be reissued following the procedure listed above.
      ii. If no key is available in house, the administrative associate will order a new key(s) for you following the procedure listed above.
      iii. If you lose your keys, you will be responsible for paying for the replacement keys which are currently $4/key.

IV. Returning Keys
   a. If you are graduating or leaving your position at the University, you are responsible for returning all keys to the CSD administrative associate or Physical Plant before you leave CSD on a permanent basis.

i. They will log your keys back in on the Key Control Spreadsheet and through the B&F Door Access System.
ii. Graduating students will have the appropriate return of their keys noted on their School Check Out form.
iii. Any employees who receive keys from students or other employees who are leaving the University are responsible for those keys, including replacing them if they are lost or stolen, until they have been returned to the CSD Administrative Associate and have been logged into the School's Key Inventory.

Physical Operations Appendix 9.1

Email Guidelines

The number one rule is that e-mail is for routine rather than emergency correspondence. If something is a real emergency, it should be handled by phone.

Subject Line:

- Make sure that the subject line is descriptive of the topic in the message. This will make it easier to find it later if you need to or to scan your mail quickly.
- If you need an immediate response, use the High Importance tag (use this strategy sparingly.)

Body of the E-mail:

- E-mails are intended for short information bites and not for long discussions.
- Discussions, brainstorming, problem solving, and conflict resolution are for face-to-face meetings, not e-mail.
- Do not read emotion into e-mails. E-mails are often responded to quickly and bluntly compared to a personal conversation. Topics that have the potential of being emotionally charged are not for the internet.
- Consider using bullet points in your e-mail if you are addressing more than a couple of topics or have several questions for the recipient to answer.
- If you are generating the e-mail, reread it to be sure that it is providing enough information that the reader can understand your point or question. A brief intro of the topic can help for example, “Regarding my schedule”, “For our next meeting”, etc.

Replying to Messages:

- When to "reply to all": If the message was sent to a group, and the sender is asking for opinions from all, use the reply all. If your reply is not of interest to others or does not add to the original message, only reply to the sender. This will reduce the number of messages the others receive.
- If you Bcc a large group of recipients instead of adding them to the To line of the email, any “reply all” responses will only go to you as the sender.
- When responding to a list of issues or questions, say "see below" and respond to each one listed in the body of the message you received.

Forwarding E-mail:

- When forwarding a message, be sure that you have permission to forward the information from the original sender.
- It may be that only a portion of the e-mail is appropriate to forward. Edit the message before forwarding.

Distribution Lists:

- The School has a set of distribution lists available for use.
- If you use an established list, but not all recipients need to be included on the e-mail, remove the names for which the message is not intended.

- Limit the use of “CSD Everyone” to communications that are of importance to everyone in the School.

What are etiquette rules?

- There are many etiquette guides and many different etiquette rules. Some rules will differ according to the nature of your business and the corporate culture. Here is a video of 26 email etiquette rules and how to follow them.

General Guidelines:

- Do not overuse Reply to All
- Do not overuse the high priority option and avoid using URGENT and IMPORTANT
- Do not copy a message or attachment without permission
- Use a professional email address that easily identifies you
- Don't forward virus hoaxes and chain letters
- Don't reply to spam
- If you’re unsure whether an email is spam, forward it to abuse@memphis.edu. The people in IT will let you know if the email is legitimate or not.
- Process your emotions before responding or hitting ‘send’
- Give recipient time to respond – at least 24 work hours

Content:

- Use a meaningful subject line
- Be concise and to the point
- Make it personal, but use humor carefully
- Answer all questions, and pre-empt further questions
- Add disclaimers to your emails
- Does not use email to discuss confidential information (use the phone)
- Don't send or forward emails containing libelous, defamatory, offensive, racist or obscene remarks
- Read the email before you send it
- Check recipient’s name

Format:

- Use proper spelling, grammar & punctuation
- Take care with abbreviations and emoticons
- Use active instead of passive voice when you write
- Keep your language gender neutral
- Use proper structure & layout
- Avoid long, complex sentences
- Avoid difficult to read fonts
- Do not write in CAPITALS
- Include the message thread
- Do not attach unnecessary files
- Include a signature to professional emails

Reference:

Morgenstern, J. (2005). Never check e-mail in the morning: and other unexpected strategies for making your work life work. New York, Fireside.