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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 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 AUSD 8121. Students choosing the CCP enroll in 1 credit of AUSD 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 (AUSD 8104) at the end of their third year of study.
 - ii. Furthermore, a letter grade of 3.0 or better is required in clinic (AUSD 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 ([CIASP](#) 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 CIASP 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 CIASP 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 CIASP 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 course A USP 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 review within 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 A USP 8104 may be counted toward the degree requirements

Procedure:

I. Description of A USP 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 A USP 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 EHDl 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 A USP 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 <i>Attendance and Timeliness</i> <i>Entering Clock Hours Correctly</i> <i>Interpersonal Communication</i> <i>Policy Compliance</i> <i>Personal Responsibility</i> <i>Infection Control</i> <i>Ancillary Clinic Responsibilities</i>
IV-B,IV-C,IV-D,IV-E (?)	COMMON CLINICAL SKILLS <i>Case History</i> <i>Report Writing</i> <i>Case Management</i> <i>Counseling</i>
IV-B,IV-E,IV-D	8104 ASSIGNMENTS AND PODS <i>Grade</i>
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 Grammar and Spelling
Timeliness
Appropriate Template

IV-B,IV-E	Auditory Processing
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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
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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

RECDs

Set up Equipment/ Test Correctly
Follow hearing aid protocol and clinic procedures

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			
	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			
A1			Language	
		7006	Development	I
		8001	Psychoacoustics	R
				I, R,
		8019	Anat & Phys. I	M
				I,R,
		8020	Anat & Phys. II	M
			Audiologic	
		8101	Concepts	I, R
			Sound &	
		8022	Measurement	I
			Diag. & Med.	
		8103	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
			Electrophysiologic	
		8118	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
A3	Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span	Public Health and	
		8108 CSD	R
		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

A5	Calibration and use of instrumentation according to manufacturers' specifications and accepted standards	8115	Pediatric Audiology Hearing Aid	R, M
		8116	Provision	R
			Public Health and	
		8108	CSD	R
		8104/8125	Clinical Practicum	M
			Measurement	
		8012	Techniques	
			Sound &	
		8022	Measurement	I, R
			Audiologic	
		8101	Concepts	I
		8107	Cochlear Implants	R
		8114	Intro to Hearing Aids	I, R
		8115	Pediatric Audiology Hearing Aid	R
		8116	Provision	R, M
		8106	Advanced Vestibular Electrophysiologic	I
		8118	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		Diag. & Med.	
		8103	Audiology	I,R
		8105	Vestibular 1	I,R

A7	Applications and limitations of specific audiologic assessments and interventions in the context of overall client/patient management	8118	Electrophysiologic Assessment	I, R
		8104/8125	Clinical Practicum	M
		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

A9

**Implications of biopsychosocial factors in the
experience of and adjustment to auditory disorders
and other chronic health conditions**

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 Hearing Aid	I, R
8116	Provision	R
8129	AR & Counseling	I,R,M
8104/8125	Clinical Practicum	R
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

			Public Health and	
		8108	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
			Sound &	
		8022	Measurement	I
			Practice Mgmt &	
		8031	Billing	R
			Diag. & Med.	
		8103	Audiology	I
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R, M
		8114	Intro to Hearing Aids	I
		8115	Pediatric Audiology	R
			Hearing Aid	
		8116	Provision	R
			Electrophysiologic	
		8118	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
			Public Health and	I, R,
		8108	CSD	M
		8104/8125	Clinical Practicum	M

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

A12

	Language	
7006	Development	I
	Communicative	
7007	Interaction	I
	Practice Mgmt &	
8031	Billing	R
	Professional Dev in	
8032	CSD	I
	Audiologic	
8101	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

**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**

A13

	Practice Mgmt &	
8031	Billing	R
	Audiologic	
8101	Concepts	I, R
	Diag. & Med.	
8103	Audiology	I, R, M
8105	Vestibular 1	I, R, M
8106	Advanced Vestibular	R, M

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)

8107	Cochlear Implants	R
8113	Audiologic Rehab I	R
		I, R,
8114	Intro to Hearing Aids	M
8115	Pediatric Audiology	R, M
	Hearing Aid	
8116	Provision	R
	Electrophysiologic	
8118	Assessment	R
8129	AR & Counseling	R, M
8128	EBP in Amplification	M
8104/8125	Clinical Practicum	M
8214	Hearing Aid Lab I	I
	Diag. & Med.	
8103	Audiology	I,R
	Audiological	
8101	Concepts	I
	Practice Mgmt &	
8031	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
	Hearing Aid	
8116	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		Audiologic	
		8101	Concepts	I
		8104	Clinical Practicum	M
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	R
			Hearing Aid	
		8116	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		Audiologic	
		8101	Concepts	I, R
			Professional Dev in	
		8032	CSD	I
		8104	Clinical Practicum	M
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R, M
		8115	Pediatric Audiology	R
			Hearing Aid	
		8116	Provision	R, M
		8129	AR & Counseling	M
			Public Health and	
		8108	CSD	R
		8129	AR & Counseling	R, M

