INTRODUCTION

This Handbook has been prepared to assist the professional degree (AuD, MA) students, faculty and staff of the School of Communication Sciences and Disorders with information regarding the academic program and the operations of the clinic. The Handbook has been designed to outline the various requirements and conditions, which must be met in order 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.

Students, faculty, and staff are responsible for knowing the material enclosed in CSD 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, Director of Graduate Studies, Clinic Director(s), 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.

August 2019

(The contents herein are subject to change without notification).
Contents

Calendar of Events
Faculty
Support Personnel
Research Personnel
Methodist-Lebonheur Personnel

PART ONE: ACADEMIC AND CLINICAL EDUCATION POLICIES AND PROCEDURES

MISSION STATEMENTS
I. MASTER OF ARTS PROGRAM IN SPEECH-LANGUAGE PATHOLOGY
II. DOCTOR OF AUDIOLOGY PROGRAM IN AUDIOLOGY
III. PHD IN COMMUNICATION SCIENCES AND DISORDERS
IV. GENERAL ACADEMIC POLICIES AND PROCEDURES
V. UNIVERSITY OF MEMPHIS REGULATIONS FOR GRADUATE PROGRAMS
VI. COUNCIL ON ACADEMIC ACCREDITATION: AUDIOLOGY & SPEECH-LANGUAGE
VII. FINANCIAL ASSISTANCE
VIII. STUDENT ORGANIZATIONS

Policies

E-A-102 Clinical Practicum in Audiology
E-A-103 Audiology Clinical Practicum Requirements
E-SLP-102 Clinical Practicum in Speech-Language Pathology
E-SLP-103 Clinical Practicum Requirements in Speech-Language Pathology
E-109 Reporting Clinic Clock Hours
E-111 Student Evaluations of Clinical Educators
E-116 Documentation of Academic and Clinical Competencies for ASHA Certification
E-117 Areas of Study Requiring Attention (ASRA)
E-118 Immunizations, Certifications and Screenings Required of Students Prior to External Clinical Placement
E-119 Commitment to Non-Discrimination and Diversity
E-120 Essential Functions

Appendix I-A Academic Requirements for SLP MA Program and Course Schedule
Appendix I-B Evaluation of Clinical Educator Competence
Appendix I-C Clinical Competencies for SLP Students to be CF Ready
Appendix I-D Clinical Competencies for AuD Students
Appendix I-E Clinical Practicum Facilities
Appendix I-F Evaluation of SLP Students - External Sites
Appendix I-G Knowledge and Skills for Speech-Language Pathology
Appendix I-H Knowledge and Skills – Speech-Language Pathology Listed by Course
Appendix I-I Knowledge and Skills for Audiology
Appendix I-J Knowledge and Skills for Audiology Listed by course
Appendix I-K Procedures for Castle Branch Background Check
Appendix I-L Goals and Expectations and for Clinical Practicum for Speech-Language Pathology

PART TWO: CLINICAL OPERATIONS POLICIES AND PROCEDURES

Policies

C-201 Criteria for Admission for Therapy Services at the Memphis Speech and Hearing Center
C-202 Discharge and Follow-up from Therapy Services
C-203 Client Referrals from Outside Agencies
C-204 Client Referrals to Outside Agencies
C-205 Reporting of Clinical Information and Progress
C-206 The Maintenance of Clinical Records
C-207 Student Responsibilities in Diagnostics and Therapy
C-A-208 On-Call Clinic and Drop-Off Procedure
C-A-209 Checking in Earmolds, Hearing Aid Repairs and New Hearing Aid Orders
C-210 Dress Code and Conduct for Students and Faculty Involved in Clinic
C-211 Malpractice Insurance for Students and Faculty Who Provide Clinical Services
C-212 Criteria for Hearing Evaluation Prior to Speech-Language Evaluation
C-213 Limitations to Scheduling Clients for Diagnostic Services
C-214 Hearing aid(s) returns to the Memphis Speech and Hearing Center for credit
C-216 Hearing Aid Dispensing Procedure for Memphis Speech and Hearing Center Patients
C-217 Client Check in Procedures - Business Office personnel will receive and check-in clients prior to providing services
C-218 Client Check Out Procedures
C-219 Client No Show Policy
C-220 Straight to Therapy Admission Process

Appendix II-A HIM Procedures

PART THREE: PHYSICAL OPERATIONS POLICIES AND PROCEDURES

Policies

Phys-301 Office and Research Laboratory Space Assignment
Phys-302 Clinical Materials and Equipment Requests
Phys-303 Building Use
Phys-304 Emergency Situations
Phys-305 Parking Procedures
Phys-306 Reporting an Injury
Phys-307 Use of Copy Machines
Phys-309 Infection Control for MSHC
Phys-310 Completing Biweekly Time Sheets for Graduate Assistantships
Phys-311 Ordering Keys
Phys-312 Infection Control for Research Labs
Phys-313 Required Immunizations, Certifications, Trainings and Background Checks for all Employees, Students and Volunteers Working in SCSD or MSHC
Phys-314 Camps Involving Minors on Campus

Appendix III-A Organizational Chart
Appendix III-B Suggested E-mail Guidelines
PART FOUR: HIPAA POLICIES AND PROCEDURES

Policies

H-101 HIPAA Privacy Rule Implementation
H-102 Privacy Officer Job Description, Roles and Responsibilities
H-103 Safeguards for Protected Health Information
H-104 Faxing of Protected Health Information

Appendix IV-A MSHC Confidentiality and Destruction Statement
Appendix IV-B Notice of Privacy Practices
Appendix IV-C Accounting for Disclosures for Individual Patient Files
Appendix IV-D Acknowledgment of Receipt of HIPAA Handbook

Additional Information
FALL SEMESTER 2019

AUGUST
16-20  AuD 3rd Year Written Comp Exams
19  Graduate School Student Orientation, UC Ballroom, 9:00 am to 1:30 p.m.
19  Last Day for Regular Registration
19  (4:30 p.m.) Deadline for Fall 2019 fee payment or classes will be removed from schedule
20  Late Registration Begins
21  CSD Fall Orientation Begins (Required for All Clinical Students) (CHB 1610)
22  Teaching Effectiveness Workshop for T.A.s (Fed Ex Institute, the Zone)
23  Deadline for Late Registration fee payment or classes will be removed
24  2nd Late Registration period begins (100 penalty for re-registration)
25  Last day to receive a 100% refund if you drop a course
26  Classes & Clinic Begin
30  PhD. Orientation/First Colloquium Meeting; Last Day to Add Fall 2019 Courses w/out schedule adjustment paperwork

SEPTEMBER
2  Labor Day Holiday
6  Final Drop for Non-Payment of Course Fees; Fall Faculty Retreat (2009)
8  Last Day to Receive a 75% refund if you drop a course/Last day to drop a course without receiving a W on your transcript
9  NSSLHA All Student Meeting (11:30 am, 2010)
10  Submit Intent to Graduate Form to Graduate School
10  Submit Master’s/Doctoral Candidacy Form to Grad School
16  SAA All Student Meeting (2042A)
21  Last Day to Receive a 25% refund if you drop a course
26  Grad Fair, UC Ballroom (3:30 to 6:30 PM)
27  Faculty Meeting (2009, 1 – 2:30)

OCTOBER
4  Studebaker Lecture – Dr. David Zapala (2010)
7  NSSLHA All Student Meeting (11:30 am, 2010)
11  Faculty Meeting
12-15  Fall Break
18  Studebaker Lecture – Dr. Kim Cavitt (2010)
21  SAA All Student Meeting (2042A)

NOVEMBER
4  NSSLHA All Student Meeting (2010) 11:30 a.m.
7-8  TAASLP Convention (Chattanooga, TN)
8  Deadline to Remove U19 incomplete grades; Submit Thesis/Dissertation PDF copy to ETD system
11  Spring Registration Begins/SAA All Student Meeting (2042A)
Calendar of Events
2019-2020
School of Communication Sciences & Disorders

13 Last day to submit comp exam results for F19
21-23 ASHA Convention (Orlando, FL)
27-29 Thanksgiving Break
29 Last Day to Submit defended & corrected thesis/dissertation copy to Grad School

DECEMBER
4 Last Day of Fall Classes and Clinic
5 Study Day
6 Faculty Meeting
6-12 Exams (plan to stay through the 12th)
13 Graduation Reception
15 Fall Commencement
24 – 1 Administrative Closing – Winter Break

SPRING SEMESTER 2020

JANUARY
10 Faculty Meeting
14-15 SLP MA Comp Exams
15 Spring Orientation, 1:30 pm (Required for All Clinical Students)
20 M.L. King Jr Holiday
21 Class and Clinic Begins
27 SAA All Student Meeting (2042A)
31 SLP MA Comp Rewrites (tentative)

FEBRUARY
3 NSSLHA All Student Meeting
4 Candidacy forms Due to Associate Dean of Graduate Studies; Apply to Graduate for S19 Due
14 Faculty Meeting

MARCH
2 SAA All Student Meeting (2042A)
6 Advising Deadline for Summer and Fall Registration
5-6 MidSouth Conference
7-15 Spring Break
20 Faculty Meeting
NSSLHA All Student Meeting/ NSSLHA Elections

APRIL
1-4 American Academy of Audiology (New Orleans, LA)
Calendar of Events
2019-2020
School of Communication Sciences & Disorders

8  Upload PDF of thesis or dissertation to ETD System for review (noon)
10  Faculty Meeting
13  Graduate Student Research Forum – UC Ballroom
15  Last Day to submit comp exam results to Grad School
22-25  Council on Academic Programs (New Orleans, LA)
29  Classes & Clinic End
30  Study Day
30  Last day for PhD students to submit final approved PDF of dissertation, grad fees and documents to Grad School

MAY
1-7  Exams (Plan to stay through the 7th)
  8  Faculty Meeting/Graduation Reception
  9  Commencement
  10  Alternate Commencement Date
  25  Memorial Day Observed
  SLP MA Comp Exams
  Summer Orientation, 1:30 pm (Required for All Clinical Students)

SUMMER SEMESTER 2020

JUNE
  First Day of Summer Classes
  5  Candidacy forms due to Associate Dean of Graduate Studies
  5  Apply to Graduate, U20
  AuD Qualifying Exams

JULY
  Summer Break
  9  Last day to submit defended & corrected Thesis/Dissertation copy to Grad School
  10  Last day to submit Comp Exam results to the Grad School

AUGUST
  4  Last day to submit final Thesis/Dissertation PDF copy to ETD system to Grad School
  CSD clinic ends
  CSD classes end
  CSD final exams
  8  Commencement
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Degree(s)</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casandra Banks</td>
<td>Clinical Assistant Professor</td>
<td>AuD (2009) CCC-A</td>
<td>The University of Kansas</td>
</tr>
<tr>
<td>Linda Jarmulowicz</td>
<td>Dean</td>
<td>Associate Professor</td>
<td>PhD (2000) CCC-SLP City University of New York</td>
</tr>
<tr>
<td>Gavin Bidelman</td>
<td>Associate Professor</td>
<td>PhD (2011)</td>
<td>Purdue University</td>
</tr>
<tr>
<td>Johnathan Jarmulowicz</td>
<td>Assistant Professor</td>
<td>PhD (2011) CCC-A</td>
<td>The University of Memphis</td>
</tr>
<tr>
<td>Eugene Buder, Jr.</td>
<td>Associate Professor</td>
<td>PhD (1991)</td>
<td>The University of Wisconsin – Madison</td>
</tr>
<tr>
<td>Deborah Moncrieff</td>
<td>Assistant Professor</td>
<td>PhD (1999) CCC-A</td>
<td>University of Texas</td>
</tr>
<tr>
<td>Naomi Eichorn</td>
<td>Assistant Professor</td>
<td>PhD (2014) CCC-SLP</td>
<td>City University of New York</td>
</tr>
<tr>
<td>Julie Marshall</td>
<td>Clinical Associate Professor</td>
<td>MA (1986) CCC-SLP</td>
<td>West Chester University</td>
</tr>
<tr>
<td>Sharon Fairbanks</td>
<td>Instructor</td>
<td>MA (2012)</td>
<td>The University of Memphis</td>
</tr>
<tr>
<td>Lisa Lucks Mendel</td>
<td>Interim Associate Dean</td>
<td>PhD (1988) CCC-A</td>
<td>University of California – Santa Barbara</td>
</tr>
<tr>
<td>Lynda Feenaughty</td>
<td>Assistant Professor</td>
<td>PhD (2016)</td>
<td>University of Buffalo</td>
</tr>
<tr>
<td>JoClaire Merrill</td>
<td>Clinical Assistant Professor</td>
<td>MA (1999) CCC-SLP</td>
<td>The University of Memphis</td>
</tr>
<tr>
<td>Vicki Haddix</td>
<td>Clinical Assistant Professor</td>
<td>MS (2003) CCC-SLP</td>
<td>Emerson College</td>
</tr>
<tr>
<td>Miriam van Mersbergen</td>
<td>Assistant Professor</td>
<td>PhD (2005) CCC-SLP</td>
<td>University of Minnesota, Twin Cities</td>
</tr>
<tr>
<td>Matthew Hollis</td>
<td>Visiting Clinical Assistant Professor</td>
<td>AuD (2008) CCC-A</td>
<td>University of Memphis</td>
</tr>
<tr>
<td>D. Kimbrough Oller</td>
<td>Professor &amp; Plough Chair of Excellence</td>
<td>PhD (1971)</td>
<td>University of Texas-Austin</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Institution</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------------</td>
<td>--------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>John Sandidge</td>
<td>Clinical Assistant Professor</td>
<td>The University of Memphis</td>
<td></td>
</tr>
<tr>
<td>Marilyn Dunham Wark</td>
<td>Clinical Professor</td>
<td>Director of Clinical Services, Speech Language Pathology</td>
<td></td>
</tr>
<tr>
<td>Eileen Smith</td>
<td>Clinical Assistant Professor</td>
<td>San Diego State University</td>
<td></td>
</tr>
<tr>
<td>Sarah Warren</td>
<td>Assistant Professor</td>
<td>PhD (2017) CCC-A</td>
<td></td>
</tr>
<tr>
<td>Jennifer P. Taylor</td>
<td>Clinical Associate Professor</td>
<td>Director of Clinical Services, Audiology</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Salus University, George S. Osborne College of Audiology</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The University of Florida</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PART-TIME FACULTY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jessica Balderson, CCC-SLP</td>
<td>Part-Time Clinical Instructor/Head Start Screenings</td>
<td>Justine Steele, CCC-SLP Clinical Instructor/ABC Program</td>
<td></td>
</tr>
<tr>
<td>Tawni Ballinger, CCC-SLP</td>
<td>Part-Time Clinical Instructor/Aphasia Support Groups</td>
<td>Tina Taran, PhD, CCC-SLP Part-Time Clinical Instructor/Head Start Screenings</td>
<td></td>
</tr>
<tr>
<td>Katherine Mendez, PhD, CCC-SLP</td>
<td>Part-Time Clinical Instructor</td>
<td>Rebecca Vergho, CCC-SLP Part-Time Clinical Instructor/Head Start Screenings</td>
<td></td>
</tr>
<tr>
<td>Amy Nabors, CCC-SLP</td>
<td>Part-Time Clinical Instructor/Voice</td>
<td>Darlene Winters, CCC-SLP Part-Time Clinical Instructor/Language Learning Lab</td>
<td></td>
</tr>
<tr>
<td>Caitlin Price, CCC-A</td>
<td>Part-Time Clinical Instructor/Hearing Aid Check in Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMERITUS FACULTY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robyn Cox</td>
<td></td>
<td>Joel Kahane</td>
<td></td>
</tr>
<tr>
<td>Professor Emeritus</td>
<td>Professor Emeritus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PhD (1974) CCC-A</td>
<td>PhD (1975) CCC-SLP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiana University</td>
<td>The University of Pittsburgh</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herbert Gould</td>
<td>Walter Manning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professor Emeritus</td>
<td>Professor Emeritus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PhD (1975) CCC-A</td>
<td>PhD (1972) CCC-SLP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The University of Illinois</td>
<td>Michigan State University</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maurice Mendel</td>
<td>David J Wark</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professor/Dean Emeritus</td>
<td>Professor Emeritus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ph.D. (1970) CCC-A</td>
<td>PhD (1971) CCC-A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The University of Wisconsin</td>
<td>Indiana University</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUPPORT PERSONNEL**

<table>
<thead>
<tr>
<th>Frances Breland</th>
<th>Hassan Saadat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Associate II</td>
<td>Local Support Provider II</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Joseph Edwards</td>
<td>Feliza Vasquez</td>
</tr>
<tr>
<td>Business Officer II</td>
<td>Office Associate</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Erin Frazier</td>
<td>Devan Yanik</td>
</tr>
<tr>
<td>MSHC Coordinator of Clinic Services</td>
<td>A/V Multimedia Specialist</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Albert Geeter</td>
<td></td>
</tr>
<tr>
<td>Custodian</td>
<td></td>
</tr>
</tbody>
</table>

**RESEARCH PERSONNEL**

<table>
<thead>
<tr>
<th>Edina Bene</th>
<th>Gwyneth Lewis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Coordinator II</td>
<td>Post-Doctoral Fellow</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Ed Brainerd</td>
<td>Monique Pousson</td>
</tr>
<tr>
<td>Manager of Computer Support Systems</td>
<td>Research Associate II</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Kathy Fulmer</td>
<td>Neeraja Rangisetty</td>
</tr>
<tr>
<td>Research Associate</td>
<td>Research Associate II</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**METHODIST LE BONHEUR PERSONNEL**

<table>
<thead>
<tr>
<th>Sheila Climer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Danielle Keeton</td>
</tr>
<tr>
<td>Jennifer Turner</td>
</tr>
</tbody>
</table>
PART ONE

ACADEMIC AND CLINICAL EDUCATION POLICIES AND PROCEDURES
MISSION STATEMENTS

Vision and Mission of the University of Memphis

The University of Memphis is an internationally recognized, urban public research university preparing students for success in a diverse, innovative, global environment.

We provide the highest quality education by focusing on research and service benefitting local and global communities.

Vision and Mission of the School of Communication Sciences & Disorders

The School of Communication Sciences and Disorders is dedicated to growth, advancement and application of understanding communication and communication disorders through leadership and rigor in scientific research, innovative preparation of lifelong learners, and culturally competent service to diverse communities.

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.

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 education of a non-racially identifiable student body.
I. MASTER OF ARTS PROGRAM IN SPEECH-LANGUAGE PATHOLOGY

Speech-Language Pathology (MA): Program Goals

1. Demonstrate the breadth and depth of foundational communication science, including biological, etiological, theoretical, acoustic, physiological, cognitive and psychological bases of communication.

2. Understand and demonstrate the theoretical motivation for and practical applications of clinical reasoning for identification, assessment, and treatment of communication disorders.

3. Apply research analysis into evidence-based decision-making and clinical application.

4. Effectively communicate discipline-related knowledge in oral and written modalities, with families, clients, and other professionals.

5. Understand and accommodate cultural or linguistic differences related to communication development or to perceptions and attitudes toward communication disorders, differences, or intervention.

6. Exhibit attributes and abilities characteristic of competent speech-language pathologists, including accountability, integrity, adaptability, leadership, and professionalism.

A. Non-CSD Course Requirements

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:

1. Biological/Physical Science (3 credits)
2. Statistics (3 credits)
3. Behavioral/Social Science (6 credits of Psychology/Sociology/Anthropology)
4. Physical Science (3 credits of Physics/Chemistry)

If a student has not met the above requirements in your undergraduate program, he or she will be required to complete the requirements during the graduate program. Depending on how many of these requirements have not been met, the student’s graduate program may be extended.

To be counted toward the requirement, a grade of C (2.0) or better in the basic science coursework is expected.

B. General Program Requirements

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 I-A).

1. 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 must obtain a 3.00 or above in their last two semesters of clinical practicum. A minimum of 14 credit hours of AUSP 7200, AUSP 7208 and AUSP 8208 must be taken, but more hours may be required in order to meet certification standards. Clinical competencies expected by graduation are located in Appendix I-C.

2. Students must complete a minimum of three semester hours of research experience. A thesis or non-thesis option is available. Students choosing the non-thesis option may fulfill their research experience with AUSP 7991 (Clinical Research Colloquium) or AUSP 7990 (Special Project), or a combination of both. NOTE: Students electing to write a thesis should familiarize themselves with the Thesis/Dissertation Preparation Guide before starting to write.

3. All students must complete written comprehensive examinations.

C. Other Requirements

1. Proficiency in phonetic transcription
   All SLP students are required to take and pass AUSP 7501 Phonetic Transcription. A student who has had previous transcription coursework may ask to take a proficiency exam. The instructor of AUSP 7501 generates the proficiency exam and determines whether the course can be waived.

2. Comprehensive Examination
   All students must pass a written comprehensive examination during their final semester of coursework. Comprehensives are given twice each calendar year in the spring and summer semesters. Section I. F. of this document contains a detailed description of the comprehensive examination procedure.

3. Research Experience
   All students complete a research experience. Section I.E. of this document describes the options.

D. Academic Advisor

   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.

   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
E. Research Experience

1. Thesis Option
   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 elect the thesis option should be made as early in the student's program as possible.

   Students selecting the thesis option must enroll in AUSP 7996 for a minimum of 3 credits and a maximum of 6 credits in order 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 [www.memphis.edu/gradschool/current_students/tdguide_preparation.php](http://www.memphis.edu/gradschool/current_students/tdguide_preparation.php).

   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.

2. Research Activity (Special Project) (Approved 8/2011 by SLP faculty)
   This research-related experience is for those students who do not elect the thesis option but who wish to gain research experience in one of our faculty’s research labs. The topic, procedure, and gradable product are negotiated between the student and the faculty director. Ideally, there will be an interpretive component, although some projects may not lend themselves to that.

3. Clinical-Research Colloquium
   This research-related experience is for students who do not choose to complete option 1 or 2. Students will participate in a colloquium experience consisting of faculty and student presentations and discussion of recent, clinically relevant research in Speech-Language Pathology. Topics will include (but are not limited to) evidence-based practices in evaluation and treatment of communication
disorders. It is expected that students will enroll in this activity for a total of three credit hours during their program.

F. Comprehensive Examination (Revised Fall 2018)

1. Purpose of the Examination
   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. It is an opportunity to reflect and discuss in a scholarly manner the current theoretical and applied literature in the profession.

   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.

2. Structure of the Examinations
   Students write for three hours on the first day and three hours on the second day of the examination. At the end of each day, 30 minutes will be provided to finalize responses, so the total time allowed for writing is seven hours.

   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.

   Students conducting 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 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 the exams. The expectation of a revision is that the original responses can be revised independently based on the faculty’s written feedback.

   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 rewrite.

   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).

3. Content of the Examinations
   Each of the following four topic areas represents 1.5 hours of written content.
Clinical Reasoning: The following three questions will require critical thinking and integration of basic and applied knowledge, including audiology, across the life span.

#2 Neurogenic Disorders of Language and Speech; Examiner: Feenaughty

#3 Child Language, Fluency, Evidence-Based Practice; Examiner: Eichorn

#4 Swallowing, Voice, and Ethics; Examiner: Van Mersbergen

4. Administration of the Examinations

The examinations generally will be administered toward the beginning of the Spring and Summer semesters prior to graduation. Notification of initial assessment (Pass/Revise/Rewrite) will be provided within 1 week of the first exam. Students will have a 3-day period to prepare revisions. Notification of revision outcomes (Pass/Rewrite) will be provided within 2 weeks of the first exam. Rewrites will be scheduled no later than 3 weeks after the first exam. Outcomes of Rewrites (Pass/Fail) will be provided within 3 days of the second exam. Oral exams will be conducted within 2 weeks of the second exam.

G. Retention Requirements

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.

1. General Academic Performance
   1. Grades of less than 2.00 in required courses are considered unacceptable and must be repeated in order to meet graduation requirements.
   2. 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.
   3. Students must maintain a cumulative grade point average of 3.00 at the end of each semester of enrollment at the University of Memphis. In addition, a student for whom a semester GPA falls below 3.00 across two consecutive semesters will be suspended irrespective of the overall GPA. After one semester of suspension, continuation in the program may be granted only with recommendation from the academic unit, the Director of Graduate Studies, and the Dean of the Graduate School.
2. Professional Performance

1. 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 I-C, I-G, and I-H). Failure to achieve any of these standards for clinical performance may result in dismissal from the program.

2. 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 2 semesters.

3. Students must be able to meet the requirements of the Essential Functions Policy (E-120).
II. DOCTOR OF AUDIOLOGY PROGRAM IN AUDIOLOGY

Audiology (AuD): Program Goals

1. Demonstrate the breadth and depth of foundational communication science, including biological, etiological, theoretical, acoustic, physiological, cognitive and psychological bases of hearing and balance.

2. Understand and demonstrate the theoretical motivation for and practical applications of clinical reasoning for the identification, assessment, and treatment of hearing and balance disorders.

3. Apply research analysis into evidence-based clinical decision-making and application.

4. Effectively communicate discipline-related knowledge in oral and written modalities with families, clients, and other professionals.

5. Understand and accommodate cultural or linguistic differences related to communication development or to perceptions and attitudes toward communication disorders, differences, or intervention.

6. 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.

A. Assumed Background

1. 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.

2. 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 completed two courses in speech-language development/disorders in order to meet program graduate requirements. This coursework should be completed at the undergraduate level. If not, this coursework may be taken during the AuD program at the University of Memphis and is not required for admission.

   Biological Science (3)
   Mathematical Science (3)
   Physical Sciences (3)
   Behavioral Sciences (6)
   Normal Speech-Language Development (3)
   Language Disorders (3)
To be counted toward the requirement, a grade of C (2.0) or better in the basic science coursework is expected.

B. General Program Requirements

1. Students must complete a minimum of 99 credit hours and meet the academic and practicum requirements for the Certificate of Clinical Competence from the American Speech-Language-Hearing Association. Additional course work will be required for those students without preparation in audiology/speech-language pathology.

2. 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.

3. 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.

4. All students must complete an individual research project (AUSP 8121) for a minimum of 4 credit hours.

5. All students must successfully complete a qualifying examination.

6. All students must successfully complete a comprehensive examination containing both written and oral components.

7. All program requirements (i.e., qualifying exam, research project, oral and written comprehensive exams) must be completed prior to the clinical externship year.

C. Other Requirements

Proficiency examination in phonetic transcription
All students in the program are required to pass a proficiency examination in phonetic transcription in order to graduate.

D. Academic Advisor

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.

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.
E. Specific AuD Program Requirements

The academic program requirements are listed in the on-line Graduate Catalog. Additional program requirements are listed below.

1. Research Project
   Each student enrolled in the AuD program will be required to complete a research 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. Credit for the project is given through AUSP 8121. 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.

2. Clinical Practicum
   The University of Memphis provides a complete range of clinical experiences located in both onsite and offsite locations (Appendix I-E). 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. 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 I-D.

F. Qualifying Examination

1. Purpose of the Examination
   The purpose of the qualifying 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.

2. Administration of the Examination
   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.

3. Grading of the Examination
   To pass the qualifying examination, a simple majority of the attending Audiology faculty, using a rubric, must concur that the student has demonstrated a knowledge base commensurate with the educational level at the time of the test. 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 an Areas of Study Requiring Attention (ASRA) form will be
completed for the student. The remediation program and successful completion of the qualifying 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.

G. Comprehensive Examination

1. Purpose of the Examination
   The 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. The exam may include material in addition to specific course content. The 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 for graduation, it is also essential that students demonstrate the ability to retain, integrate and apply the knowledge gained during course work. The examination includes both written and oral components.

2. Administration of the Examination
   The AuD Comprehensive examination is composed of written and oral portions. The written comprehensive exam is taken at the end of the student's 6th semester. The final 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 three general conceptual areas: (1) basic science (e.g., anatomy and physiology, hearing science, calibration 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 three general areas. Each conceptual area will be covered on a separate day of the examination. The time allotments for each area are shown in the figure below. These allotments may be adjusted prior to the examination and students will be informed in ample time to modify study plans.

3. Grading of the Written Comprehensive Examination
   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 (the student will answer questions on topic areas covered in courses taken to date as outlined above). If less than 50% of the examination is passed, the student may retake the exam the next time it is offered. If 50% of the exam was passed, the student may take rewrites. (2) Rewrites consist of the student retaking the exam in the topic areas that were not passed. The questions in the topic area may be different than the original questions.

   Students who do not pass 100% of the examination are not eligible to take the final oral exam and must retake the entire written comprehensive examination when it is offered again. An ASRA 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.

Each question on the written examination will be scored as a Pass, Low Pass, or Fail using a rubric by the principle faculty member generating the question. Scores of low pass indicate that the student has weaknesses that need additional study. The student should pay particular attention to these topic areas in preparation for the oral examination.

If a student has not successfully completed the written examination, he or she may still present their research project in the spring of the third year with their class. If the written exam is retaken in August, the oral exam will be scheduled within 3 weeks of successful completion of the written re-examination.

H. Final Oral Comprehensive Examination

1. Purpose of the Examination
   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.

2. Administration of the Examination
   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. 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.

   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.

3. Grading the Examination
   To pass the final oral examination, a simple majority of the attending Audiology faculty, using a rubric, must concur that the student is sufficiently knowledgeable of the field of audiology to begin the clinical externship year. Both the written and oral examinations must be completed successfully before entering the clinical externship year.

I. Retention Requirements

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.
1. 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 in order to meet graduation requirements.

2. 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.

3. 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.

4. Students may be dismissed for any of the following:
   - Failure to maintain appropriate standards of academic integrity or CSD Policies.
   - Failure to follow the ASHA and AAA Codes of Ethics.
   - Failure to follow HIPAA guidelines.
   - Failure to meet the requirements of the Essential Functions Policy (E-120).
   - A grade of less than 2.00 in clinic practicum will mandate a review within the School and may be grounds for dismissal.
   - Failure to pass the qualifying examination.
   - Failure to pass the written and oral components of the comprehensive examination.

J. Externship in Audiology

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 qualifying and comprehensive examinations. Externship placement is obtained in coordination with the Director of Clinical Services in Audiology. Successful completion of the externship must include the approval of the Director of Clinical Services in Audiology and the Associate Dean of Graduate Studies. The externship should provide a comprehensive training environment for students to expand and sharpen their clinical skills. Externships may be in either paid or unpaid positions.

A student who fails to earn thesis credit at the end of one academic semester following the registration for the total thesis credits allowable will be required to renew his/her thesis status (See U of M Graduate Catalog for additional details).
III. PHD IN COMMUNICATION SCIENCES AND DISORDERS

A. Program Goals and Overview

1. **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.

2. **Collaborative, nurturing intellectual environment:** 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.

3. **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](#).

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.

4. **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.

B. Decision-making in the PhD Program

1. **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.

2. **Associate Dean of Graduate Studies.** The Associate Dean of Graduate Studies provides formal letters of offer of admission. He/she also serves as the day-to-day contact with the upper administration and Graduate School regarding admissions,
retention, and funding for graduate students.

3. **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:
   
a) Corresponding with applicants to the program and maintenance of information about inquiries from potential applicants.

b) Coordinating active recruitment efforts.

c) 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 PIs.

d) Arranging Annual Evaluations of PhD Students.

e) Supplying the Associate Dean of Graduate Studies with follow-up information needed for evaluation letters to students and admission/funding letters.

f) Helping the Dean and Associate Dean of Graduate Studies to ensure the regular offering of appropriate Professional Preparation courses (each is 1-cr).

g) Arranging orientation for new PhD students for introduction to both faculty and current PhD students.

h) Assisting in coordinating the PhD student colloquium.

i) Assisting in arranging social activities for the PhD program.

C. Assumed Background at Admission

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.

D. General Program Requirements

Information about Core Course Requirements (AUSP 8008, 8021, 8010), 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**.
E. Full-time status

1. Full-time status for the Fall/Spring is ≥9 credit hours with a maximum of 15 credit hours. A minimum of 1 hr is required in Summer with maximum of 12 credit hours.
2. 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.
3. To be eligible for federal financial aid, graduate students must enroll in no fewer than 9 hrs in the Fall and Spring and 1 hr in the summer term.
4. Requests for credit-hour overloads must be approved by the Associate Dean of Graduate Studies.

F. Other features of the PhD program

The 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 student's needs, becomes an individualized program that is designed for that particular student. The academic plan is filed in the Dean’s office and maintained and updated as necessary if changes are made in the plan after first filing. Changes must be approved by the Planning Committee.

The Comprehensive Examination Committee: 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. It is typical for this coverage to include research tools and collateral areas, and sometimes also consideration of Dissertation goals. It is advisable for the committee to meet and review the plan for coverage (e.g. examiners’ topic areas and hours per topic) during the semester before the examinations are begun.

The Dissertation Committee: The dissertation committee consists of a minimum of four faculty members selected by the student in consultation with the dissertation chair (usually the student’s Faculty Mentor). At least half of the members must be from the School and at least one 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.

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

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. 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.

**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. 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.

**PhD Database:** In preparation for the Annual Evaluation, students should log their previous year’s research accomplishments in the SIS PhD Database. The database is meant to capture the scholarly work products students complete during their PhD program and is used by the faculty and Dean’s for annual reporting on the PhD program. 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.

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 Graduate Studies.

**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. Speaker preference is given to current PhD students, who use the colloquium as a medium to present their Pre-candidacy Research Projects. Faculty of other programs and outside speakers provide the remainder of the talks each semester.

The PhD Student Colloquium meets Fridays at 12pm.

**Teaching opportunities (examples):**

a) *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.

b) 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.*
**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, and teaching.

**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). These forms are submitted to the Dean’s Administrative Associate and retrained in the student’s file (located here). Each year, the Ph.D. Policies 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.

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.

**Financial Assistance:** see VII. FINANCIAL ASSISTANCE

**A. Funding for PhD Students**

PhDs students in good standing are eligible for Graduate Assistantships (GAs) through the School. GAs are awarded on the basis of merit. Entering PhD students are automatically considered for funding. The School aims to fully fund PhD students (tuition + stipend) for at least 3 years, contingent upon annual review and timely progress.

GAs require 10-20 hours of research activity per week. GAs who work at least 10 hours per week are classified as in-state students. 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). GAs are typically funded via School funds and external grants of individual faculty. Some university-wide fellowships are also available through competitive application (e.g., Van Vleet Fellowship).
IV. 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
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.

B. Attendance
The instructor sets the specific attendance requirements per course. Regular attendance is assumed and expected.

In the event that 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.

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. Approval is required by the clinical faculty member and clinic director. The student may be required to find a replacement clinician. Please refer to appropriate policies regarding clinical experiences (E-A-102, E-SLP-102, 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 class projects, theses, and funded grants, including training grants. The appropriate application form, including permission forms, must be completed for each project and filed with the IRB.

D. Incomplete Grades
The grade of incomplete (I) indicates that the student has not completed the course requirements for some reason. If the course is not completed in the semester that the student is taking the course, the student must re-enroll the following semester in the course for the same number of hours in order to receive the appropriate grade. Instructors of research courses may give a grade of IP (work in progress) to extend the time required for the completion of such research. In the event that this time extension is longer than one calendar year, the instructor responsible shall present a written recommendation to the Dean of the Graduate School.

A student who fails to earn thesis credit at the end of one academic
semester following the registration for the total thesis credits allowable will be required to renew his/her thesis status (See U of M Graduate Catalog for additional details).

E. Probation and Dismissal

1. Basis for Dismissal
   A student may be dismissed from the graduate programs in the School for any of the following reasons:

   1. 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.

   2. Failure to meet the requirements of the Essential Functions Policy (E-120).

   3. For MA students a grade of 1.67 or lower in clinic practicum and for AuD students a grade of less than 2.00 in clinic practicum will mandate a review within the School and may be grounds for dismissal.

   4. For AuD students, failure to pass the qualifying exam.

   5. Second failure of the comprehensive examination associated with the degree being sought.

   6. Failure of the final PhD examination (oral defense of the dissertation).

   7. Failures to maintain appropriate standards of academic integrity or CSD Policies.

   8. Failure to follow the ASHA and AAA Codes of Ethics

   9. Failure to follow HIPAA guidelines

   10. Two consecutive semesters on academic probation can result in suspension.

F. Appeal Procedures

The following procedures have been established for conducting reviews of student grievances. 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 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:

1. The student must discuss his/her grievance(s) with the faculty member(s)
concerned, his/ her faculty advisor and the Associate Dean of Graduate Studies (independently and in this order) in an attempt to resolve such grievances informally prior to formal initiation of the review process.

2. If the student continues to feel that his/her grievance(s) cannot be resolved through the discussion referred to in (a) above, a written request for a formal review, initiated by the student, should include a detailed outline of the student’s grievance(s) and the basis for its submission to the Dean.

3. The Dean then will appoint a committee comprised of 3 members of the graduate faculty in the School of Communication Sciences and Disorders who are not directly involved in the grievance, and 2 graduate students, and shall designate a chair of the committee. The chair shall convene the committee as soon as possible. Normally it is expected that the student will complete the review process within 2 weeks of its formal initiation.

4. 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 grievances 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.

5. 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.

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.

2. If the existence of alleged unfairness, bias, etc., has not been established, the original decision shall stand.

6. 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.
V. UNIVERSITY OF MEMPHIS REGULATIONS FOR GRADUATE PROGRAMS

Specific University of Memphis regulations pertaining to all graduate programs may be found in the Graduate Bulletin at: http://www.memphis.edu/gradcatalog/

Please note the links that provide specific guidance to:

A. Academic Regulations:
   http://catalog.memphis.edu/content.php?catoid=4&navoid=102

B. Appeals Procedures:
   http://catalog.memphis.edu/content.php?catoid=4&navoid=102#appeals-procedures

C. Degree Programs and Courses:
   http://www.memphis.edu/gradcatalog_degree_planning/index.php

D. 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. http://www.memphis.edu/drs

E. The University of Memphis Code of Student Rights and Responsibilities:
   http://www.memphis.edu/studentconduct/pdfs/csrr.pdf

F. Academic Misconduct as defined by the University of Memphis:
   http://www.memphis.edu/studentconduct/misconduct.htm
VI. COUNCIL ON ACADEMIC ACREDITATION: AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

The School of Communication Sciences and Disorders is accredited by the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association. Students are encouraged to understand the accreditation process. Questions or concerns regarding the CAA standards can be directed to the academic advisor, the Directors of Clinical Services, the Associate Dean of Graduate Studies, or the Dean.

Further information can be found at http://www.asha.org/academic/accreditation/accredmanual/.

Procedures for complaints against the education program or the Council on Academic Accreditation are located at: http://www.asha.org/academic/accreditation/accredmanual/section8.htm#complain2.
VII. FINANCIAL ASSISTANCE

A limited number of graduate assistantships (GAs) are available. All students in good standing are eligible and considered for a GA through the School. The Associate Dean of Graduate Studies notifies students when funding is available. These awards are based on a combination of factors to include current GPA, clinical experience, previous funding, and financial need. Students on academic probation are not eligible for financial assistance.

A. School Assistantship
Graduate Assistantships awarded to MA and AUD students are considered research assistantships and require the student to work in the clinic or in a research laboratory 10 hours a week.

B. Grant-Related Research Assistantship
Some research assistantships are funded through faculty research grants and are made available to graduate students. The project director of the grant selects the students to be funded and assigns the specific duties and work responsibilities.

C. Funding for PhD Students
PhDs students in good standing are eligible for Graduate Assistantships (GAs) through the School. GAs are awarded on the basis of merit. Entering PhD students are automatically considered for funding. The School aims to fully fund PhD students (tuition+ stipend) for at least 3 years, contingent upon annual review and timely progress. GAs require 10-20 hours of research activity per week. GAs who work at least 10 hours per week are classified as in-state students. 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). GAs are typically funded via School funds and external grants of individual faculty. Some university-wide fellowships are also available through competitive application (e.g., Van Vleet Fellowship).
VIII. STUDENT ORGANIZATIONS

A. National Student Speech-Language-Hearing Association (NSSLHA)
   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. 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/.

B. University of Memphis NSSLHA Chapter
   All students who are enrolled in the School are automatically members of the local NSSLHA chapter. There are no local dues. 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 Chapter Honors in 1998 and 2015 from the National Student Speech-Language-Hearing Association. This chapter sponsors many worthwhile projects:

1. The Annual Mid-South Conference on Communicative Disorders
   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 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 750 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 of The University of Memphis chapter of NSSLHA.

2. Other NSSLHA Activities
   In addition to the Conference, NSSLHA assists students with travel expenses to professional conventions and conferences. In addition, short workshops and teleconferences of special interest, guest speakers from the community to speak at NSSLHA meetings, and walk/run teams to benefit the Buddy Walk, Race for the Cure, and Alzheimer’s. Each year the proceeds from the Silent Auction at the Mid-South Conference are donated to a charity of choice which has included Hope House of Memphis, Operation Smile, and the Stuttering Foundation.
C. Student Academy of Audiology (SAA)
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. 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.

D. University of Memphis Student Academy of Audiology (SAA) Chapter:
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. 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. Students pay only national dues; there are no local dues. 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 through the use of journal club, community outreach projects, and collaboration with the U of M NSSLHA chapter.

E. Tennessee Association of Audiologists and Speech-Language Pathologists (TAASLP)
Students are encouraged to become (student) members of TAASLP. This organization meets once each year for a three-day meeting which features outstanding speakers. Additional information about this organization may be obtained from the TAASLP website.
SUBJECT: Clinical Practicum in Audiology

POLICY: All AuD Audiology students involved in clinical practicum will enroll in the course AUSP 8104, Clinical Experience in Audiology, during each semester of full-time graduate study. 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 AUSP 8104 may be counted toward the degree requirements.