A17	Importance, value, and role of interprofessional communication and practice in patient care		Audiologic	
		8101	Concepts Diag. & Med.	I
		8103	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 Public Health and	R, M
		8108	CSD	R
A18	The role, scope of practice, and responsibilities of audiologists and other related professionals	8104/8125	Clinical Practicum	M
		8001	Psychoacoustics Audiological	I
		8101	Concepts Practice Mgmt &	I
		8031	Billing Professional Dev in	M
		8032	CSD Audiologic	I
		8101	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

		Practice Mgmt & 8031 Billing	M
		Audiologic 8101 Concepts	I
		8113 Audiologic Rehab I	R, M
		8115 Pediatric Audiology	R
		Hearing Aid 8116 Provision	R
		Public Health and 8108 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
		Practice Mgmt & 8031 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
		Audiological 8101 Concepts	I
		8129 AR & Counseling	R
		8106 Advanced Vestibular	I
		8104/8125 Clinical Practicum	R, M
		8115 Pediatric Audiology	R
		Public Health and 8108 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
			Practice Mgmt &	
		8031	Billing	R, M
			Professional Dev in	
		8032	CSD	I
		8114	Intro to Hearing Aids	I
			Public Health and	
A23	Principles and practices of effective supervision/mentoring of students, other professionals, and support personnel	8108	CSD	R
		8104/8125	Clinical Practicum	M
		8104/8125	Clinical Practicum	I
			Practice Mgmt &	
		8031	Billing	R
			Professional Dev in	
Standard IV-B	Prevention and Identification Educating the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders	8032	CSD	I
		8129	AR & Counseling	R
B1		8020	Anat & Phys. II	I
			Sound &	
		8022	Measurement	I
		8105	Vestibular 1	I,R,M
		8106	Advanced Vestibular	R,M
		8115	Pediatric Audiology	R

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

B6	Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements		Sound &	
		8022	Measurement	I
			Practice Mgmt &	
		8031	Billing	R
			Audiologic	
		8101	Concepts	I, R
		8104	Clinical Practicum	M
		8115	Pediatric Audiology	R
			Public Health and	
		8108	CSD	R
B7	Participating in occupational hearing conservation programs		Electrophysiologic	
		8118	Assessment	R
			Sound &	
		8022	Measurement	I
			Public Health and	
		8108	CSD	R, M
			Diag. & Med.	
		8103	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		Audiologic	
		8101	Concepts	I, R
			Diag. & Med.	
		8103	Audiology	I
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	R
			Electrophysiologic	
		8118	Assessment	R
		8129	AR & Counseling	I

B9	Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation	8108	Public Health and CSD	R, M
		8104/8125	Clinical Practicum	M
		8022	Sound & Measurement	NA
			Audiologic	
		8101	Concepts	I
		8115	Pediatric Audiology	R
			Electrophysiologic	
		8118	Assessment	R
			Public Health and	
		8108	CSD	M
B10	Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function	8104/8125	Clinical Practicum	M
			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
B11	Screening for comprehension and production of language, including the cognitive and social aspects of communication		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 Practice Mgmt &	M
		8031	Billing	R
		8113	Audiologic Rehab I Electrophysiologic	I
		8118	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 Public Health and	R
		8108	CSD	M
		8105	Vestibular 1	I

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

C3	Obtaining client/patient-reported and/or caregiver-reported measures to assess function	8116	Hearing Aid Provision	R, M
		8118	Electrophysiologic Assessment	R
		8129	AR & Counseling	R, M
		8104/8125	Clinical Practicum	M
			Diag. & Med.	
		8103	Audiology	I,R,M
			Practice Mgmt &	
		8031	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
			Hearing Aid	
		8116	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
8020	Anat & Phys. II			I,R
	Audiologic			
8101	Concepts			I
	Diag. & Med.			
8103	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 Diag. & Med.	I, R
		8103	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 Diag. & Med.	I, R
		8103	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 Practice Mgmt &	I
		8031	Billing Diag. & Med.	R
		8103	Audiology	I,R,M
		8115	Pediatric Audiology	R
		8118	Electrophysiologic Assessment	R

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	8104/8125	Clinical Practicum	M
C12	Selecting, performing, and interpreting otoacoustic emissions testing		Diag. & Med.	
		8103	Audiology	I,R
		8115	Pediatric Audiology	I
			Electrophysiologic	
		8118	Assessment	R, M
				I, R,
		8104/8125	Clinical Practicum	M
			Audiologic	
		8101	Concepts	I
			Diag. & Med.	
C13	Selecting, performing, and interpreting tests for nonorganic hearing loss	8103	Audiology	I,R,M
		8115	Pediatric Audiology	R
			Electrophysiologic	
		8118	Assessment	R
		8104/8125	Clinical Practicum	M
			Audiologic	
		8101	Concepts	I
			Diag. & Med.	
		8103	Audiology	I,R,M
		8115	Pediatric Audiology	R
		8104/8125	Clinical Practicum	M
			Electrophysiologic	
		8118	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 Diag. & Med.	I
		8103	Audiology	I,R
		8104	Clinical Practicum Electrophysiologic	R
		8118	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 Diag. & Med.	I
		8103	Audiology	I,R
		8104	Clinical Practicum Electrophysiologic	R,M
		8118	Assessment	R, M
				I, R,
C17	Posturography	8104	Clinical Practicum	M
		8105	Vestibular 1	I,R,M
		8106	Advanced Vestibular	R
C18	Rotary chair tests			I,R,
		8104	Clinical Practicum	M