PROCEDURE:

I. Description of AUSP 8104

This course includes a class scheduled for 3 hours per week and a supervised clinical practicum in audiology. The content of the class varies by semester. Attendance and participation in this class is required of all students enrolled. Grades in this course will be computed on the basis of class participation and assignments, practicum performance and professionalism. Students will have the responsibility for biological calibration of audiological equipment, hearing aid drop-off box and a minimum of two clinical appointments per week every semester during which they are enrolled in 8104 with exception of the first semester in the program. Third year AuD students may have different requirements for 8104.

II. Clinical Experiences - On and Off Site

A. On Site Clinical Experiences

1. Students will be initially placed in on-site clinical experiences supervised by University of Memphis clinical faculty. Basic clinical concepts and procedures will be stressed.

B. Off-Site Clinical Experience

1. New off-site clinical training facilities will be evaluated based on the following.
a. Clinical credentials of supervisory clinicians.

b. Clinical experience of supervisory clinicians.

c. Local, regional, and national reputation of supervisory clinicians.

d. Demonstrated history of clinical case load at the facility.

e. Evaluation of clinical facilities for currency of practice.

f. Ancillary experience available to the student.

2. Continuing evaluations of the facility will be through Typhon evaluations of caseloads, supervisory hours, and student evaluations.

III. Clinical Assignments

A. Clinical Practicum

1. Students will be assigned 6-12 hours of patient contact per week for AUSP 8104 unless the student needs or requests additional hours to complete requirements. Students holding assistantships may be assigned additional clinical responsibilities.

2. Students begin their clinical practicum by observing in the clinic for 25 hours. After these observation 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 Services in Audiology.

B. Progression of Assignments

1. Each semester the clinic director meets with the student to discuss his/her past clinical placements and plan for the future assignments. 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.

2. 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.

3. Students are placed with a member of the University's faculty in their first semester of clinic. Typical first placements are in a basic pediatric or adult hearing evaluation clinic.
4. The Director of Clinical Services in Audiology tracks each student’s coursework and previous clinical experiences to ensure that a student is prepared for the current assignment. During orientation, prior to the beginning of a semester, the faculty meet with their assigned students to present an overview of the clinic and general information regarding their placement. All clinical faculty and students participate in weekly grand rounds. 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.

5. 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.

C. 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 patient 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 patient does not show up, the student may be assigned other duties by the faculty member. If for some reason a patient is not scheduled during a student’s regular clinic time, the student is still expected to be available unless dismissed by the faculty member.

3. 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 is 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 evaluation. Cancellation of the patient is not preferred, but it may be necessary to reschedule the appointment.

4. Students are responsible for returning equipment to the proper area immediately after use and for sanitizing toys, and cleaning up the test suites after each appointment.

5. Reports are to be turned in to the responsible faculty member by the close of two working days following the evaluation, unless it is a pediatric evaluation report, which is due in 24 hours. Corrected reports are to be returned to the responsible faculty
member within 24 hours after they are received. 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.

D. Practicum in Clinical Education

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

2. A student will not be asked to offer a final clinic rating of another student.

3. 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.

4. When a faculty member wishes to provide a student with this experience, a proposal defending its appropriateness must be presented to the Director of Clinical Services in Audiology.

IV. Evaluation of Students

A. Daily/Weekly Evaluations

All students will be scheduled for individual or group conferences with their faculty members each week. Students’ clinical performance, client staffing, etc., may be discussed at that time.

B. Mid-Semester and Final Evaluation Procedures

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 Director of Clinical Services in Audiology, if necessary. Students must plan to be available for meetings through the end of the exam period.

C. Grading for AUSP 8104

1. 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).

2. External off-site preceptors will be asked to give students a rating and/or a letter grade. The grade can influence a student’s final clinic grade. The Director of Clinical Services in Audiology will assign a final clinic grade for each student enrolled in clinical practicum.

3. Areas of Evaluation

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 Audiology Clinical Competencies in Appendix I-D). The competency ratings are based on a student's performance in:

a. Professionalism (self-evaluation, accountability, time management, interaction skills);

b. Report Writing/Charting Skills – timeliness, content, form and use;

c. Diagnostic Skills – performance of test protocol, interpretation and case management;

d. Rehabilitative Skills - preparation, intervention strategies, management strategies, data collection; and

e. Counseling Skills – case history taking, informational counseling, active listening, ability to answer client questions, etc.

4. Quantitative Measures

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.

5. Rating Scale

5 = demonstrates competence and independence in all aspects of clinical assignment; asks questions that reflect application and expansion of academic/clinical knowledge and experience; example: “I have noticed this problem, and this is how I’d like to handle it.”
4 = demonstrates **high skill levels** with most aspects of clinical assignment; requires **minimal supervision** and support; needs limited direction and minimal repetition or further clarification in order to problem solve; asks questions that reflect application of academic knowledge and experience; example: “I have noticed this problem, and these are some possible solutions. Which one should I try first?”

3 = demonstrates **acceptable skill levels** with most aspects of clinical assignment; requires **moderate supervision** and support; needs moderate direction/instruction; may need clarification and follow-up of presented ideas; demonstrates emerging problem-solving skills; example: “I’ve noticed this problem. What should I do?”

2 = demonstrates **acceptable performance**; requires extensive, specific direction and feedback; needs demonstration, considerable discussion, or role-play in order to learn and make changes; example: “What do I do?”

1 = demonstrates **unacceptable performance**; unresponsive and/or unable to make changes given extensive feedback

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

6. **Level of Experience**

When assigning grades, the “Level of Experience” 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.

<table>
<thead>
<tr>
<th>Hours</th>
<th>A</th>
<th>A-</th>
<th>B+</th>
<th>B</th>
<th>B-</th>
<th>C+</th>
<th>C</th>
<th>C-</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 135</td>
<td>≥3.0</td>
<td>2.8 - 2.99</td>
<td>2.6 - 2.79</td>
<td>2.5 - 2.59</td>
<td>2.3 - 2.49</td>
<td>2.1 - 2.29</td>
<td>2.0 - 2.19</td>
<td>1.99</td>
<td>1.89</td>
</tr>
<tr>
<td>136 – 270</td>
<td>≥3.5</td>
<td>3.3 - 3.49</td>
<td>3.1 - 3.29</td>
<td>3.0 - 3.09</td>
<td>2.8 - 2.99</td>
<td>2.6 - 2.79</td>
<td>2.4 - 2.59</td>
<td>2.39</td>
<td>2.29</td>
</tr>
<tr>
<td>271 - 400</td>
<td>≥4.0</td>
<td>3.8 - 3.99</td>
<td>3.6 - 3.79</td>
<td>3.5 - 3.59</td>
<td>3.3 - 3.49</td>
<td>3.1 - 3.29</td>
<td>3.0 - 3.19</td>
<td>2.99</td>
<td>2.89</td>
</tr>
<tr>
<td>401+</td>
<td>≥4.5</td>
<td>4.3 - 4.49</td>
<td>4.1 - 4.29</td>
<td>4.0 - 4.09</td>
<td>3.8 - 3.99</td>
<td>3.6 - 3.79</td>
<td>3.5 - 3.49</td>
<td>3.49</td>
<td>3.39</td>
</tr>
</tbody>
</table>

7. **To Determine the Final Grade**

a. Average the ratings in the four–five areas of competence.
b. Multiply the average by the number of 30-minute units (the number of clinic clock hours the student is assigned to the clinical faculty member each week).

c. Add all values for each clinical faculty member working with the student to calculate a total score.

d. Divide the total score by the total number of units.

e. Determine the student’s total hours to date (undergraduate practicum excluded).

f. Use the “Level of Experience” chart to convert the final rating to a letter grade. A “+ / -” grading system applies.

Session Evaluation of Student’s Clinical Performance
AUSP 8104 Clinical Experience in Audiology

Student’s Name: ___________________________ Date: ___________________________
Clinical Faculty: ___________________________ Clinic: ___________________________

Student’s Academic Year  □ 1st □ 2nd □ 3rd Semester ___________

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>Score</th>
<th>Audiological Testing</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation</td>
<td></td>
<td>Instructions</td>
<td></td>
</tr>
<tr>
<td>Self-Evaluation</td>
<td></td>
<td>Test Protocol</td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td>Use of Equipment</td>
<td></td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td></td>
<td>Interpretation</td>
<td></td>
</tr>
<tr>
<td>Timeliness</td>
<td></td>
<td>Case Management</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Counseling</th>
<th>Score</th>
<th>Amplification</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Listening</td>
<td></td>
<td>Test Protocol</td>
<td></td>
</tr>
<tr>
<td>Informational Counseling</td>
<td></td>
<td>Troubleshooting</td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td>Interpretation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Score</th>
<th>Special Testing</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate Terminology</td>
<td></td>
<td>Knowledge/Foundations</td>
<td></td>
</tr>
<tr>
<td>No Typo’s or grammatical errors</td>
<td></td>
<td>Test Protocol</td>
<td></td>
</tr>
<tr>
<td>Information is accurate, complete and concise</td>
<td></td>
<td>Interpretations</td>
<td></td>
</tr>
<tr>
<td>Pertinent information is communicated</td>
<td></td>
<td>Case Management</td>
<td></td>
</tr>
<tr>
<td>Follows proper HIM procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: ___________________________
Clinical Performance is considered:  
Sum of all scores: __________

Overall Performance:
Excellent ☐  Good ☐  Satisfactory ☐  Unsatisfactory ☐

Clinical Faculty Signature ___________________________  Date __________  Student’s Signature ___________________________  Date __________

If performance is rated unsatisfactory, a remediation plan may be necessary. Please contact the Director of Clinical Services in Audiology to set up a meeting with the student, clinic director and preceptor to develop and initiate a plan for improving the student’s clinical performance.
SUBJECT: Clinical Practicum Requirements in Audiology

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 certifications standards from the Committee for Clinical Certification (CFCC) through the American Speech-Language-Hearing Association (ASHA) and/or 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. Practicum Requirements

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

B. 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 Certification Handbook of ASHA by the Council for Clinical Certification. It is anticipated that a minimum of 2000 hours will be needed to meet these outcomes. Hours completed under a supervisor who holds the Certificate of Clinical Competence in Audiology will ensure eligibility for either ASHA or ABA certification. The clinical requirement for our program is typically 2000 hours. A student will acquire a large quantity of hours through direct contact with patients/clients, interprofessional education and practice, and non-contact activities such as consultation, record keeping, and administrative duties relevant to Audiology service delivery. The bulk of the 2000 hours is accrued during the fourth-year externship when a student’s entire workday is dedicated to providing clinical services.

C. The content and quality of clinical experiences during the first three years, as well as the 4th year externship, are coordinated and monitored by the Director of Clinical Services in Audiology. The goal is to assure that a student not only meets or exceeds certification requirements but has obtained sufficiently diverse clinical experiences to meet the
expected competency levels for typical off-site rotations, the 4th year externship, and employers.

D. Students must obtain a variety of clinical practicum experiences in different work settings and with different populations to capably demonstrate skills across the scope of practice in audiology.

E. Students will obtain 25 hours of clinical observation at the University of Memphis even if 25 hours of observation have been obtained elsewhere. Observation is typically completed during a student’s first semester. Exceptions may be made to this at the discretion of the Director of Clinical Services in Audiology.

F. Additional clinical experiences may be required to meet a particular state’s unique licensing requirements. It is the students’ responsibility to investigate the licensure laws of states where they may seek employment, and to inform the Director of Clinical Services in Audiology in advance, to provide sufficient time to arrange the necessary clinical experiences.

G. Supervision of students must be sufficient to ensure the welfare of the patient and the student in accordance with AAA and ASHA’s code of ethics.

H. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate and improve performance to develop clinical competence. The amount of supervision must be appropriate to the student’s level of training, education and competence. The amount of supervision provided to each student must reflect the specific needs of the student clinician and the individual who is receiving services.

I. All clinical faculty/preceptors, on-site and off-site, must hold current ASHA CCC-A certification. However, practicum experience to fulfill a unique need may be obtained under the supervision of an individual who is not ASHA CCC-A certified. Such unique clinical experiences obtained without ASHA certified clinicians will require prior approval by the Director of Clinical Services in Audiology.

J. Clinical practicum experiences must be within the ASHA and AAA scope of practice for Audiologists to count towards certification.

K. Students will obtain a minimum of 10 hours of screening individuals for disorders in speech-language pathology (SLP). These hours are typically obtained by assignment to an SLP screening program. Further, SLP screening hours may be obtained during Audiology clinic assignments (both on-site and off-site) when such screening is deemed necessary as part of the audiological examination.
Policy E-A-103

L. Students will obtain a minimum of 125 direct contact clock hours under the supervision of University of Memphis Clinical Audiology Faculty.
SUBJECT: Clinical Practicum in Speech-Language Pathology

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 AUSP7208/8208

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

II. Clinical Assignments

A. Clinical Practicum

Students are assigned a minimum of 6 hours of client contact each week for AUSP 7200 and a minimum of 9 hours a week for AUSP 7208/8208. Additional hours may be assigned to complete total clock hour requirements or competency and skill. A student may request additional clinical assignments.
1. An attempt is made to give students an intensive diagnostic practicum of two diagnostic appointments per week; fulfilling 4-5 hours of their weekly AUSP 7208/8208 practicum requirement.

2. 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

1. Each semester the clinic director meets with the student to discuss his/her past clinical placements and plan for the 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.

2. 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.

3. 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.

4. 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.

5. 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.

The Director of Speech-Language Pathology Services 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. 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.

6. 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

1. 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.

2. 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.

3. 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

1. 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.

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

3. 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

1. 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.

2. A student will not evaluate another student.

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

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

5. 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 ultimate 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

1. The clinical faculty member will provide verbal and written feedback to students throughout the semester.
2. 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

1. The Clinical Competencies for SLP Students to be CF Ready is a rubric based on the ASHA Standards and the expected progression of knowledge and skills throughout one’s clinical education. The ultimate goal is to be “Clinical Fellowship (CF) Ready” upon graduation. The clinical competencies taught and monitored are in the areas of Evaluation, Intervention, Administration, Professional Interaction, Management of Behavior and Clinical Environment, and Oral and Written Reporting.

2. At the beginning of each semester, the student and faculty member develop goals for the student’s learning that semester. These goals can be a combination of those in progress from previous semesters and goals specific to the clinical assignment.

3. At mid-term the student’s skills are assessed and the goals are adjusted or revised.

4. The student’s goals, competencies, and progress are tracked by the Student Competencies and Grading System (SCAGS) database. Each faculty member enters the final evaluation data into SCAGS and provides a copy to the student. The student and faculty member establish goals for the student and enter them into SCAGS. Goals over all semesters of study are visible to the clinical faculty and can serve as a guide for follow-up. Once a goal is complete, the clinical educator initials the goal.

5. If a clinical faculty member has serious concerns regarding a student’s skills at any point in the program, an Areas of Study Requiring Attention form is initiated.

6. Calculation of the Grade:

   a. Criteria for grading class participation are specific to each section of AUSP 7200 and AUSP 7208/8208 and will be noted on the syllabus.
b. Clinical skill and performance are rated for each area on the rubric [Clinical Competencies for SLP Students to be CF Ready](#). The student’s semester of study is used as a guide for the expected skills to be accomplished by the end of that semester.

c. Ratings are based on a range for each semester of study. For example, the expected range for the first semester is 0-1.0; second semester 1.01-2.0; third semester 2.01-3.0; fourth semester 3.01-4.00; and fifth semester 4.01-5.00. If a student does not meet all levels of competency in previous semesters, it can impact the rating for the current semester.

d. Clinical faculty enter ratings for their student(s) in the Student Competencies and Grading System (SCAGS). A marker is placed on a linear scale to indicate the level at which the skills are consistently demonstrated by the student for each item across the six areas assessed.

e. The six areas are averaged to generate a total rating for the semester.

f. The ratings are weighted based on client contact time gained with each clinical faculty member in a semester.

g. The final score is then converted to a letter grade using the chart below. A plus/minus grading system applies.

<table>
<thead>
<tr>
<th>Grade</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>4.93-5.00</td>
</tr>
<tr>
<td>B+</td>
<td>.84-.91</td>
<td>1.84-1.91</td>
<td>2.8-2.89</td>
<td>3.76-3.87</td>
<td>4.77-4.84</td>
</tr>
<tr>
<td>B</td>
<td>.76-.83</td>
<td>1.76-1.83</td>
<td>2.7-2.79</td>
<td>3.64-3.75</td>
<td>4.69-4.76</td>
</tr>
<tr>
<td>B-</td>
<td>.68-.75</td>
<td>1.68-1.75</td>
<td>2.6-2.69</td>
<td>3.52-3.63</td>
<td>4.61-4.68</td>
</tr>
<tr>
<td>C+</td>
<td>.60-.67</td>
<td>1.60-1.67</td>
<td>2.5-2.59</td>
<td>3.40-3.51</td>
<td>4.53-4.60</td>
</tr>
<tr>
<td>C</td>
<td>.52-.59</td>
<td>1.52-1.59</td>
<td>2.4-2.49</td>
<td>3.28-3.39</td>
<td>4.45-4.52</td>
</tr>
<tr>
<td>C-</td>
<td>.44-.51</td>
<td>1.44-1.51</td>
<td>2.3-2.39</td>
<td>3.16-3.27</td>
<td>4.37-4.44</td>
</tr>
<tr>
<td>D+</td>
<td>.36-.43</td>
<td>1.36-1.43</td>
<td>2.2-2.29</td>
<td>3.04-3.15</td>
<td>4.29-4.36</td>
</tr>
<tr>
<td>D</td>
<td>.28-.35</td>
<td>1.28-1.35</td>
<td>2.1-2.19</td>
<td>2.92-3.03</td>
<td>4.21-4.28</td>
</tr>
<tr>
<td>F</td>
<td>.10-.27</td>
<td>1.10-1.27</td>
<td>1.90-2.0</td>
<td>2.80-2.91</td>
<td>-4.13-4.20</td>
</tr>
</tbody>
</table>
SUBJECT: Clinical Practicum Requirements in Speech-Language Pathology

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 designated by the School of Communication Sciences and Disorders. PhD students wishing to obtain clinical certification must also meet these requirements.

PROCEDURE:

I. Practicum Requirements

A. ASHA certification standards are described at http://www.asha.org/Certification/2014-Speech-Language-Pathology-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 work 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 skill in oral and written or other forms of communication sufficient for entry into professional practice” (ASHA, 2017)

G. Additional practicum requirements for the School of Communication Sciences and Disorders include:

1. At least 125 clock hours of the total 400 is to be obtained under the direct supervision of the faculty at The University of Memphis.

2. A minimum of fifteen (15) hours in treatment/evaluation/prevention of voice disorders.

3. A minimum of fifteen (15) hours in treatment/evaluation of fluency disorders.

4. A minimum of twenty (20) hours in hearing management and hearing screening, with some experience in both areas.

5. It is the student’s responsibility to investigate the licensure laws of states that he/she may seek employment in and inform the Director of Speech-Language Pathology Services 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.

6. 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.

7. 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.

8. A detailed list of roles and responsibilities of the clinical faculty and student is listed in Appendix I-L. A description of the progression of clinical experiences and expectations for each semester is listed as well.
SUBJECT: Reporting Clinic Clock Hours

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

PROCEDURE:

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

II. Clock Hour Approval
Clock hours are confirmed and approved throughout the semester by the clinical faculty and external preceptors on Typhon.

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 Typhon system at the end of each semester and upon graduation. Students will have access to the Typhon database for five years after graduation.

C. The University of Memphis is only required to maintain student records for five (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 hard copy of the accumulated hours and totals by disorder is sent to the student after graduation.

V. Logging Audiology Hours

When more than one student is participating in an audiology diagnostic, only the primary student (the student actually testing) may count the hours unless both are involved directly, for example, a pediatric session involving VRA testing. Also, audiology students (AuD) may count hours spent during the work day 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 Services in Audiology for clarification and details and/or policy E-A-102 and E-A-103 for further clarification.

VI. Questions

When a student has a question regarding the appropriate way to categorize specific hours, the appropriate Director of Clinical Services or the supervising faculty member should be consulted.
SUBJECT: Student Evaluations of Clinical Educators

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 I-B) 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 I-B) to the clinic director 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 clinic director.

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 have the opportunity to 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 Clinic Director. If the clinic director is the supervising clinical faculty member, then the student is encouraged to seek out counsel from a trusted member of the faculty. The conversation will be kept in strict confidence. The goal of the meeting will be to find a way for the student to address the issue directly with the clinical faculty member.

B. 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.
SUBJECT: Documentation of Academic and Clinical Competencies for ASHA Certification

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

The knowledge and skills are found in the CSD Handbook by CAA Standards speech-language pathology (Appendix I-G) and audiology (Appendix I-I) and CFCC Standards by course (SLP Appendix I-H, AuD Appendix I-J). 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 the course 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 Service.

II. Areas of Study Requiring Attention Form

It is possible for a student to make a passing grade in a course/practicum and still not meet all of the competencies covered in the course satisfactorily. If this is the case, the instructor will initiate an Areas of Study Requiring Attention plan (Policy E-117).

III. Clinic Hours

Clinic clock hours are logged in the Typhon system (Policy E-109).
IV. Standards for Clinical Verification by Program Director

The student’s Academic Advisor and the appropriate Clinic Director confirm all knowledge and skills at graduation. The Dean signs the Standards for Clinical Certification Verification by Program Director Form and gives the original to the student which is included in the application for ASHA certification. A copy is placed in the student’s electronic academic file that is archived upon their graduation.
SUBJECT: Areas of Study Requiring Attention (ASRA)

PURPOSE: 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.

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. This process is to be collaborative with the student.

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 in order to demonstrate competency in the area(s).

PROCEDURE:

I. Process of Initiation of an Areas of Study Requiring Attention

A. There are three ways to initiate the Areas of Study Requiring Attention process:

1. Student initiated:
   Students may self-identify areas in which they do not believe they are competent. A student discusses these concerns with either their instructor or advisor to develop a plan to address areas of need.

2. 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 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.
3. Advisor initiated:
   A student’s Academic Advisor or Clinic Director can initiate an Areas of Study Requiring Attention process if areas of difficulty are observed across the student’s courses, clinical performance, or both.

II. Process Regarding Academic Knowledge and Skills

A. The instructor or advisor notifies and meets with the student to discuss the issues and create a plan. If the advisor does not initiate the plan, he or she is notified that a plan is in place.

B. For major ASRA plans, the individual initiating the ASRA convenes a committee consisting of at least one additional faculty member (typically, the advisor) and the student.

C. A copy of the plan is signed and given to the student, the student’s Advisor, and the faculty who are involved in the implementation of the plan. A copy is placed in the student’s academic file. If the issue is related to clinic, the Clinic Director receives a copy as well.

D. Completion of the plan is assessed by the faculty involved and noted in the student’s academic file.

III. Process Regarding Clinical Knowledge and Skills

A. The faculty member who identifies the issue communicates the concerns to the appropriate Director of Clinical Services.

B. The Clinic Director convenes a committee of faculty currently working with the student and the student’s academic advisor to develop the Areas of Study Requiring Attention 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.
IV. Components of a Plan

A. The student’s name, advisor, semester of study, and instructor(s)/course(s).

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 in order to determine whether the outcome sufficiently demonstrates the successful completion of the competencies in question.

D. Recommendations

1. Specific steps of action as to how the goals can be accomplished.
2. A date for an intermediate progress review may be set.

E. Date

A specific date is indicated to note when progress toward goals is to be assessed (no more than a single semester beyond start date of ASRA).

F. Signatures

All of the individuals formulating the plan, including the student, are to sign the ASRA.

G. Overall Performance

Once the recommended period has lapsed, the faculty who are involved in the implementation of the plan assess progress toward objectives as:

1. Satisfactory
2. Persisting concerns
3. Unacceptable

H. Recommendations

A meeting is called with the student and the individuals involved in the initiation of the plan to discuss the assessment and resulting recommendation which may include:

After the outcome meeting, the parties involved, including the student, sign the form to acknowledge the ASRA outcome(s).

V. Time Constraints

A. A plan addressing the same competencies should not extend beyond two semesters. If issues are critical and remain a concern:

1. The student will be informed of the strong likelihood that CCC may not be obtained.
2. The student’s options regarding program continuation will be reviewed with the student. Unsatisfactory evaluation of an ASRA, particularly one of major severity, may be grounds for dismissal.
AREAS OF STUDY REQUIRING ATTENTION  
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. It is possible for a student to earn a passing grade in a course/practicum and still not demonstrate all of the knowledge and skills covered in the course or expected in practice (see Policy E-117 in CSD Handbook). 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 in order to demonstrate competency in these area(s). The individual who initiates the plan will determine if the objective(s) have been achieved in the designated timeframe. A copy of the plan is distributed to the student, the student’s Academic Advisor, and the faculty who are involved in the implementation of the plan. The advisor participates in the process as an advocate for the student but may also initiate an ASRA, when needed. An electronic copy of the ASRA form is saved in the student’s academic folder. If the recommendation refers to clinical practicum, a copy should be shared with the respective Clinic Director. Unsatisfactory evaluation of an ASRA, 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.

Student: ____________________  Advisor: ____________________  Semester: ____________

Instructor/Course: ____________________________

Date of Original Plan: ________________  Date of Current Plan: __________________

Severity of ASRA:

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

Area(s) Identified (Knowledge and Skills):  

Goals to be Completed (specific and measurable):  

Recommendations for Completion:

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

Instructor’s Signature: ____________________  Date: ________________

Student’s Signature: ____________________  Date: ________________
Advisor’s Signature: ___________________________ Date: _______________

Overall performance:

☐ Satisfactory ☐ Persisting concerns ☐ Unacceptable

Recommendations:

☐ Discontinue Plan ☐ Continue Plan ☐ Revise Plan

☐ Faculty Review

Instructor’s Signature: ___________________________ Date: _______________

Student’s Signature: ___________________________ Date: _______________

Advisor’s Signature: ___________________________ Date: _______________

Other: ___________________________ Date: _______________
SUBJECT: Immunizations, Certifications, and Screenings Required of Students Prior to External Clinical Placement

PURPOSE: 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.

POLICY: 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, annual Tuberculin (TB) test and flu shot, TDap vaccination and current CPR certification. Students may be asked to complete drug testing prior to an external placement.

Students must provide documentation to verify completion of the requirements to the Director(s) of Clinical Services via Typhon.

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. Annually students are required to obtain a TB test and upload a copy of the documentation to the Typhon system within the first week of the Fall semester. Students are required to keep the original documentation.
B. An annual flu shot and current TDap vaccination are required to provide services. Students will upload a copy of the documentation to the Typhon system and keep a copy of the original for their records.

III. CPR and AED2 Certification
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. Students will provide appropriate CPR certification documentation and upload a copy to the Typhon system within the first week of the Fall semester. Students must keep the original form.

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 will 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 minimum amount of time since the completed background check.

C. All faculty and staff who interact with minors off-campus must have a TBI criminal background check and finger printing completed 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. Procedures for https://www.castlebranch.com/ are in Appendix I-K.

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 he/she may be denied licensure at the end of the degree program.
   1. Have you ever been convicted of a felony or crime(s) other than minor traffic offenses?
   2. 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?
   3. Have you ever had a civil suit judgment entered against you or entered into an adverse civil settlement?
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. Procedures for drug testing are in Appendix I-K.

B. Any student found to have failed drug testing may be unable to complete the requirements of the program.
   1. 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.
   2. 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 Typhon system.

B. The clinic director will enter the expiration date for each item.

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.
### School of Communication Sciences & Disorders 
The University of Memphis

#### Academic and Clinical Education

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>E-119</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date</td>
<td>January 26, 2018</td>
</tr>
<tr>
<td>Supersedes Date</td>
<td>July 30, 2010</td>
</tr>
<tr>
<td>Review Date</td>
<td>August 2020</td>
</tr>
<tr>
<td>Approval</td>
<td></td>
</tr>
</tbody>
</table>

**SUBJECT:** Commitment to Non-Discrimination and Diversity

**PURPOSE:** 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.

**POLICY:** Equal Opportunity/Non-Discrimination

In accordance with University of Memphis policies UM1781 Non-Discrimination and Anti-Harassment and UM1381 Equal Opportunity and Affirmative Action, the School of Communication Sciences and Disorders offers equal opportunity to all persons without regard to race, color, religion, age, disability, sex, national origin, veteran status, sexual orientation, gender identity/expression or any other University recognized or legally protected class or basis (each a “protected class”).

Therefore, no 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. 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.

No client or individual served in a clinical setting shall be discriminatorily 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. Clients who believe that they have been discriminated against or harassed based on their inclusion in a protected class can contact a Director of Clinical Services at the Memphis Speech and Hearing Center, 901-678-5800, or the University’s Office for Institutional Equity at 901-678-2713.

**Diversity**

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.
SUBJECT: Essential Functions

PURPOSE: To provide information about the established academic standards and minimum essential functions that must be met, with or without reasonable accommodations, in order to participate in the program and graduate. Students must meet these essential functions in order to be retained in the program.

POLICY: Essential functions are the academic, clinical, and interpersonal aptitudes and abilities that allow students to complete the professional curriculum. Students must be able to perform these essential functions during classroom, laboratory and experiential learning 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 essential functions as fundamental to the curriculum and profession.

- **Motor Skills:** As the profession requires extensive physical activity and interaction, students must possess the motor skills necessary to participate in the program and complete the prescribed course work. The student must possess sufficient motor functions to properly and adequately execute all movements necessary to provide thorough evaluations and/or therapeutic services to patients/clients of all ages. Students must be able to safely assist patients/clients in situations involving therapeutic services as well as emergency situations. (examples: able to work with active children, able to assist clients in wheelchairs)

- **Sensory/Observation:** Students must be able to independently navigate prescribed course work in all its forms (i.e., lectures, written materials, projected images, clinical training). The student must be able to independently perceive and observe the necessary information to perform all required examination and treatment protocols using necessary instruments and tools.

- **Communication:** Students must demonstrate communication skills sufficient to achieve effective clinical and professional interaction with patients/clients and others including demonstrating proficiency in both oral and written English. Students must demonstrate reading and writing skills required to write and comprehend technical reports, diagnostic and treatment reports, treatment plans and professional correspondence. Communication also includes the ability to assess and understand the significance of nonverbal responses.
● **Cognitive:** Students must have the ability to comprehend, memorize, analyze, synthesize, and apply material. Students must possess reasoning, problem solving and decision making skills at a level deemed appropriate by faculty and professional staff.

● **Behavioral/Emotional:** The student must possess behavioral and social attributes necessary for the diagnosis and treatment of communication disorders in patients/clients. Students should be mature, empathetic and exhibit compassion and concern. Students must be able to maintain sensitive and effective relationships with patients/clients, students, faculty, staff and other professionals sometimes in highly stressful situations. Students must have the emotional ability to function under stressful circumstances.

● **Flexibility/Adaptability:** Students must have the ability to adapt immediately to changing situations, as well as situations that require longer-term adaptability. Students must demonstrate the flexibility to consider new ideas and practices as they relate to the profession and the flexibility to function competently and confidently in uncertain situations.

● **Professional:** The student must possess the ability to engage in thoughtful actions and practice speech-language pathology and/or audiology in an ethical manner. Students must be willing to learn and abide by professional standards of practice as well as generally accepted standards of professional behavior, including nondiscrimination based on disability, gender identity and expression, sexual orientation, race, religion, age, and cultural or ethnic heritage. Students must be able to accept constructive feedback in a professional manner and demonstrate the ability to act upon reasonable criticism.

Disability Accommodations: Students who require academic accommodations to fulfill essential 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.
Minimum number of University of Memphis CSD credit hours required for MA degree: 60

Required U of M Courses (must be taken at U of M, unless formally “waived” by instructors):

Basic Processes (15 credits):
- 7000 Speech Science
- 7003 Anatomy & Physiology
- 7006 Language & Speech Development**
- 7007 Communicative Interaction
- 7010 Neurological Bases
- 7005 Language Sample Analysis

Clinic:
- 7200 Intro Clinic (first semester)
- 7208 Clinical Practicum (each subsequent semester)

Other:
- 7501 Phonetic Transcription
- 7500 Evaluating Research in Communication Disorders (delivered in three 1 credit courses I, II, & III)
- 7207 Clinical Instrumentation (1 credit)

Audiology*:
- 7106 Intro Survey of Audiology
- 7113 Aural Rehabilitation

* Required audiology courses must be documented on transcript and may be taken at U of M, but equivalent undergraduate course with grade of B or better may count. Students with other backgrounds will take these at the U of M.

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

Strongly recommended core of professional area courses: These courses are not formally required, but advisors will strongly recommend that students take these courses at the U of M unless they have had an equivalent undergraduate course.

- 7203 Voice Disorders
- 7204 Phonological & Articulation Disorders
- 7205 Fluency Disorders
- 7206 Developmental & Acquired Motor Speech Disorders
- 7209 Dysphagia
- 7300 Language Disorders in Children
  (or 7305 Language Learning Disabilities)
- 7302 Language Disorders in Adults I
## Typical Course Sequence in SLP: Non-CSD background

<table>
<thead>
<tr>
<th>Year 1</th>
<th>SUMMER</th>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full Term (online)</td>
<td>2nd Term (July)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|        | 7006 Speech Lang Development (3) | 7200 Intro Clinic (2)  
7003 Anat/Phys (3)  
7010 Neuro Bases (2)  
7500 Eval Research I (1)  
7501 Transcription (1)  
+7300 Ch Lang Dis (3) | 7208 Practicum (3)  
7000 Speech Science (3)  
+7204 Phon/Artic (3)  
7500 Eval Research II (1) | 7208 Practicum (3)  
7106 Intro Aud (3)  
+7209 Dysphagia (3)  
+7302 Lang Dis Adult (3) |
|        | 7502 Intro Transcription (1) |                |       |       |
| Year 2 | SUMMER | FALL | SPRING | SUMMER |
|        |       |      |        |       |
|        | 7007 Communicative Int (3)  
7212 Autism Spect Dis  
Clinical Research Colloquium (1) or Special Project (1-3) or Thesis (3) | 7208 Practicum (3)  
†7500 Eval. Research III (1) | 7208 Practicum (3)  
7113 Aud Rehab (3)  
+7305 Lang Learn Dis (3) |        |
|        |                | 7208 Practicum (3)  
†7207 Clinical Instrumentation  
Fall Choices |        |
|        |                | 7007 Communicative Int (3)  
7210 Seminar in Med SLP (1-3)  
7308 Aug Comm (3)  
+7205 Fluency (3)  
Clinical Research Colloquium (1) or Special Project (1-3) or Thesis (3) |        |
|        |                | Spring Choices |        |
|        |                |        |        |
|        |                |        |        |
|        |                |        |        |
|        |                |        |        |

**Note:** Required in **Bold**  + **Strongly Recommended**  † **Delivered in a Part of Term**
### Typical Course Sequence in SLP: With CSD Background

<table>
<thead>
<tr>
<th>Year</th>
<th>SUMMER</th>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Full Term (online)</strong></td>
<td><strong>2nd Term (July)</strong></td>
<td><strong>Fall</strong></td>
<td><strong>Summer</strong></td>
</tr>
<tr>
<td></td>
<td><strong>7006 Speech Lang Development (3)</strong></td>
<td><strong>7200 Intro Clinic (2)</strong></td>
<td><strong>7208 Practicum (3)</strong></td>
<td><strong>7208 Practicum (3)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>7502 Intro Transcription (1)</strong></td>
<td><strong>7003 Anat/Phys (3)</strong></td>
<td><strong>7000 Speech Science (3)</strong></td>
<td><strong>+7209 Dysphagia (3)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>7010 Neuro Bases (2)</strong></td>
<td><strong>7501 Eval Research I (1)</strong></td>
<td><strong>+7204 Phon/Artic (3)</strong></td>
<td><strong>+7302 Lang Dis Adult (3)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>7500 Eval Research II (1)</strong></td>
<td><strong>7501 Transcription (1)</strong></td>
<td><strong>500 Eval Research III (1)</strong></td>
<td><strong>7305 Lang Learn Dis (3)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>+7300 Ch Lang Dis (3)</strong></td>
<td><strong>6205 ASL (3)</strong></td>
<td><strong>Special Project (1-3) or Thesis (3)</strong></td>
</tr>
<tr>
<td>Year 1</td>
<td><strong>Fall Choices</strong></td>
<td><strong>Spring Choices</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Clinical Research Colloquium (1)</strong> or Thesis (3)</td>
<td>+7203 Voice (3)</td>
<td><strong>7007 Communicative Int (3)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Clinical Instrumentation</strong></td>
<td><strong>7206 Dev &amp; Acq Motor Sp (3)</strong></td>
<td><strong>7210 Seminar in Med SLP (1-3)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>+7005 Language Sample Analysis (1)</strong></td>
<td><strong>7212 Autism Spect Dis</strong></td>
<td><strong>7308 Aug Comm (3)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Clinical Research Colloquium (1)</strong> or Thesis (3)</td>
<td><strong>+7205 Fluency (3)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Clinical Research Colloquium (1)</strong> or Thesis (3)</td>
<td><strong>Clinical Research Colloquium (1)</strong> or Thesis (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Clinical Research Colloquium (1)</strong> or Thesis (3)</td>
<td><strong>Clinical Research Colloquium (1)</strong> or Thesis (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Clinical Research Colloquium (1)</strong> or Thesis (3)</td>
<td><strong>Clinical Research Colloquium (1)</strong> or Thesis (3)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Incoming WBs who have not completed an undergraduate course covering Transcription will need to take the Introduction to Transcription**
EVALUATION OF CLINICAL EDUCATOR COMPETENCE
The University of Memphis

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.

PREPARATION/ORGANIZATION

- Discusses specifically his/her expectations of the student at the beginning of the semester
- Discusses working folders and available information about the client at the beginning of the semester or prior to the evaluation
- Plans and maintains conference times throughout the semester
- Uses conference time effectively
- Demonstrates an understanding of the client’s needs

INSTRUCTIONAL SKILLS

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

REPORTING

- Assists in developing skills in oral reporting
- Assists in developing skills in written reporting and editing
- Assists in the development and maintenance of clinical records
- Returns written material in an established time frame
- Provides clear and constructive feedback on written material
PROFESSIONAL

- Models and facilitates professional conduct
- Shares information regarding ethical (including confidentiality), legal, regulatory and reimbursement aspects of professional practice
- Demonstrates/shares knowledge of current clinical research/literature
- Demonstrates/shares knowledge of current supervisory research/literature
- Encourages participation in professional organizations/activities
- Demonstrates enthusiasm for the profession and the clients serve

INTERPERSONAL

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

Clinical Competencies for SLP Students to be CF Ready

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 (2016); The CAA Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology (2017); the W-PAC (1974); 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 (2016) are referenced.

EVALUATIONV-B.1:

The ratings for the screening section will be made according to the semester the student has the experience. The same will apply to the first and second semesters for the remaining sections. Therefore the first description is for both the first and second semesters depending on the semester of the student.

1. Conducts screening (1.a.)
   a. Hearing screenings

   Administers hearing screening (including conditioning) independently to individual client. Records responses accurately and demonstrates knowledge of pass/fail criteria.

   b. Speech and language screenings

   Administers speech/language screening. Records responses accurately. Demonstrates knowledge of pass/fail criteria and makes appropriate referrals with minimal assistance.