		8105	Vestibular 1	I,R,M
		8106	Advanced Vestibular	R,M
				I, R,
C19	Video head impulse testing (vHIT)	8104	Clinical Practicum	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		Audiologic	
		8101	Concepts	I
			Diag. & Med.	
		8103	Audiology	I,R
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	R
			Hearing Aid	
		8116	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
			Hearing Aid	
		8116	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		Audiologic	
		8101	Concepts	I
			Diag. & Med.	
		8103	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
			Hearing Aid	
		8116	Provision	R
		8129	AR & Counseling	R, M
				I, R,
		8104/8125	Clinical Practicum	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
			Hearing Aid	
		8116	Provision	R, M
		8129	AR & Counseling	M
		8106	Advanced Vestibular	I, R
		8128	EBP in Amplification	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	8104/8125	Clinical Practicum	M
			Audiologic	
		8101	Concepts	I
			Diag. & Med.	
		8103	Audiology	I
		8107	Cochlear Implants	R
		8115	Pediatric Audiology	R
			Hearing Aid	
		8116	Provision	R
		8113	Audiologic Rehab I	R, M
D6	Facilitating patients' acquisition of effective communication and coping skills	8129	AR & Counseling	M
		8104/8125	Clinical Practicum	M
			Audiologic	
		8101	Concepts	I
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R, M
		8114	Intro to Hearing Aids	I
		8115	Pediatric Audiology	R
			Hearing Aid	
		8116	Provision	R
D7	Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment problems	8129	AR & Counseling	M
		8104/8125	Clinical Practicum	M
		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
			Hearing Aid	
		8116	Provision	R
		8129	AR & Counseling	M
E4	Providing assessments of family members' perception of and reactions to communication difficulties	8104/8125	Clinical Practicum	R
		8128	EBP in Amplification	R
		8104	Clinical Practicum	R
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	R
			Hearing Aid	
		8116	Provision	R
E5	Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning	8129	AR & Counseling	M
		8104	Clinical Practicum	R
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I	R
		8115	Pediatric Audiology	R
		8129	AR & Counseling	M

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

		8114	Intro to Hearing Aids Hearing Aid	I, R
		8116	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 I,
		8114	Intro to Hearing Aids Hearing Aid	R.,M
		8116	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 I, R,
		8114	Intro to Hearing Aids	M
		8115	Pediatric Audiology Hearing Aid	R
		8116	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 I, R,
		8107	Cochlear Implants	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			I, R,
		8107	Cochlear Implants	M
		8115	Pediatric Audiology	I
		8113	Audiologic Rehab I	R

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

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	8129	AR & Counseling	R
		8104	Clinical Practicum Practice Mgmt &	I
		8031	Billing	R, M
		8107	Cochlear Implants	I
		8113	Audiologic Rehab I	R, M
E19	Ensuring compatibility of HATS when used in conjunction with hearing aids, cochlear implants, or other devices and in different use environments	8129	AR & Counseling	R
		8104	Clinical Practicum	M
		8107	Cochlear Implants	I
		8115	Pediatric Audiology	I
		8113	Audiologic Rehab I	R, M
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)	8114	Intro to Hearing Aids	I, R
		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

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

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

Standard IV-F	Education/Research/Administration: KNOWLEDGE & SKILLS	8128	EBP in Amplification	I,R,M
	Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment	F1		
	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	F2		
F3	Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social–emotional development and functioning		8115	Pediatric Audiology Diag. & Med. I, R
			8103	Audiology I
			8104	Clinical Practicum R
			8113	Audiologic Rehab I R
			8129	AR & Counseling R,M
				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
				Hearing Aid
			8116	Provision R
			8129	AR & Counseling R, M
				Audiologic
			8101	Concepts I
				I, R,
			8104	Clinical Practicum M
			8107	Cochlear Implants R

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	8115	Pediatric Audiology	R, M
		8104	Clinical Practicum Public Health and	I, R, M
		8108	CSD Practice Mgmt &	R, M
		8031	Billing	R, M
		8107	Cochlear Implants	R
		8113	Audiologic Rehab I Audiological	R
		8101	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 Hearing Aid	I, R, M
		8116	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			I, R,
		8104	Clinical Practicum	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			I, R,
		8104	Clinical Practicum Audiological	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 Hearing Aid	R
		8116	Provision	R, M
F10	Providing ongoing support for children by participating in IEP or IFSP processes			I, R,
		8104	Clinical Practicum	M
		8113	Audiologic Rehab I	R, M

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

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