2. Prepares for the diagnostic evaluation or other assessment activity.
   a. Reviews and interprets background information
   b. Selects appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests and instrumental procedures (1.c.) and supports selection with knowledge of evidence-based practice
   c. Can explain the rationale for the selection of the chosen test measures and procedures (e.g. awareness of culture, gender, age, etc.)
   d. Prepares the clinical questions to be answered by the evaluation (e.g. interview questions, areas to assess)

<table>
<thead>
<tr>
<th>1st or 2nd semester depending on assignment</th>
<th>3rd</th>
<th>4th</th>
<th>CF</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Suggests clinical questions based on review and interpretation of background information (a &amp; d). Provides a rationale for the selection of diagnostic tools. May need supervisory suggestions for unusual cases or to expand assessment repertoire (b &amp; c).</td>
<td>Prepares for the evaluation/assessment including “a” through “d” with cases similar to past experience and seeks supervisory confirmation.</td>
<td>Prepares for the evaluation/assessment including “a” through “d” with a wide variety of cases and seeks supervisory consultation.</td>
</tr>
</tbody>
</table>

3. Conducts the clinical interview.
   a. Collects case history information and integrates information from individuals served, and other professionals (1.b.)
   b. Organizes and conducts the interview in a sequential manner to insure a natural flow of communication
   c. Demonstrates sensitivity and skill in the clinical interview
d. Identifies the impact of his/her own set of cultural and linguistic variables

<table>
<thead>
<tr>
<th>1st or 2nd semester depending on assignment</th>
<th>3rd</th>
<th>4th</th>
<th>CF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collects basic case history information and requires assistance in integrating information from individuals served for follow-up questions (a). Plans an organized sequential interview and requires supervisory assistance to maintain a natural flow (b). Demonstrates sensitivity to individuals served (c).</td>
<td>Attempts to integrate information from individuals served and maintain a flow in the interview (a &amp; b). Begins to ask questions as they arise in the interview. Requires assistance in obtaining missing information or to pursue unexpected topics.</td>
<td>Integrates information from individuals served and asks questions based on response of individuals served (a &amp; b). Adjusts line of questioning with minimal supervisory support (b).</td>
<td>Conducts the clinical interview (a, b, &amp; c) with minimal need for additional supervisory questions or comments.</td>
</tr>
</tbody>
</table>

4. **Conducts the diagnostic assessment.**
   a. Administers appropriate evaluation procedures, such as behavioral observations, nonstandardized assessment and standardized tests and instrumental procedures (1.c.)
   b. *Adapts evaluation procedures to meet the client/parent needs (1.d.) (considers culture, physical limitations and behavior)*
   c. Sequences tests based on background data, behavioral observations and medical information to insure optimal results

<table>
<thead>
<tr>
<th>1st or 2nd semester depending on assignment</th>
<th>3rd</th>
<th>4th</th>
<th>CF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administers evaluation procedures to include behavioral observations and standardized tests appropriately (a). Implements supervisor’s suggested adaptations (b). Proposes sequence of tests based on observations and information available, and may require supervisory adjustment.</td>
<td>Begins to adapt evaluation procedures (to include nonstandardized tests) to meet the needs of individuals served. Uses instrumental procedures as appropriate with maximal assistance. Proposes appropriate sequence of tests based on observations and information available.</td>
<td>Adapts evaluation procedures to meet the needs of individuals served. Uses instrumental procedures as appropriate with minimal assistance. Sequences tests based on observations and information available. Supervisory support intermittently required.</td>
<td>Conducts the diagnostic assessment independently (a, b, &amp; c). Seeks supervisory input in unusual cases or cases that require instrumental procedures.</td>
</tr>
</tbody>
</table>

5. **Evaluates the information learned during the assessment session.**
   a. *Scores, interprets, integrates, and synthesizes all information to develop diagnoses (with severity rating) and make appropriate recommendations for intervention (considering prognosis and duration) (1.e.) (including cultural diversity/differences)*
   b. Relates results to functional outcomes and theoretical principles
   c. Considers eligibility criteria (e.g. IDEA, TEIS, and Medicare) and refers clients/patients for appropriate services (1.g.)
   d. Uses valid scientific and clinical evidence in decision-making regarding assessment
<table>
<thead>
<tr>
<th>1st or 2nd semester depending on assignment</th>
<th>3rd</th>
<th>4th</th>
<th>CF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scores tests accurately. Begins to formulate a diagnosis, identify prognostic indicators and make recommendations for intervention. Recognizes the need for a referral. Shows awareness that cultural diversity may affect test scores.</td>
<td>Formulates a diagnosis and prognosis and makes recommendations with moderate assistance. Distinguishes between disorder and difference with minimal assistance. Begins to consider eligibility criteria and suggests possible referral sources.</td>
<td>Interprets, integrates, and synthesizes information to develop diagnoses, prognosis and makes appropriate recommendations with minimal assistance. Distinguishes between disorder and difference. Discusses eligibility criteria and suggests referral sources with minimal assistance.</td>
<td>Evaluates the information independently and continues to require supervisory confirmation for diagnosis, prognosis, referrals and recommendations (a, b, &amp; c).</td>
</tr>
</tbody>
</table>

**INTERVENTION V-B. 2:**

1. **In collaboration with individuals served, develops appropriate intervention plans with measurable and achievable goals that meet client’s/patient’s needs (2.a.)**
   a. Considers diagnostic evaluation and/or previous treatment data and progress
   b. Considers functional outcomes and discharge criteria/plan
   c. Creates an appropriate intervention plan including length of session, frequency, duration and type
   d. Uses valid scientific and clinical evidence in decision-making regarding intervention
   e.Accesses sources of information to support clinical decisions regarding intervention/management
   f. Critically evaluates information sources and applies that information to appropriate populations
   g. Integrates evidence in provision of services
   h. Supports intervention plan with knowledge, theory, preferred practice patterns, sound professional judgement, and efficacy studies

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires supervisory assistance to apply available information, develop functional outcomes, and create a plan (a, b, &amp; c). Reads supporting evidence and relates it to the plan (d).</td>
<td>Independently reviews available information, attempts to interpret, drafts a plan with supporting evidence, and prepares to discuss with supervisor. Determines when to discharge and makes appropriate recommendations for follow-up with moderate input from supervisor.</td>
<td>Accurately interprets available information, creates a plan with supporting evidence, and reviews with supervisor.</td>
<td>Independently interprets available information, finds supporting evidence, creates a plan, and seeks confirmation from supervisor. Determines when to discharge and makes appropriate recommendations for follow-up with minimal input from supervisor.</td>
<td>Consistently interprets and applies available information, develops functional outcomes, and creates a plan and seeks guidance as appropriate. Develops discharge plan, determines when to discharge, and makes appropriate recommendations for follow-up with consultation as needed.</td>
</tr>
</tbody>
</table>

2. **Selects or develops appropriate activities, materials, and instrumentation for intervention (2.c.)**
   a. Identifies activities and materials appropriate in helping the client/patient achieve the goals
   b. Identifies instrumentation appropriate in helping the client/patient achieve the goals
<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selects effective and appropriate activities for basic goals with minimal guidance. Requires moderate guidance to address complex goals and increase variety of activities. Selects effective and appropriate materials to address the goals with supervisory guidance as needed.</td>
<td>Selects effective and appropriate activities for more complex goals and a broader base of cases with minimal guidance. Creates materials with direction. Follows procedures for basic application of instrumentation (if applicable) with maximal supervisory guidance.</td>
<td>Creates effective and appropriate activities/materials to address goals with supervisory consultation. Selects effective and appropriate instrumentation (if applicable) to address the goals with moderate supervisory guidance.</td>
<td>Independently implements appropriate activities to address goals. Seeks consultation as needed. Selects effective and appropriate instrumentation (if applicable) to address the goals with minimal supervisory guidance.</td>
<td>Selects and uses effective and appropriate instrumentation to address the goals with supervisory consultation as needed.</td>
</tr>
</tbody>
</table>

3. **Implements intervention plans in cooperation with individuals served (2.b.)**
   a. Uses identified procedures, including modeling and cueing, appropriate in helping the client/patient achieve the goals
   b. Uses clinical judgement and self-reflection to enhance clinical reasoning
   c. Collaborates with individuals served to facilitate generalization and maintenance skills

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectively executes routine sessions and involves individuals served with moderate supervisory guidance.</td>
<td>Effectively executes the sessions and involves individuals served with minimal to moderate supervisory guidance, depending on the complexity of the case.</td>
<td>Effectively executes the sessions and involves individuals served with minimal supervisory guidance for complex cases.</td>
<td>Effectively executes the sessions and collaborates with individuals served. Seeks supervisory guidance for complex cases.</td>
<td>Independently and effectively executes the sessions and collaborates with individuals served. Seeks supervisory guidance as needed.</td>
</tr>
</tbody>
</table>

4. **Provides counseling and educational information regarding communication and swallowing disorders to individuals served**
   a. Provides educational information to individuals served about the disorders
   b. Provides counseling to individuals served regarding the adjustment to the communication disorder and its impact on daily living

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educates individuals served about the disorder with demonstration and direct assistance from the supervisor.</td>
<td>Prepares educational information with supervisory input before or during delivery. Engages in basic counseling with significant input from supervisor.</td>
<td>Prepares educational information independently and seeks supervisory feedback before delivery. Engages in basic counseling seeking supervisory input for issues outside knowledge base and comfort level. Keeps supervisor informed of all counseling issues.</td>
<td>Seeks supervisory confirmation regarding independently prepared educational information. Begins to counsel in more complex situations seeking supervisory input for issues outside knowledge base and comfort level. Keeps supervisor informed of all counseling issues.</td>
<td>Seeks supervisory confirmation regarding independently prepared educational information. Counsels in complex situations seeking supervisory input for issues outside knowledge base and keeps supervisor informed of all counseling issues.</td>
</tr>
</tbody>
</table>
5. Measures and evaluates clients’ performance and progress (2.d.)
   a. Develops and uses concise system of data collection
   b. Uses data to determine progression of goals, verify progress, and make appropriate recommendations

<table>
<thead>
<tr>
<th></th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses concise system of data collection accurately. Makes initial attempt in progressing goals, verifying progress, and making basic recommendations for the specific case.</td>
<td>Makes initial attempt in progressing goals, verifying progress, and making basic recommendations applying knowledge from coursework and previous cases.</td>
<td>Attempts to develop data collection systems. Proposes new goals and recommendations based on data.</td>
<td>Independently uses data to determine progression of goals, verify progress, and make appropriate recommendations and seeks supervisory guidance when appropriate.</td>
<td>Develops appropriate systems of data collection. Independently uses data to determine progression of goals, verify progress, and make appropriate recommendations with supervisory confirmation.</td>
<td></td>
</tr>
</tbody>
</table>

6. Modifies intervention plans, strategies, materials, or instrumentation as appropriate, to meet the needs of client/patient (2.e.)
   a. Demonstrates understanding of clinical task continua
   b. Makes decisions about the primary intervention plan and the inclusion of agents of intervention (e.g. clinician, family member, teacher, other) and determines modifications
   c. Identifies and refers clients/patients for services as appropriate (e.g. audiology, psychology, other educational staff) (2.g.)

<table>
<thead>
<tr>
<th></th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implements modifications based on supervisor’s suggestions. Obtains information on the clinical task continua from the supervisor. Creates intervention plan after discussion with supervisor.</td>
<td>Discusses clinical task continua, creates an intervention plan, and suggests role of individuals served and possible need for referral. Attempts modification of strategies and materials/ instrumentation during therapy and may require supervisory suggestions.</td>
<td>Proposes a plan that considers the level of the client, progression expected, role of individuals served and possible referrals. Modifies a variety of strategies and materials/ instrumentation to meet the client’s needs and seeks supervisory feedback.</td>
<td>Independently modifies all aspects of the intervention plan, demonstrates an understanding of task continua, and makes suggestions for referrals in cases similar to previous experience and seeks supervisory feedback.</td>
<td>Independently modifies intervention plan, demonstrates an understanding of task continua, and makes suggestions for referrals for a broad range of cases and recognizes when to consult supervisor or other professionals.</td>
<td></td>
</tr>
</tbody>
</table>

7. Develops and Conducts Primary Prevention Activities
   a. Conducts prevention procedures including prevention activities (1.a.)
   b. Selects or develops appropriate materials for prevention activities (2.c.)

   ☐ yes ☐ no

PROFESSIONAL INTERACTION: B

1. Communicates effectively, recognizes the needs, values, preferred mode of communication, and cultural/linguistic background of individuals served (3.a.).
   a. Employs the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers
   b. Provides counseling regarding communication and swallowing disorders to individuals and families served (3.b.)
   c. Employs effective interpersonal communication skills, to include listening, attention, empathy, compassion, and verbal/nonverbal behavior, during interactions with each individual served
   d. Utilizes appropriate pragmatic skills
e. Elicits and facilitates active interaction with individuals served and maintains a flow to the interaction. (Assumes responsibility for facilitating effective interaction)

f. Validates the concerns of individuals served

g. Encourages active involvement of the individual served in his or her own care

h. Creates a therapeutic alliance with the individuals served based on honesty and trust

i. Recognizes the needs and values of the individuals served (3.a.).

j. Adjusts vocabulary when interacting with individuals served based on their preferred mode of communication, or cultural/linguistic/educational status to ensure the highest quality of care

k. Understands the impact of his/her own set of cultural and linguistic variables on delivery of effective care. To include, but not limited to, age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation

l. Can identify and understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, and physical and sensory abilities) and how these characteristics relate to clinical services.

m. Understands the impact of the cultural and linguistic variables of the individuals served on delivery of care.

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilizes basic pragmatic skills appropriate for professional interactions. Participates with supervisor in creating a therapeutic alliance with individuals served.</td>
<td>Demonstrates an awareness of the impact listening, verbal, and nonverbal behaviors have when communicating. Begins to monitor and modify these behaviors with supervisory feedback/assistance. Adjusts vocabulary to meet the individual’s level. Easily establishes a therapeutic alliance with the individuals served when working with familiar situations.</td>
<td>Recognizes the needs and values of the individuals served and attempts to validate their concerns with supervisory assistance. Assumes responsibility for facilitating effective interaction. Asks for guidance when needed. Listens to and validates client’s concerns with minimal guidance. Explains information using terminology appropriate to the audience.</td>
<td>Employs effective communication skills in emotional situations with minimal supervisory support. Facilitates interaction with relevant others with supervisory support. Engages individuals served in problem-solving activities.</td>
<td></td>
</tr>
</tbody>
</table>

2. Collaborates with colleagues and other professionals in case management (3. b.)

a. Participates cooperatively and effectively as a team member

b. Receives and discusses positive and constructive supervisory feedback with professionalism

c. Demonstrates openness to new avenues of thought and suggestions related to planning and implementing intervention ideas and professional growth

d. Initiates discussions related to clinical behavior and the potential for changes in clinical procedures and/or activities

e. Consults and requests information or assistance from professionals when appropriate

f. Recognizes and respects organizational structure

g. Maintains a climate of mutual respect and shared values when communicating with clients, families, and interprofessional team colleagues to maximize care outcomes.

h. Performs effectively in different interprofessional team roles to plan and deliver care centered on the individual served that is safe, timely, efficient, effective, and equitable

i. Demonstrates an understanding of the importance of interdisciplinary/interprofessional coordination of services and interacts with providers from other disciplines and community resources to coordinate care effectively
Interacts collaboratively with team members (a). Attempts to implement supervisory suggestions (b). Demonstrates openness to suggestions related to intervention and professional growth (c). May need to be encouraged to ask for clarification about feedback (d & e). Recognizes and respects the organizational order for suggesting ideas or expressing concerns (f).

Addresses supervisory feedback in a timely manner (b). Requests clarification of feedback with minimal encouragement. Provides feedback about the supervisory process with encouragement from the supervisor. May choose to seek assistance/advice outside of the supervisory relationship and does so in a professional manner.

Initiates discussions related to clinical behavior (d). Participates in the exchange of feedback with the supervisor giving and receiving both positive and constructive information. Seeks guidance when needed.

Addresses issues of concern as they arise with colleagues / supervisors. Seeks guidance when needed.

Collaborates with colleagues and other professionals in case management in a professional manner.

3. Demonstrates knowledge of standards of ethical conduct, and practices in a manner that is consistent with the ASHA Code of Ethics and the scope of practice documents in the profession and behaves professionally (V-B.3.d.)
   a. Adheres to policies, procedures and codes of conduct and dress of the practicum/facility
   b. Respects the rules of confidentiality in accordance with HIPAA and FERPA, and appropriate representation
   c. Engages in self-evaluation to assess his/her clinical efficiency, knowledge, and skills, and identifies areas and strategies for improvement/modification
   d. Self-reflects to understand the effects of his/her actions and makes changes accordingly
   e. Demonstrates motivation, interest, curiosity, willingness to learn, dependability and acceptance of responsibility related to the profession
   j. Encourages individuals served to make use of opportunities of self-advocacy and personally participates in advocacy activities related to contemporary professional issues, and the rights of others to access speech-language pathology services
   k. Demonstrates an understanding of the scope of practice and the roles an SLP and individuals from other professions to appropriately assess and treat the needs of the individuals served.

Demonstrates familiarity with all information in the student handbook. Dresses appropriately, and acts professionally (a).

Adheres to rules of confidentiality. Appropriately represents self to individuals served. Uses and cites references appropriately. Begins to demonstrate an understanding of own preferred learning style and to identify successes in clinic with supervisory assistance. Exhibits interest in expanding knowledge and skills.

Consults handbook before asking for clarification. Self identifies possible changes to enhance clinical outcomes with minimal assistance. Participates in an activity regarding current professional issues and relates how those issues impact clients.

Begins to identify potential areas of ethical dilemma and asks relevant questions regarding ethical issues. Self evaluates clinical changes and effective strategies. Demonstrates a responsibility to the individuals served over the preference of the clinical experience.

Transfers understanding of policies and procedures to other settings. Attempts to answer questions regarding ethical clinical practices. Performs self-critique regularly and independently, seeks feedback for confirmation and additional suggestions. Can relate IDEA laws and issues to clients and, with guidance, begin to advise/assist clients with school policies and the IEP process.

Applies the code of ethics to clinical and research practices. Engages in consultation with colleagues to improve clinical and professional skills. Discusses legislative avenues available regarding professional concerns and client advocacy.
MANAGEMENT OF BEHAVIOR AND CLINICAL ENVIRONMENT:
Creates and maintains a safe and productive learning environment

1. Management of Behavior
   a. Maintains effective pacing during interaction with individuals served
   b. Defines limits and maintains on-task behaviors
   c. Uses consistent, discriminating, and specific feedback
   d. Develops behavior management strategies (including pro-active procedures) in a non-threatening, non-rejecting way
   e. Determines and maintains appropriate and effective reinforcement strategies, including type and schedule of reinforcement, to insure a productive session and that goals are addressed

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carries out behavior management strategies after supervisory modeling and suggestions.</td>
<td>Identifies typical behaviors and carries out basic strategies. Requires supervisory modeling/ suggestions on pacing, limits, and feedback (a, b &amp; c). Development of new strategies is emerging (d &amp; e).</td>
<td>Identifies atypical behaviors and carries out strategies to manage an increased range of behaviors with supervisory suggestions for pacing, limits and feedback (a, b &amp; c). Requires supervisory guidance to develop strategies (d &amp; e).</td>
<td>Consistently manages behavior for pacing, limits and feedback (a, b &amp; c). Requires minimal guidance to develop strategies (d &amp; e).</td>
<td>Manages a broad range of behavior independently and seeks supervisory input when needed.</td>
</tr>
</tbody>
</table>

2. Management of Clinical Environment
   a. Maintains a neat and clean clinical environment including materials
   b. Considers environment to include positioning and orientation of the client and materials
   c. Organizes the environment to insure maximum behavioral outcomes

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistently keeps a neat and clean environment and returns materials. Needs reminders in typical therapy settings for positioning (b) and suggestions for organization (c).</td>
<td>Independent with typical therapy settings and requires guidance with more complex situations regarding positioning and organization of the environment.</td>
<td>Independently manages clinical environment across all settings.</td>
<td>Independently manages clinical environment across all settings.</td>
<td>Independently manages clinical environment across all settings.</td>
</tr>
</tbody>
</table>

ADMINISTRATIVE ACCOUNTABILITY:

1. Completes administrative and reporting functions necessary to support evaluation (V-B)and intervention  (V-B.2.f.)
   a. Is timely with meetings and meets deadlines for paperwork
   b. Follows universal precautions
   c. Adheres to federal, state, and institutional regulations and policies that are related to services provided by speech-language pathologists. Completes appropriate paperwork according to the requirements of the institution
   d. Demonstrates an understanding of policies and procedures for scheduling, admission, discharge, and file management
   e. Understands the fiduciary responsibility for each individual served.

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is timely, follows universal precautions and is aware of agency policies and procedures.</td>
<td>Consistently follows agency policies and procedures. Completes all paperwork with</td>
<td>Demonstrates a basic understanding of admission and discharge criteria.</td>
<td>Demonstrates an understanding of the eligibility and discharge criteria in</td>
<td>Understands and applies policies and procedures consistently across all settings</td>
</tr>
</tbody>
</table>
Fills in all sections of appropriate paperwork. Appropriately completes a chart audit.


2. **Understands and respects needs of individuals served, models of service delivery, and cultures within organizations.**
   a. Demonstrates an understanding various models of delivery of speech-language pathology services (e.g. hospitals, private practice, education, etc.)
   b. Demonstrates and understanding of the health care and education landscape and how to facilitate access to services

**ORAL AND WRITTEN REPORTING (V-A):**

1. **Possesses skill in oral communication sufficient for entry into professional practice (IV-B) by demonstrating the speaking and listening ability necessary for effective clinical and professional interaction with individuals served and professionals**
   a. Utilizes clear speech, appropriate rate and volume, accurate grammar, and professional terminology during interactions
   b. Understands directives, concepts, and professional terminology used in professional interactions
   c. Organizes information presented to individuals served to maximize understanding
   d. Manages the reporting time to insure that all pertinent data is presented and the individuals served have adequate time for questions and clarification
   e. Demonstrates the ability to explain the ramifications of the problem, its implications, the level of severity, and recommendations to individuals served and professionals

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilizes clear speech, and appropriate rate, volume, and grammar. Uses and understands professional terminology commensurate with academic level (a &amp; b). Organizes conference information with supervisory guidance.</td>
<td>Prepares information concerning client issues in an organized manner and collaborates with supervisor on final plan (c &amp; e). Begins to consider reporting time (d). Conducts the majority of the conference and begins to listen in order to generate questions to gain additional information.</td>
<td>Plans and conducts oral reporting with minimal assistance (c &amp; d). Additional guidance may be required when explaining more complex aspects of the problem (e). Spontaneously generates questions and pursues information pertinent to the case.</td>
<td>Organizes and modifies information within the conference session and adequately manages reporting time (c &amp; d). Demonstrates the ability to explain the ramifications, implications, severity, and recommendations with guidance and additional comments from supervisor (e).</td>
<td>Demonstrates the speaking and listening ability necessary for effective clinical and professional interaction with individuals served and professionals.</td>
</tr>
</tbody>
</table>

2. **Possesses skill in written communication sufficient for entry into professional practice V-Ab by demonstrating the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence**
   a. Proofs for accuracy and grammatical correctness
   b. Delineates significant aspects of behavior to record
   c. Accurately reports results, and writes progress/SOAP notes according to the requirements of the practicum/agency
   d. Uses objective wording when describing behavior
   e. Organizes information in a logical manner and includes only relevant information
   f. Writes clear, concise, complete documents with professional wording
   g. Considers the reader of the written document when choosing vocabulary
   h. Uses universal/facility style and abbreviations appropriately
<table>
<thead>
<tr>
<th>1&lt;sup&gt;st&lt;/sup&gt;</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt;</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt;</th>
<th>4&lt;sup&gt;th&lt;/sup&gt;</th>
<th>5&lt;sup&gt;th&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proofreads for accuracy and grammatical correctness independently (a). Uses templates appropriately. Requires some assistance with comprehension and interpretation of reports. Significant guidance with professional wording and completeness (d, e, f &amp; g).</td>
<td>Demonstrates comprehension of SLP reports and may require guidance with the interpretation of reports from other disciplines. Requires moderate supervisory input regarding conciseness, completeness and professional wording of written documentation.</td>
<td>Delineates significant and relevant aspects of behavior to record and uses objective wording (b, d, &amp; e).</td>
<td>Requires minimal supervisory input regarding all written documentation (d-h). Follows outside agency’s procedures for documentation (c).</td>
<td>Demonstrates the ability to comprehend reports from related disciplines. Writes diagnostic and treatment reports, plans, and professional correspondence with consultation.</td>
</tr>
</tbody>
</table>

Clinical Competencies for AuD Students

**PROFESSIONALISM**

**Preparation**
- Reviews client file, understands purpose of evaluation, discusses with supervisor.
- Independently constructs a clinic session plan
- Makes a reminder phone call to client at least 1-2 days prior to test session.
- Has booth, equipment, and paperwork set up and ready to begin at scheduled appointment time
- Leaves test suite/room cleaned up (including toys sanitized, fixtures cleaned, headphones and other test equipment sterilized as recommended in infectious disease control requirements)

**Self-Evaluation**
- Applies academic knowledge to clinical skills
- Able to assess own weaknesses and strengths
- Seeks supervisor feedback, accepts all feedback in a professional manner and incorporates feedback into clinic
- Respects confidentiality of all professional activities
- Requests assistance from supervisor and/or other professionals when appropriate

**Motivation**
- Is enthusiastic and motivated in the clinical setting
- Is open to new avenues of thought
- Shows a willingness to experiment with viable suggestions
- Generates ideas for change

**Interpersonal Skills**
- Maintains a professional manner and appearance appropriate for clinical setting and credibility at all times
- Shows genuine concern for the client as a person
- Demonstrates skill in active listening
- Creates an atmosphere of honesty and trust
- Assumes responsibility for facilitating effective interaction

**Timeliness**
- Is punctual for client and supervisor appointments
- Meets deadlines
- Follows through on assigned tasks
COUNSELING

Active Listening
• Utilizes “client centered” (listening and valuing orientation) approach to counseling
• Responds appropriately to client questions
• Addresses parent’s primary complaint/concern

Informational Counseling
• Accurately categorizes and explains pure tone results, speech audiometry and immittance results and relates findings to client’s complaints
• Counsels effectively regarding client’s hearing aid experiences and expectations
• Knows the hearing aid procurement procedure and clearly explain financial aspects and ordering system
• Counsels in a clear, organized manner, in terms that are easily understood by the client
• Uses appropriate language level and everyday terminology in communication with family
• Interprets test battery correctly in explaining results to family; notes and resolves inconsistencies

Case Management
• Develops knowledge of community contacts and referral sources
• Plans appropriate case management and follow-up, making appropriate recommendations (i.e.: hearing aid evaluation, medical referral, follow-up testing, etc.)
• Demonstrates competency in pediatric case management (e.g. frequency of hearing assessment, reasons for aggressive monitoring, etc.)
• Utilizes case history information and test results to make appropriate referrals
• Demonstrates familiarity with resources and agencies addressing the needs of children with hearing loss and/or other disabilities

DOCUMENTATION

• Review Health Information Management (HIM) Procedure

• All reports are completed on Cerner and supervisor are notified of completion (within 48 hours, or 24 hours for PC-A)
• Terminology is appropriate for person/agency receiving report
• Reports and letters are free of typo’s and misspellings and grammatical errors and use correct report format
• Report content/information/test results are accurate, complete and concise
• Demonstrates ability to communicate pertinent information in report writing
• Reviews documents that need to be entered into Cerner prior to placing in scanning trays (FIN label in top right corner of every sheet to be scanned, forms are complete and accurate, etc.)
• Records all activity with client in file via Cerner (telephone calls, correspondence, summary of clinic sessions, etc.)
• Demonstrates responsibility for clinic session test results (keeps track of all test results, records test results on proper form(s), etc.)

**OTOSCOPY/TYMPANOMETRY/ACOUSTIC REFLEX/DECAY**

**Knowledge/Foundations of Practice**
• Recognizes conditions which preclude tympanometry and acoustic reflex testing
• Recognizes need to complete acoustic reflex decay procedure

**Instructions**
• Informs client of procedure in clear, non-threatening manner
• Instructs parent regarding positioning of child and securing child for examination

**Test Protocol**
• Notes indications of congenital anomalies/syndromes or surgical alteration of ear
• Detects conditions that can influence audiological testing
• Identifies landmarks of tympanic membrane
• Describes unusual appearance of ear or middle ear structures
• Evaluates ear geometry for the use of hearing aids and/or hearing protective devices
• Determines the integrity of the external auditory canal and tympanic membrane prior to taking ear impressions or performing caloric irrigation
• Chooses correct tip and can maintain acoustic seal throughout testing
• Modifies tympanometry and/or acoustic reflex measures appropriately for client needs (rate of pressure change during tympanometry, screening measurements, screening acoustic reflexes)
• Completes acoustic reflex decay procedure appropriately using contralateral stimulation

**Use of Equipment**
• Demonstrates good positioning and manipulation of otoscope
• Demonstrates appropriate use of all otoscopic equipment including hand-held otoscopes and Video Otoscopy

**Interpretation**
• Accurately judges presence/absence of acoustic reflexes
• Interprets tympanometry and acoustic reflex findings
• Able to relate results to other test findings
• Interprets results appropriately in relation to other test findings
• Recognizes high false positive rate associated with decay test procedure

**Case Management**
• Notes indications for medical referral
• Determines need for cerumen removal

**PURE TONE AND SPEECH AUDIOMETRY/MASKING/OAE's – PEDIATRICS**

**Instructions**
• Gives precise instructions
• Uses appropriate vocal intensity for all client communications
• Formulates instruction modifications to meet client’s needs

**Test Protocol**
• Effectively relates to children of all ages/disorders
• Maintains control of child and session
• Chooses appropriate techniques based on child’s developmental level
• Implements appropriate techniques (VRA, TROCA, BOA, PLAY) successfully (including conditioning)
• Modifies test procedures according to child’s needs and abilities
• Communicates frequently with test assistant
• Demonstrates ability to complete speech recognition testing with pediatric materials (i.e. picture board, WIPI, NUCHIPS, etc.)
• Uses reinforcement effectively and appropriately
• Selects appropriate ear/starting level to begin test
• Selects appropriate stimulus/ list for SRT/WRS
• Uses proper procedures
  • Hughson-Westlake
  • 2 dB SRT or 5 dB SRT
• Knows when to use SAT
• Recognizes the need for masking (air, bone and speech)
• Selects appropriate ear to mask and correct starting level
• Completes masking using appropriate procedures in a timely manner
• Recognizes masking limitations (over/under/masking dilemma)
• Recognizes stimulus differences between distortion product otoacoustic emissions and transient otoacoustic emissions
• Able to enter patient data and select appropriate test configuration (includes understanding of relationship between F1 and F2, L1 and L2)

**Use of Equipment**
• Demonstrates flexibility and familiarity with all audiometric equipment
• Demonstrates ability to work with child and/or test equipment effectively
• Efficiently uses all available equipment (CD, Tape, mic)
• Troubleshoots minor equipment breakdowns
• Selects appropriate probe tip size and places securely into the ear canal
• Operates equipment appropriately to complete test

**Interpretation**
• Can critically observe and inform tester of behavioral responses of young children (i.e. eye shift)
• Assesses consistency between and among test results
• Recognizes conditions that affect interpretation of test results (for OAEs)
• Able to interpret OAE test results in relationship to other test findings

Case Management
• Demonstrates competency in pediatric case management (i.e. frequency of assessment, reasons for aggressive monitoring, etc.)

Documentation
• Obtains accurate and complete information in a timely manner
• Correctly calculates and records thresholds/scores on audiogram
• Utilizes appropriate data base transfer functions
• Understands the relationship between SAT and PT findings
• Assesses the SRT/PTA agreement

PURE TONE AND SPEECH AUDIOMETRY/MASKING/OAE’s – ADULTS

Instructions
• Gives precise instructions
• Uses appropriate vocal intensity for all client communications
• Formulates instruction modifications to meet client’s needs

Test Protocol
• Selects appropriate ear/starting level to begin test
• Selects appropriate stimulus/ list for SRT/WRS
• Uses proper procedures
  o Hughson-Westlake
  o 2 dB SRT or 5 dB SRT
• Modifies pure tone procedure when appropriate to meet client needs
• Knows when to use SAT
• Recognizes the need for masking (air, bone and speech)
• Selects appropriate ear to mask and correct starting level
• Completes masking using appropriate procedures in a timely manner
• Recognizes masking limitations (over/under/masking dilemma)
• Uses reinforcement effectively and appropriately
• Recognizes stimulus differences between distortion product otoacoustic emissions and transient otoacoustic emissions
• Able to enter patient data and select appropriate test configuration (includes understanding of relationship between F1 and F2, L1 and L2)

Use of Equipment
• Efficiently uses all available equipment (CD, Tape, mic)
• Troubleshoots minor equipment breakdowns
• Selects appropriate probe tip size and places securely into the ear canal
• Operates equipment appropriately to complete test

**Interpretation**
• Recognizes conditions that affect interpretation of test results (for OAEs)
• Able to interpret OAE test results in relationship to other test findings

**Documentation**
• Obtains accurate and complete information in a timely manner
• Correctly calculates and records thresholds/scores on audiogram
• Utilizes appropriate data base transfer functions
• Understands the relationship between SAT and PT findings
• Assesses the SRT/PTA agreement

**SPECIAL TESTS (STENGER/TONE DECAY/PIPB FUNCTION) and TINNITUS**

**Knowledge/Foundations of Practice**
• Recognizes need to complete procedure
• Identifies sufferers of objective versus subjective tinnitus
  o Psychological
  o Physiological (disease process, site/types of tinnitus)
• Identifies medications that have side effects causing temporary or long-term tinnitus symptoms

**Test Protocol**
• Identifies specific procedure for use of Tone Decay (Hood, Carhart, Rosenberg Modification of the Carhart)
• Completes Tone Decay procedure accurately
• Completes Stenger test using pure tone stimuli
• Completes Stenger test using speech stimuli
• Uses appropriate tinnitus matching techniques

**Interpretation**
• Interprets results appropriately and relates to other test findings

**Case Management**
• Counsels tinnitus sufferers and/or make appropriate referrals for
  o Rehabilitation (relaxation therapy or support groups)
  o Medical devices that offer relief (maskers, H.A.)
  o Medical treatments which are used to alleviate symptoms

**Documentation**
• Records test results accurately
PREVENTION AND IDENTIFICATION

Hearing Screening (Neonatal)
- Demonstrates understanding of the purpose of neonatal screening
- Operates basic screening equipment
- Chooses appropriate tip size and maintains adequate probe fit for OAE screening
- Places electrodes and ear couplers for AABR screening
- Demonstrates knowledge of pass/fail criteria
- Recognizes conditions that affect interpretation of test results
- Counsels parents regarding test purpose and results

Hearing Screening (Children)
- Determines situations where screening for hearing impairment is desirable
- Determines appropriate setting and procedure to be used, based upon developmental level of the children to be screened, as well as ASHA guidelines (1997) and state regulations
- Obtains informed parental/legal guardian permission
- Conducts screening in a manner congruent with appropriate infection control and universal precautions
- Conducts screening in a clinical or natural environment, with minimal visual and auditory distractions
- Conducts screening with ambient noise levels sufficiently low to allow for accurate screening
- Conducts pure tone screening at appropriate frequencies/intensity
- Demonstrates knowledge of pass/fail criteria
- Determines appropriate referral/rescreen/recommendations
- Communicates promptly with parents/caretakers purpose and results of screening
- Documents results

Hearing Screening (Adults)
- Obtains case history
- Conducts an otoscopic or video-otoscopic inspection
- Conducts pure tone screening at appropriate frequencies/intensity
- Demonstrates use of a reliable and valid measure of hearing disability
- Conducts screening in a manner consistent with infection control and universal precautions
- Conducts screening in an environment where ambient noise levels are sufficiently low to permit accurate measurements
- Demonstrates knowledge of pass/fail criteria
- Documents results
- Counsels client regarding purpose and results of screening

Middle Ear Screening (Children)
- Determines situations where screening for outer and middle ear disorders is desirable
- Obtains informed parental/legal guardian permission
• Obtains case history
• Conducts visual inspection of outer and middle ear
• Performs tympanometry
• Conducts screening in a manner consistent with infection control and universal precautions
• Demonstrates knowledge of pass/fail criteria
• Determines appropriate referral/rescreen/recommendations
• Communicates promptly with parents/caretakers purpose and results of screening
• Documents results

**Middle Ear Screening (Adults)**

• Determines situations where screening for outer and middle ear disorders is desirable
• Obtains case history
• Conducts visual inspection of outer and middle ear
• Performs tympanometry
• Conducts screening in a manner consistent with infection control and universal precautions
• Demonstrates knowledge of pass/fail criteria
• Determines appropriate referral/rescreen/recommendations
• Communicates promptly the purpose and results of screening
• Documents results

**Hearing Conservation**

• Demonstrates familiarity with all applicable regulations, specifically:
  o OSHA Regulations
  o Department of Transportation
• Demonstrates understanding of the necessary parts of an industrial/occupational hearing conservation program
• Demonstrates understanding of basic Occupational Hearing Conservation (OHC) terminology (e.g., noise dose, Time Weighted Average [TWA], noise reduction rating [NRR], C-weighted, A-weighted, Sound Level Meter [SLM], impulse noise, standard threshold shift [STS])
• Understands and can demonstrate knowledge and familiarity with different types of hearing protection devices including the pro’s and cons of each
• Understands the exchange rate and how to use it
• Can compute noise exposure and convert from dose to 8 hr. TWA
• Understands what is necessary for a referral in relation to a baseline audiogram and STS
• Demonstrates good understanding of allowable dB levels and when to implement program, and monitoring vs. when to begin wearing hearing protection
• Demonstrates ability to make sound level measurements on-site proficiently and accurately
• Proficiently estimates adequacy of hearing protection attenuation
• Demonstrates the ability to effectively counsel employers on necessary changes to help solve problems
• Demonstrates the ability to effectively counsel employees on the importance of hearing conservation in the workplace and in their personal lives.
• Demonstrates familiarity with resources to obtain pamphlets/booklets related to hearing conservation.
• Demonstrates ability to conduct safety meetings in places of employment and appropriately disseminate all necessary information regarding a hearing conservation program.

**AURAL (RE)HABILITATION**

**Preparation**
• Selects and administers appropriate parent/self-report (hearing handicap) measures.
• Plans aural (re)habilitation program to meet needs of their clients (adjusting to hearing aids, development of communication strategies/skills).
• Develops basic signing vocabulary appropriate for situation (tx, dx).

**Counseling**
• Performs personal adjustment counseling (related to communication, prognosis, hearing loss).
• Counsels families re: educational options, cochlear implants, deaf culture, prognosis, communication system.
• Demonstrates use of reinforcement and behavior management techniques (setting limits).
• Facilitates an adult/parent group, including demonstrating ability to actively listen to clients and modify discussion as a result.

**Interpretation**
• Assesses disability of the client (e.g. hearing in noise, HHIE, SPIN, MnCDI).
• Assesses effect of disability on family/significant others.
• Contributes to IFSP/IEP planning by discussing interpretation of audiological results, educational options, legal issues, communication systems.
• Understands relationship of degree of hearing loss to psychosocial impact (and educational needs, if child).
• Assesses client’s present listening abilities (e.g. detection, discrimination).

**Case Management**
• Develops and implements a system for measuring and monitoring outcomes and the appropriateness and efficacy of intervention.

**AMPLIFICATION - ADULTS**

**Preparation**
• Reviews file to obtain aid history (include warranty and repair status).

**Test Protocol**
• Performs a thorough listening check of hearing aid.
• Cleans hearing aid and earmold
• Completes electroacoustic hearing aid analysis
• Completes ear impression independently
• Utilizes various prescriptions (NAL, NAL-R, DSL, FIG6) effectively and at appropriate times
• Utilizes appropriate speakers, azimuth, correction factors and stimuli for aided sound field testing
• Plugs and muff non-test ear in aided tests
• Develops competency with NOAH and hearing aid set-ups within NOAH
• Develops familiarity with hearing aid verification measures and outcome measures (APHAB, SADL, HHIE, IHAFF verification)
• Modifies hearing aid settings using potentiometers or computer program, with and without real ear measures

Troubleshooting
• Troubleshoots hearing aids based on client complaints
• Troubleshoots hearing aid malfunctions

Interpretation
• Judges quality of impression
• Selects appropriate hearing aids for demonstration based on client preferences and needs

Counseling
• Explains/discusses care and use of hearing aid(s)

Documentation
• Completes all necessary paperwork, order forms and mailing labels for hearing aid repairs or orders

AMPLIFICATION – CHILDREN

Knowledge/Foundations of Practice
• Demonstrates the ability to assess the physical fit of the hearing aids and earmolds for comfort and retention on pediatric clients, including earmold modifications
• Demonstrates ability to choose appropriate prescriptive method
• Demonstrates thorough understanding of different prescriptive methods for providing target values for pediatric clients

Test Protocol
• Demonstrates proficiency in the evaluation of the need for and selection of hearing aids, FM systems, cochlear implants, vibrotactile devices, and other hearing assistance technology.
• Demonstrates proficiency in making ear impressions on infants and children
• Demonstrates understanding of coupling options on hearing aids to provide pediatrics with maximum flexibility for accessing the current forms of assistive device technology (DAI, Telecoil, Mic-T-coil switch, etc.)
• Demonstrates understanding of sound pressure levels in infants and young children’s ears vs. adults, and external ear canal resonance characteristics.
• Demonstrates ability to perform probe microphone measurements on pediatric clients
• Understands purpose of validating aided auditory function and demonstrates competency in obtaining such
• Demonstrates competency in pediatric case management (e.g. frequency of hearing aid assessment, etc.)

AMPLIFICATION - ASSISTIVE LISTENING DEVICES

Test Protocol
• Determines a client’s listening needs based on information from questionnaire or discussion with client
• Determines when an ALD is indicated
• Selects appropriate listening devices based on client’s communication needs

Counseling
• Demonstrates the use of various signaling/alerting devices (i.e., wake-up alarms, telephone/doorbell signalers, emergency warning devices)
• Demonstrates the use of various ALDs for individual, small groups, telephone/television/radio, classroom situations (i.e.: induction loops, wireless FM systems, infrared systems, closed captioning for TV, telephone amplifiers, TTY)

ON-CALL

Professionalism
• Is attentive to the on-call process (checks the box as scheduled)
• Communicates appropriately with others involved in on-call
• Works well as a team member

Diagnostic Skills
• Reviews file for each case seen or each aid handled
• Makes appropriate decisions regarding case management and follow-up
• Troubleshoots aid
• Completes electroacoustic analysis
• Makes accurate ear impressions
• Accurately programs digital and analog aids thru NOAH when necessary (uses correct cables, prints updated programming sheet, etc.)

Counseling
• Effectively counsels client

Documentation
• Completes paperwork/leaves file in order
• Keeps precise and accurate progress notes via Cerner.
AUDITORY PROCESSING DISORDERS

**Knowledge/Foundations of Practice**
- Identifies the need for APD testing
- Demonstrates ability to identify appropriate tests for age of client

**Test Protocol**
- Demonstrates ability to score all tests performed
- Demonstrates ability to perform various test procedures in an efficient manner
- Demonstrates ability to perform neurodiagnostic ABR and analyze wave forms

**Interpretation**
- Demonstrates ability to assess test results and form a determination of processing problem(s)
- Assesses consistency between and among test results

**Management**
- Demonstrates ability to discuss test results with client and/or parent
- Makes appropriate recommendations based on test results and client’s needs/problems
- Demonstrates knowledge of local resources and referral sites

ELECTROPHYSIOLOGIC TESTING (ABR, ECochG, IOM/VESTIBULAR)

**ELECTROCOCHLEOGRAPHY**

**Knowledge/Foundations of Practice**
- Demonstrates knowledge of EcochG instrumentation and equipment
- Demonstrates knowledge of supplies, materials, and electrodes used in evoked potential tests

**Test Protocol**
- Completes evaluation with repeatable waveforms and makes appropriate protocol decisions

**Interpretation**
- Identifies effects of stimulus factors influencing EcochG
- Understands effects of patient factors
- Identifies different types of electrodes, their placement, and the effect they have on the waveform
- Recognizes normal and abnormal waveform morphology
- Identifies and selects appropriate baseline, SP and AP shoulders
- Determines SP/AP ratio based on latency, type of stimulus, rate of stimulus and/or hearing loss
- Demonstrates ability to compute ratios, determine if SP/AP ratio is elevated, and relate it to other test data
AUDITORY BRAINSTEM RESPONSE

Knowledge/Foundations of Practice
- Demonstrates knowledge of ABR instrumentation and equipment
- Demonstrates knowledge of supplies, materials, and electrodes used in evoked potential tests
- Demonstrates knowledge of effects of recording factors
- Understands effects of patient factors
- Demonstrates knowledge of frequency-specific stimuli

Test Protocol
- Completes threshold ABR with appropriate protocol decisions
- Completes neurological ABR with appropriate protocol decisions

Interpretation
- Recognizes normal and abnormal waveform morphology
- Selects wave peaks appropriately
- Estimates degree of hearing loss based on latency and threshold measures when compared with normative data
- Able to interpret test results and relate to other test findings
- Demonstrates knowledge of effect of transducer type on ABR recording (TDH phone, insert phone, bone vibrator)
- Identifies effects of stimulus factors influencing ABR

COCHLEAR IMPLANTS

Knowledge/Foundations of Practice
- Demonstrates knowledge of selection criteria for cochlear implant candidates
- Demonstrates knowledge of different expectations for different populations implanted (i.e. young child vs. post linguistically deaf adult)
- Demonstrates knowledge of history and development of speech processing strategies currently in use
- Demonstrates knowledge of how cochlear implant works
- Demonstrates knowledge of electrode placement/operation (divided according to frequency bands, etc.)

Test Protocol
- Demonstrates ability to find threshold for electrical stimulation and CLL (Comfortable Loudness Level)
- Demonstrates consistent ability to program one manufacturer’s cochlear implant device
- Demonstrates ability to perform electrically evoked potentials with cochlear implants (EABR, EMLR, neural response telemetry)
In addition to the wide variety of clinical experiences available at the Memphis Speech and Hearing Center on a daily basis, 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)
- Autism, Behavior, & Communication (ABC) Program
- Child Fluency Program
- Cochlear Implants
- Community Based Speech, Language, and Hearing Screenings
- Hearing Aid Fitting and Assistive Listening Device Counseling
- Language Learning Lab (LLL)
- Parent-Infant Program for Children who have hearing losses
- PlayBaby!
- Read-N-Rec
- Swallowing and Feeding Disorders
- Transgender Voice Development
- Voice Assessment and Treatment

**Clinical Practicum Sites (Other than MSHC)**

- Ascent Children’s Health Services
- Ave Maria Retirement Home
- Baptist East Memorial Hospital
- Baptist Memorial Hospital - Desoto
- Baptist Outpatient Hospital – Germantown
- Baptist Women’s Hospital
- Barbara K. Lipman School – The University of Memphis
- Bartlett City Schools
- Brightsong Pediatric Therapy & Educational Service
- Broadway HealthCare
- Center for Development Disabilities (CDD)
- Colonial Hearing, Speech and Vision Center (SCS)
- Desoto Healthcare
- Germantown Municipal Schools
- Health South Rehabilitation Hospital – Central
- Henderson County Schools
- Jackson Madison County General Hospital
- Janna Hacker & Associates
- Le Bonheur Early Intervention and Development (LEAD)
- Le Bonheur Children's Medical Center
- Le Bonheur Outpatient Center - East
- Madonna Learning Center
- Memphis Audiology Private Practice
- Memphis Hearing Aid & Audiological Services
- Memphis Jewish Home
- Memphis Oral School for the Deaf
- Methodist Hospitals of Memphis - University
- Methodist Hospitals of Memphis - East
- Methodist Hospitals of Memphis - North
- Methodist Hospitals of Memphis – South
- Methodist Hospitals of Memphis – Olive Branch
- Mid-South ENT
- Millington Healthcare
- Otolaryngology Associates of Memphis (S, Germantown)
- Primacy Parkway
- Private Physicians Offices
- Porter-Leath (Head Start Screenings)
- Professional Audiological Services
- Regional One Health
- Shelby County Schools
- Special Kids of Memphis
- St. Francis Hospital - Bartlett
- St. Francis Hospital – Park Ave
- St. Jude Children's Research Hospital
- The ENT Group, Inc.
- The West Clinic
- Tipton County Schools
- Thrive Private Practice
- UT Boling Center for Developmental Disabilities
- University of Tennessee Center for the Health Sciences
- University of Tennessee Medical Practice - Otolaryngology
- Veterans Administration Medical Center
- West Tennessee School for the Deaf
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.

1. Evaluation of Clinical Skills (1st Semester)
2. Evaluation of Clinical Skills (2nd Semester)
3. Evaluation of Clinical Skills (3rd Semester)
4. Evaluation of Clinical Skills (4th Semester)
5. Evaluation of Clinical Skills (5th Semester)
6. 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 A).

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.
- The clinic director transfers the ratings from Typhon to SCAGS to generate the final grade.
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.

<table>
<thead>
<tr>
<th>Below Expectation</th>
<th>Slightly Below Expectation</th>
<th>Expected Level</th>
<th>Slightly Above Expectation</th>
<th>Above Expectation</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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=9081

Example of Evaluation from Clinical Skills (1st Semester)
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.

<table>
<thead>
<tr>
<th>Articulation</th>
<th>Prevention</th>
<th>Evaluation</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Adult</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fluency</th>
<th>Prevention</th>
<th>Evaluation</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Adult</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Voice &amp; Resonance</th>
<th>Prevention</th>
<th>Evaluation</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Adult</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expressive &amp; Receptive Language</th>
<th>Prevention</th>
<th>Evaluation</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Adult</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hearing</th>
<th>Prevention</th>
<th>Evaluation</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Adult</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Swallowing</th>
<th>Prevention</th>
<th>Evaluation</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Adult</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cognitive Aspects of Communication</th>
<th>Prevention</th>
<th>Evaluation</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Adult</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Aspects of Communication</th>
<th>Prevention</th>
<th>Evaluation</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Adult</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication Modalities</th>
<th>Prevention</th>
<th>Evaluation</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Adult</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Speech-Language Pathology Knowledge and Skills within the Curriculum

Council of Academic Accreditation (CAA) Standards

<table>
<thead>
<tr>
<th>Academic Course Title and #</th>
<th>Clinical Course Title and #</th>
<th>Practicum Experience Title and #</th>
<th>Lab Title, # or Description</th>
<th>Research Title and # or Description</th>
<th>Other Title and # or Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.1.1B PROFESSIONAL PRACTICE COMPETENCIES (Corresponds to aspects of ASHA Certification Standards IV-B, IV-C, IV-D, IV-F, V-A, V-B)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accountability</td>
<td>7007 (Communicative Interaction)</td>
<td>7200 (Intro Clinic) 7208 (Clinical Experience SLP)</td>
<td>All clinical placements</td>
<td></td>
<td>Mid-South Conference on Communicative Disorders</td>
</tr>
<tr>
<td>Integrity</td>
<td>All academic courses require academic integrity</td>
<td>7200 (Intro Clinic) 7208 (Clinical Experience SLP)</td>
<td>All clinical placements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective Communication Skills</td>
<td>7003 (Anat &amp; Phys) 7006 (Nml Sp &amp; Lng Dev) 7007 (Communicative Interactn) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7113 (Rehabilitatv Aud) 7206 (Dev &amp; Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)</td>
<td>7200 (Intro Clinic) 7208 (Clinical Experience SLP)</td>
<td>All clinical placements</td>
<td>7500 (Evaluating Research) 7990 (Special Projects) 7991 (Clin Research Colloquium)</td>
<td>Mid-South Conference on Communicative Disorders</td>
</tr>
<tr>
<td>Course Area</td>
<td>Academic Course Title and #</td>
<td>Clinical Course Title and #</td>
<td>Practicum Experience Title and #</td>
<td>Lab Title, # or Description</td>
<td>Research Title and # or Description</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
<td>---------------------------------------</td>
<td>-------------------------------------------</td>
<td>---------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Clinical Reasoning</td>
<td>7006 (Nml Sp &amp; Lng Dev) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7206 (Motor Speech Disorders) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7207 (Clin Instrumentation) 7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)</td>
<td>7200 (Intro Clinic) 7208 (Clinical Experience SLP)</td>
<td>Adult &amp; Pediatric Diagnostics</td>
<td></td>
<td>7500 (Evaluating Research)</td>
</tr>
<tr>
<td>Evidence-Based Practice</td>
<td>7006 (Nml Sp &amp; Lng Dev) 7113 (Rehabilitatv Aud) 7206 (Dev &amp; Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)</td>
<td>7200 (Intro Clinic) 7208 (Clinical Experience SLP)</td>
<td>All clinical placements</td>
<td></td>
<td>7500 (Evaluating Research)</td>
</tr>
<tr>
<td>Concern for Individual Served</td>
<td>7007 (Communicativ Interactn) 7016 (Sociocultural Bases) 7206 (Dev &amp; Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7308 (AAC)</td>
<td>7200 (Intro Clinic) 7208 (Clinical Experience SLP)</td>
<td>All clinical placements</td>
<td></td>
<td>7500 (Evaluating Research)</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>7006 (Nml Sp &amp; Lng Dev) 7200 (Intro Clinic)</td>
<td>All clinical placements,</td>
<td></td>
<td></td>
<td>7500 (Evaluating Research)</td>
</tr>
<tr>
<td>Academic Course Title and #</td>
<td>Clinical Course Title and #</td>
<td>Practicum Experience Title and #</td>
<td>Lab Title, # or Description</td>
<td>Research Title and # or Description</td>
<td>Other Title and # or Description</td>
</tr>
<tr>
<td>----------------------------</td>
<td>----------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------</td>
<td>------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>7007 (Communicative Interactn) 7016 (Sociocultural Bases) 7113 (Rehabilitative Aud) 7206 (Dev &amp; Acq Motor Speech Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7212 (Autism) 7300 (Child Language Disorders) 7302 (Language Disorders) 7305 (Language Learning Disabilities) 7308 (AAC)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>especially when working with interpreters and accent modification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Duty</td>
<td>7200 (Intro Clinic) 7208 (Clinical Experience SLP)</td>
<td></td>
<td></td>
<td></td>
<td>Mid-South Conference on Communicative Disorders</td>
</tr>
<tr>
<td>Collaborative Practice</td>
<td>7006 (Normal Sp &amp; Lng Dev) 7007 (Communicative Interactn) 7010 (Neuro Bases) 7206 (Dev &amp; Acq Motor Speech Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7209 (Dysphagia) 7300 (Child Language Disorders) 7302 (Language Disorders) 7308 (AAC)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>AAC, Multi-Handicapped, Hospital, Long-Term Care, TBI, Autism</td>
<td></td>
<td>Mid-South Conference on Communicative Disorders</td>
</tr>
</tbody>
</table>
### 3.1.2B FOUNDATIONS OF SPEECH-LANGUAGE PATHOLOGY PRACTICE (Corresponds to aspects of ASHA Certification Standards IV-B, IV-C, V-B)

<table>
<thead>
<tr>
<th>Academic Course Title and #</th>
<th>Clinical Course Title and #</th>
<th>Practicum Experience Title and #</th>
<th>Lab Title, # or Description</th>
<th>Research Title and # or Description</th>
<th>Other Title and # or Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discipline of human communication sciences and disorders</td>
<td>7006 (Nml Sp &amp; Lng Dev) 7000 (Speech Science) 7003 (Anat &amp; Phys)</td>
<td>7200 (Intro Clinic)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases</td>
<td>7000 (Speech Science) 7003 (Anat &amp; Phys) 7006 (Nml Sp &amp; Lng Dev) 7007 (Communicativ Interactn) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7113 (Rehabilitatv Aud) 7206 (Dev &amp; Acq Motor Spch Dis) 7203 (Voice Disorders) 7207 (Clin Instrumentation) 7209 (Dysphagia)</td>
<td>7200 (Intro Clinic) 7208 (Clinical Experience SLP)</td>
<td>Preschool Screening, Diagnostics, AAC, Fluency</td>
<td></td>
<td>Practical labs, class assignments</td>
</tr>
<tr>
<td>Ability to integrate information pertaining to normal and abnormal human development across the life span</td>
<td>7003 (Anat &amp; Phys) 7006 (Nml Sp &amp; Lng Dev) 7007 (Communicativ Interactn) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7206 (Dev &amp; Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)</td>
<td>7200 (Intro Clinic) 7208 (Clinical Experience SLP)</td>
<td>Preschool Screening, Diagnostics, AAC, Fluency, Lang Learning, Aphasia, TBI</td>
<td></td>
<td>Practical labs, class assignments</td>
</tr>
</tbody>
</table>

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 disorders or differences
<p>| Articulation | 7000 (Speech Science) | 7003 (Anat &amp; Phys) | 7006 (Nml Sp &amp; Lng Dev) | 7010 (Neuro Bases) | 7016 (Sociocultural Bases) | 7206 (Dev &amp; Acq Motor Spch Dis) | 7204 (Artic and Phon Dis) | 7207 (Clin Instrumentation) | 7300 (Ch Lang Disorders) | 7302 (Lang Learning Disabilities) | 7305 (Lang Learning Disabilities) | 7308 (AAC) | 7208 (Clinical Experience SLP) | Artic, Hospital, Aural Rehab, Long Term Care, Alaryngeal, Multi-Handicapped, Diagnostic, accent modification | practical labs; listening labs; 7207-Clinical Instrumentation |
| Fluency | 7206 (Dev &amp; Acq Motor Spch Dis) | 7205 (Fluency Disorders) | 7208 (Clinical Experience SLP) | Fluency, Diagnostic | practical labs |
| Voice and resonance, including respiration and phonation | 7000 (Speech Science) | 7003 (Anat &amp; Phys) | 7010 (Neuro Bases) | 7206 (Dev &amp; Acq Motor Spch Dis) | 7203 (Voice Disorders) | 7204 (Artic and Phon Dis) | 7207 (Clin Instrumentation) | 7208 (Clinical Experience SLP) | Artic, Voice, Hospital, Aural Rehab, Long Term Care, Alaryngeal, Multi-Handicapped, Cleft Palate, Diagnostic | practical labs; listening labs; 7207-Clinical Instrumentation |
| Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities | 7006 (Nml Sp &amp; Lng Dev) | 7016 (Sociocultural Bases) | 7204 (Artic and Phon Dis) | 7212 (Autism) | 7300 (Ch Lang Disorders) | 7302 (Lang Dis Adults) | 7305 (Lang Learning Disabilities) | 7308 (AAC) | 7208 (Clinical Experience SLP) | Aphasia, Language Stim, TBI, Pediatric Language, Language/Literacy, Hospital, Autism/Behave/Communic, Hospital, Long-Term Care, Aural Rehab, AAC, Diagnostic |</p>
<table>
<thead>
<tr>
<th>Academic Course Title and #</th>
<th>Clinical Course Title and #</th>
<th>Practicum Experience Title and #</th>
<th>Lab Title, # or Description</th>
<th>Research Title and # or Description</th>
<th>Other Title and # or Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing, including the impact on speech and language</td>
<td>6106 (Intro Survey Audiology) 7113 (Rehabilitative Audiology) 7204 (Artic and Phon Dis) 7300 (Ch Lang Disorders)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>Preschool Screening, Hospital, Aural Rehab, Long Term Care, Diagnostics, Multi-Handicapped</td>
<td>Practical labs 6106 – Intro survey of Audiology</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)</td>
<td>7003 (Anat &amp; Phys) 7010 (Neuro Bases) 7206 (Dev &amp; Acq Motor Spch Dis) 7209 (Dysphagia)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>Hospital, Long-Term Care, Feeding, Diagnostic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning)</td>
<td>7006 (Nml Sp &amp; Lng Dev) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>Aphasia, Voice, Language, TBI, Pediatric Language Program; Language Learning, Autism, Hospital, Aural Rehab, Long-term Care, Lang. Stim., Multi-Handicapped, AAC, Feeding, Diagnostic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social aspects of communication (e.g., behavioral and social skills affecting communication)</td>
<td>7006 (Nml Sp &amp; Lng Dev) 7007 (Communicat Interactn) 7016 (Sociocultural Bases) 7203 (Voice Disorders) 7205 (Fluency Disorders) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>All clinical placements</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Augmentative and alternative communication</td>
<td>7308 (AAC)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>Aphasia; Voice; Language, TBI, Autism Spectrum Disorders, Hospital, Aural Rehab, Long Term Care, Language Stimulation, Alaryngeal; Multi-Handicapped, AAC, Diagnostic</td>
<td>7308 assignments</td>
<td></td>
</tr>
</tbody>
</table>

3.1.3B IDENTIFICATION AND PREVENTION OF SPEECH, LANGUAGE, AND SWALLOWING DISORDERS AND DIFFERENCES (Corresponds to aspects of ASHA Certification Standards IV-C, V-B)
| Principles and methods of identification of communication and swallowing disorders and differences | 7000 (Speech Science) 7006 (Nml Sp & Lng Dev) 7016 (Sociocultural Bases) 7113 (Rehabilitativ Audiol) 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7207 (Clin Instrumentation) 7209 (Dysphagia) 7212 (Autism) 7300 (Child Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 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 Disorders) 7205 (Fluency Disorders) 7209 (Dysphagia) 7300 (Child Lang Disorders) 7305 (Lang Learning Disabilities) | 7208 (Clinical Experience SLP) | Diagnostics, Preschool Screening |

### 3.1.4B EVALUATION OF SPEECH, LANGUAGE, AND SWALLOWING DISORDERS AND DIFFERENCES (Corresponds to aspects of ASHA Certification Standards IV-D, V-B)

| Articulation | 7206 (Dev & Acq Motor Spch Dis) 7204 (Artic and Phon Dis) 7207 (Clin Instrumentation) 7300 (Ch Lang Disorders) | 7208 (Clinical Experience SLP) | Diagnostics, Accent Modification, Aphasia, Pediatric Lang Program |
| Fluency | 7206 (Dev & Acq Motor Spch Dis) 7205 (Fluency Disorders) | 7208 (Clinical Experience SLP) | Diagnostics, Hospital |
| Voice and resonance, including respiration and phonation | 7206 (Dev & Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7207 (Clin Instrumentation) | 7208 (Clinical Experience SLP) | Voice, Adult Diagnostics, Hospital |

7207 (clinical instrumentatn)
<table>
<thead>
<tr>
<th>Academic Course Title and #</th>
<th>Clinical Course Title and #</th>
<th>Practicum Experience Title and #</th>
<th>Lab Title, # or Description</th>
<th>Research Title and # or Description</th>
<th>Other Title and # or Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receptive and expressive language in speaking, listening, reading, writing, and manual modalities</td>
<td>7006 (Nml Sp &amp; Lng Dev) 7016 (Sociocultural Bases) 7204 (Artic and Phon Dis) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>Pediatric Language Program, Language &amp; Literacy, Diagnostics, Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing, including the impact on speech and language</td>
<td>6106 (Intro Survey Audiol) 7113 (Rehabil Audiology) 7300 (Ch Lang Disorders)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>Diagnostics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swallowing</td>
<td>7209 (Dysphagia)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive aspects of communication</td>
<td>7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>All clinical placements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social aspects of communication</td>
<td>7007 (Communicativ Interactn) 7016 (Sociocultural Bases) 7205 (Fluency Disorders) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>All clinical placements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Augmentative and alternative communication needs</td>
<td>7308 (AAC)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>AAC Clinic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.1.5B INTERVENTION TO MINIMIZE THE EFFECTS OF CHANGES IN THE SPEECH, LANGUAGE, AND SWALLOWING MECHANISMS (Corresponds to aspects of ASHA Certification Standards IV-D, V-B)
<table>
<thead>
<tr>
<th>Academic Course Title and #</th>
<th>Clinical Course Title and #</th>
<th>Practicum Experience Title and #</th>
<th>Lab Title, # or Description</th>
<th>Research Title and # or Description</th>
<th>Other Title and # or Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Articulation</td>
<td>7206 (Dev &amp; Acq Motor Spch Dis)</td>
<td>7206 (Dev &amp; Acq Motor Spch Dis)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>Pediatric Language, School-Based, Accent Modification</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7204 (Artic and Phon Dis)</td>
<td>7204 (Artic and Phon Dis)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Fluency</td>
<td>7206 (Dev &amp; Acq Motor Spch Dis)</td>
<td>7206 (Dev &amp; Acq Motor Spch Dis)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>Fluency (private &amp; group)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7205 (Fluency Disorders)</td>
<td>7205 (Fluency Disorders)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Voice and resonance, including respiration and phonation</td>
<td>7206 (Dev &amp; Acq Motor Spch Dis)</td>
<td>7206 (Dev &amp; Acq Motor Spch Dis)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>Voice, Adult Tx</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7203 (Voice Disorders)</td>
<td>7203 (Voice Disorders)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7204 (Artic and Phon Dis)</td>
<td>7204 (Artic and Phon Dis)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Receptive and expressive language in speaking, listening, reading, writing, and manual modalities</td>
<td>7204 (Artic and Phon Dis)</td>
<td>7204 (Artic and Phon Dis)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>Autism, Behavior, &amp; Communic. Program; AAC; Hospital; Aphasia; School-Based; Lang/Literacy; Lang. Stimulation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7212 (Autism)</td>
<td>7212 (Autism)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7300 (Ch Lang Disorders)</td>
<td>7300 (Ch Lang Disorders)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7302 (Lang Dis Adults)</td>
<td>7302 (Lang Dis Adults)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7305 (Lang Learning Disabilities)</td>
<td>7305 (Lang Learning Disabilities)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7308 (AAC)</td>
<td>7308 (AAC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hearing, including the impact on speech and language</td>
<td>7113 (Rehabil Audiology)</td>
<td>7113 (Rehabil Audiology)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>Pediatric Language; Hospital; School-Based (Oral School for the Deaf)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7300 (Ch Lang Disorders)</td>
<td>7300 (Ch Lang Disorders)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Swallowing</td>
<td>7209 (Dysphagia)</td>
<td>7209 (Dysphagia)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>Hospital</td>
<td></td>
</tr>
<tr>
<td>• Cognitive aspects of communication</td>
<td>7300 (Ch Lang Disorders)</td>
<td>7300 (Ch Lang Disorders)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>Autism, Behavior, &amp; Communic. Program; AAC; Hospital; Aphasia; School-Based; Lang/Literacy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7302 (Lang Dis Adults)</td>
<td>7302 (Lang Dis Adults)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7305 (Lang Learning Disabilities)</td>
<td>7305 (Lang Learning Disabilities)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7308 (AAC)</td>
<td>7308 (AAC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Social aspects of communication</td>
<td>7007 (Communicative Interaction)</td>
<td>7007 (Communicative Interaction)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>Autism, Behavior, &amp; Communic. Program; AAC; Hospital; Aphasia; School-Based; Fluency; Lang/Literacy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7016 (Sociocultural Bases)</td>
<td>7016 (Sociocultural Bases)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7205 (Fluency Disorders)</td>
<td>7205 (Fluency Disorders)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7212 (Autism)</td>
<td>7212 (Autism)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7300 (Ch Lang Disorders)</td>
<td>7300 (Ch Lang Disorders)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7302 (Lang Dis Adults)</td>
<td>7302 (Lang Dis Adults)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7305 (Lang Learning Disabilities)</td>
<td>7305 (Lang Learning Disabilities)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7308 (AAC)</td>
<td>7308 (AAC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Augmentative and alternative communication needs</td>
<td>7308 (AAC)</td>
<td>7308 (AAC)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>AAC</td>
<td></td>
</tr>
</tbody>
</table>
### 3.1.6B GENERAL KNOWLEDGE AND SKILLS APPLICABLE TO PROFESSIONAL PRACTICE (Corresponds to aspects of ASHA Certification Standards IV-E, IV-G, IV-H, V-B)

<table>
<thead>
<tr>
<th>Ethical conduct</th>
<th>Integration and application of knowledge of the interdependence of speech, language, and hearing</th>
<th>Engagement in contemporary professional issues and advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>7016 (Sociocultural Bases)</td>
<td>6106 (Intro Survey Audiology)</td>
<td>7006 (Nml Sp &amp; Lng Dev)</td>
</tr>
<tr>
<td>7206 (Dev &amp; Acq Motor Spch Dis)</td>
<td>7006 (Nml Sp &amp; Lng Dev)</td>
<td>7007 (Communicativ Interactn)</td>
</tr>
<tr>
<td>7203 (Voice Disorders)</td>
<td>7010 (Neuro Bases)</td>
<td>7010 (Neuro Bases)</td>
</tr>
<tr>
<td>7204 (Artic and Phon Dis)</td>
<td>7113 (Rehabilitatv Aud)</td>
<td>7113 (Rehabilitatv Aud)</td>
</tr>
<tr>
<td>7205 (Fluency Disorders)</td>
<td>7206 (Dev &amp; Acq Motor Spch Dis)</td>
<td>7206 (Dev &amp; Acq Motor Spch Dis)</td>
</tr>
<tr>
<td>7209 (Dysphagia)</td>
<td>7203 (Voice Disorders)</td>
<td>7203 (Voice Disorders)</td>
</tr>
<tr>
<td>7212 (Autism)</td>
<td>7204 (Artic and Phon Dis)</td>
<td>7204 (Artic and Phon Dis)</td>
</tr>
<tr>
<td>7300 (Ch Lang Disorders)</td>
<td>7205 (Fluency Disorders)</td>
<td>7205 (Fluency Disorders)</td>
</tr>
<tr>
<td>7302 (Lang Dis Adults)</td>
<td>7207 (Clin Instrumentation)</td>
<td>7207 (Clin Instrumentation)</td>
</tr>
<tr>
<td>7305 (Lang Learning Disabilities)</td>
<td>7209 (Dysphagia)</td>
<td>7209 (Dysphagia)</td>
</tr>
<tr>
<td>7308 (AAC)</td>
<td>7300 (Ch Lang Disorders)</td>
<td>7300 (Ch Lang Disorders)</td>
</tr>
<tr>
<td>7302 (Lang Dis Adults)</td>
<td>7305 (Lang Learning Disabilities)</td>
<td>7305 (Lang Learning Disabilities)</td>
</tr>
<tr>
<td>7308 (AAC)</td>
<td>7308 (AAC)</td>
<td>7308 (AAC)</td>
</tr>
<tr>
<td>All clinical placements</td>
<td>All clinical placements</td>
<td>7200 (Intro Clinic)</td>
</tr>
<tr>
<td>7208 (Clinical Experience SLP)</td>
<td>7208 (Clinical Experience SLP)</td>
<td>7200 (Intro Clinic)</td>
</tr>
<tr>
<td>7200 (Intro Clinic)</td>
<td>7200 (Intro Clinic)</td>
<td>7208 (Clinical Experience SLP)</td>
</tr>
<tr>
<td>7500 (Evaluating Research)</td>
<td>7500 (Evaluating Research)</td>
<td>7500 (Evaluating Research)</td>
</tr>
<tr>
<td>Academic Course Title and #</td>
<td>Clinical Course Title and #</td>
<td>Practicum Experience Title and #</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7305 (Lang Learning Disabilities) 7308 (AAC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Processes of clinical education and supervision</td>
<td>7200 (Intro Clinic) 7208 (Clinical Experience SLP)</td>
<td></td>
</tr>
<tr>
<td>Professionalism and professional behavior in keeping with the expectations for a speech-language pathologist</td>
<td>7200 (Intro Clinic) 7208 (Clinical Experience SLP)</td>
<td>All clinical placements</td>
</tr>
<tr>
<td>Interaction skills and personal qualities, including counseling and collaboration</td>
<td>7007 (Communicativ Interactn) 7010 (Neuro Bases) 7016 (Sociocultural Bases) 7113 (Rehabilitativ Aud) 7206 (Dev &amp; Acq Motor Spch Dis) 7203 (Voice Disorders) 7204 (Artic and Phon Dis) 7205 (Fluency Disorders) 7209 (Dysphagia) 7212 (Autism) 7300 (Ch Lang Disorders) 7302 (Lang Dis Adults) 7308 (AAC)</td>
<td>7200 (Intro Clinic) 7208 (Clinical Experience SLP)</td>
</tr>
<tr>
<td>Self-evaluation of effectiveness of practice</td>
<td>7007 (Communicative Interaction)</td>
<td>7200 (Intro Clinic) 7208 (Clinical Experience SLP)</td>
</tr>
</tbody>
</table>
Speech-Language Pathology Knowledge and Skills
American Speech-Language-Hearing Association (ASHA) Standards: 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
7006 - Language and Speech Development
7007 - Communicative Interaction
7010 - Neurological Bases of Communication
7016 - Socio-Cultural Bases of Communication
6106 - Introductory Survey of Audiology
7113 - Rehabilitative Audiology I
7123 - Manual Communication
7200 - Introduction to Clinical Practice in Speech-Language Pathology
7201 - Cleft Palate and Craniofacial Disorders
7206 - Developmental and Acquired Speech Motor Disorders
7203 - Voice Disorders
7204 - Disorders of Phonology and Articulation
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
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
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

The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional 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:

- 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)

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.

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

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:
- Evaluation

7007 – Communicative Interaction

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.

IV-C 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)

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.

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

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:

- Interaction and Personal Qualities

### 7010 – Neurological Bases of Communication

**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.

**IV-C** 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

**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.

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

**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

### 7016 – Socio-Cultural Bases of Communication

**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.

**IV-C** 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)

**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.

**IV-G** The applicant must have demonstrated knowledge of contemporary professional issues.

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

**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
- Intervention
- Interaction and Personal Qualities

### 6106 – Introductory Survey of Audiology

**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.

**IV-C** 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:
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.

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
· Intervention

7113 – Rehabilitative Audiology I

IV-C 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

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.

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:
· Intervention
· Interaction and Personal Qualities

7123 – Clinical Application of Sign Language

IV-C 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
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.

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:
   · Intervention
   · Interaction and Personal Qualities

7200 – Introduction to Clinical Practice in Speech-Language Pathology

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.

IV-C  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

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.

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.

IV-G The applicant must have demonstrated knowledge of contemporary professional issues.

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

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
· Intervention
· Interaction and Personal Qualities

7201 – Cleft Palate and Craniofacial Disorders

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.

IV-C 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

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.

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
· Intervention
· Interaction and Personal Qualities

7204 – Disorders of Phonology and Articulation

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.

IV-C 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

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.

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.

IV-G The applicant must have demonstrated knowledge of contemporary professional issues.

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

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:
7205 – Fluency Disorders

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.

IV-C 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)

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.

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.

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

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
  · Intervention
  · Interaction and Personal Qualities

7206 – Developmental and Acquired Motor Speech Disorders

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.

**IV-C** 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

**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.

**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.

**IV-G** The applicant must have demonstrated knowledge of contemporary professional issues.

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

**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
- Intervention
- Interaction and Personal Qualities

**7203 – Voice Disorders**

**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.
IV-C 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)

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.

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.

IV-G The applicant must have demonstrated knowledge of contemporary professional issues.

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

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
- Intervention
- Interaction and Personal Qualities

7207 – Clinical Instrumentation

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.

IV-C 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
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.

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

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.

IV-C 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

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
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.
conduct.

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.

IV-G The applicant must have demonstrated knowledge of contemporary professional issues.

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

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
· Intervention

7212 – Autism Spectrum Disorders and Related Disabilities

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.

IV-C 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)

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.

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.

IV-G The applicant must have demonstrated knowledge of contemporary professional
issues.

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

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
- Intervention
- Interaction and Personal Qualities

7300 – Language Disorders in Children

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.

IV-C 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)

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.

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.

IV-G The applicant must have demonstrated knowledge of contemporary professional
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.
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
- Intervention
- Intervention Interaction and Personal Qualities

7305 – Language Learning Disabilities

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.

IV-C 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)

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.

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.

VA The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

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
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.

IV-C 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

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.

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.

IV-G The applicant must have demonstrated knowledge of contemporary professional issues.

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

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
- Intervention
- Interaction and Personal Qualities

7308 – Augmentative Communication
7309 – Speech Rehabilitation for Head and Neck Pathologies

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.

IV-C 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

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
- 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.

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.

IV-G The applicant must have demonstrated knowledge of contemporary professional issues.

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

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
- 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.

**7501 – 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.
# Knowledge and Skills for Audiology

## Council of Academic Accreditation Standards

Listed by Standard

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>KNOWLEDGE (K) OR KNOWLEDGE &amp; SKILL (K&amp;S)</th>
<th>AUSP</th>
<th>COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard IV-A Foundations of Practice - KNOWLEDGE</td>
<td>Embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology</td>
<td>8001</td>
<td>Hearing Science</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8019</td>
<td>Anat &amp; Phys. I</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8020</td>
<td>Anat &amp; Phys. II</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8103</td>
<td>Diag. &amp; Med. Audiology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8104</td>
<td>Clinical Practicum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8105</td>
<td>Vestibular</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8115</td>
<td>Pediatric Audiology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8118</td>
<td>Electroacoustic Assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8119</td>
<td>Hearing Conservation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7006</td>
<td>Language Development</td>
</tr>
<tr>
<td>A2</td>
<td>Genetics and associated syndromes related to hearing and balance</td>
<td>8019</td>
<td>Anat &amp; Phys. I</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8020</td>
<td>Anat &amp; Phys. II</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8103</td>
<td>Diag. &amp; Med. Audiology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8104</td>
<td>Clinical Practicum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8105</td>
<td>Vestibular</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8115</td>
<td>Pediatric Audiology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8118</td>
<td>Electroacoustic Assessment</td>
</tr>
<tr>
<td>A3</td>
<td>Normal aspects of auditory physiology and behavior over the life span</td>
<td>8001</td>
<td>Hearing Science</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8019</td>
<td>Anat &amp; Phys. I</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8020</td>
<td>Anat &amp; Phys. II</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8103</td>
<td>Diag. &amp; Med. Audiology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8104</td>
<td>Clinical Practicum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8107</td>
<td>Cochlear Implants</td>
</tr>
<tr>
<td>A4</td>
<td>Normal development of speech and language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>----------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8113</td>
<td>Audiologic Rehab I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8115</td>
<td>Pediatric Audiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8116</td>
<td>Hearing Aid Provision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8118</td>
<td>Electroacoustic Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A5</td>
<td>Language and speech characteristics and their development across the life span</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8104</td>
<td>Clinical Practicum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8107</td>
<td>Cochlear Implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8113</td>
<td>Audiologic Rehab I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8115</td>
<td>Pediatric Audiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7006</td>
<td>Language Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8008</td>
<td>Acoustic Phonetics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A6</td>
<td>Phonologic, morphologic, syntactic, and pragmatic aspects of human communication associated with hearing impairment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8104</td>
<td>Clinical Practicum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8113</td>
<td>Audiologic Rehab I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7006</td>
<td>Language Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A7</td>
<td>Effects of hearing loss on communication and educational, vocational, social, and psychological functioning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8001</td>
<td>Hearing Science</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8103</td>
<td>Diag. &amp; Med. Audiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8104</td>
<td>Clinical Practicum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8107</td>
<td>Cochlear Implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8113</td>
<td>Audiologic Rehab I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8114</td>
<td>Intro to Hearing Aids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8115</td>
<td>Pediatric Audiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8116</td>
<td>Hearing Aid Provision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8118</td>
<td>Electroacoustic Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8119</td>
<td>Hearing Conservation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8129</td>
<td>Psychosocial Adjustment to HI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A8</td>
<td>Effects of pharmacologic and teratogenic agents on the auditory and vestibular systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8019</td>
<td>Anat &amp; Phys. I</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8020</td>
<td>Anat &amp; Phys. II</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8103</td>
<td>Diag. &amp; Med. Audiology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8104</td>
<td>Clinical Practicum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8105</td>
<td>Vestibular</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8115</td>
<td>Pediatric Audiology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8118</td>
<td>Electroacoustic Assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8119</td>
<td>Hearing Conservation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A9</th>
<th>Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8101</td>
</tr>
<tr>
<td></td>
<td>8103</td>
</tr>
<tr>
<td></td>
<td>8104</td>
</tr>
<tr>
<td></td>
<td>8107</td>
</tr>
<tr>
<td></td>
<td>8113</td>
</tr>
<tr>
<td></td>
<td>8114</td>
</tr>
<tr>
<td></td>
<td>8115</td>
</tr>
<tr>
<td></td>
<td>8116</td>
</tr>
<tr>
<td></td>
<td>8129</td>
</tr>
<tr>
<td></td>
<td>7006</td>
</tr>
<tr>
<td></td>
<td>7007</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A10</th>
<th>Pathologies related to hearing and balance and their medical diagnosis and treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8019</td>
</tr>
<tr>
<td></td>
<td>8020</td>
</tr>
<tr>
<td></td>
<td>8103</td>
</tr>
<tr>
<td></td>
<td>8101</td>
</tr>
<tr>
<td></td>
<td>8104</td>
</tr>
<tr>
<td></td>
<td>8105</td>
</tr>
<tr>
<td></td>
<td>8107</td>
</tr>
<tr>
<td></td>
<td>8115</td>
</tr>
<tr>
<td></td>
<td>8118</td>
</tr>
<tr>
<td>Course Code</td>
<td>Course Title</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>A11</td>
<td>Principles, methods, and applications of psychometrics</td>
</tr>
<tr>
<td>A12</td>
<td>Principles, methods, and applications of psychoacoustics</td>
</tr>
<tr>
<td>A13</td>
<td>Instrumentation and bioelectrical hazards</td>
</tr>
<tr>
<td>A14</td>
<td>Physical characteristics and measurement of electric and other non-acoustic stimuli</td>
</tr>
<tr>
<td>A15</td>
<td>Assistive technology</td>
</tr>
<tr>
<td>A16</td>
<td>Effects of cultural diversity and family systems on professional practice</td>
</tr>
</tbody>
</table>

### Course Descriptions:

**A11 Principles, methods, and applications of psychometrics**
- 8001 Hearing Science
- 8104 Clinical Practicum
- 8115 Pediatric Audiology
- 8116 Hearing Aid Provision
- 8127 Audiologic Rehab II
- 8008 Acoustic Phonetics

**A12 Principles, methods, and applications of psychoacoustics**
- 8001 Hearing Science
- 8104 Clinical Practicum
- 8115 Pediatric Audiology
- 8116 Hearing Aid Provision
- 8008 Acoustic Phonetics

**A13 Instrumentation and bioelectrical hazards**
- 8012 Measurement Techniques
- 8103 Diag. & Med. Audiology
- 8104 Clinical Practicum
- 8107 Cochlear Implants
- 8114 Intro to Hearing Aids
- 8115 Pediatric Audiology
- 8116 Hearing Aid Provision
- 8118 Electroacoustic Assessment

**A14 Physical characteristics and measurement of electric and other non-acoustic stimuli**
- 8012 Measurement Techniques
- 8104 Clinical Practicum
- 8107 Cochlear Implants
- 8118 Electroacoustic Assessment

**A15 Assistive technology**
- 8104 Clinical Practicum
- 8107 Cochlear Implants
- 8113 Audiologic Rehab I
- 8114 Intro to Hearing Aids
- 8116 Hearing Aid Provision
- 8127 Audiologic Rehab II

**A16 Effects of cultural diversity and family systems on professional practice**
- 8104 Clinical Practicum
- 8107 Cochlear Implants
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>8113</td>
<td>Audiologic Rehab I</td>
</tr>
<tr>
<td>8114</td>
<td>Intro to Hearing Aids</td>
</tr>
<tr>
<td>8115</td>
<td>Pediatric Audiology</td>
</tr>
<tr>
<td>8129</td>
<td>Psychosocial Adjustment to HI</td>
</tr>
<tr>
<td>7006</td>
<td>Language Development</td>
</tr>
<tr>
<td>7007</td>
<td>Communicative Interaction</td>
</tr>
<tr>
<td>8008</td>
<td>Acoustic Phonetics</td>
</tr>
<tr>
<td>A17</td>
<td>American Sign Language and other visual communication systems</td>
</tr>
<tr>
<td>A18</td>
<td>Principles and practices of research, including experimental design, statistical methods, and application to clinical populations</td>
</tr>
<tr>
<td>A19</td>
<td>Legal and ethical practices (e.g., standards for professional conduct, patient rights, credentialing, and legislative and regulatory mandates)</td>
</tr>
<tr>
<td>A20</td>
<td>Health care and educational delivery systems</td>
</tr>
<tr>
<td>A21</td>
<td>Universal precautions and infectious/contagious diseases</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>8104</td>
<td>Clinical Practicum</td>
</tr>
<tr>
<td>8107</td>
<td>Cochlear Implants</td>
</tr>
<tr>
<td>8113</td>
<td>Audiologic Rehab I</td>
</tr>
<tr>
<td>8129</td>
<td>Psychosocial Adjustment to HI</td>
</tr>
<tr>
<td>7123</td>
<td>Manual English</td>
</tr>
<tr>
<td>8001</td>
<td>Hearing Science</td>
</tr>
<tr>
<td>8104</td>
<td>Clinical Practicum</td>
</tr>
<tr>
<td>8113</td>
<td>Audiologic Rehab I</td>
</tr>
<tr>
<td>8114</td>
<td>Intro to Hearing Aids</td>
</tr>
<tr>
<td>8116</td>
<td>Hearing Aid Provision</td>
</tr>
<tr>
<td>8008</td>
<td>Acoustic Phonetics</td>
</tr>
<tr>
<td>8101</td>
<td>Audiolingual Concepts</td>
</tr>
<tr>
<td>8104</td>
<td>Clinical Practicum</td>
</tr>
<tr>
<td>8113</td>
<td>Audiologic Rehab I</td>
</tr>
<tr>
<td>8116</td>
<td>Hearing Aid Provision</td>
</tr>
<tr>
<td>8103</td>
<td>Diag. &amp; Med. Audiology</td>
</tr>
<tr>
<td>8104</td>
<td>Clinical Practicum</td>
</tr>
<tr>
<td>8118</td>
<td>Electroacoustic Assessment</td>
</tr>
<tr>
<td>A22</td>
<td>Oral and written forms of communication</td>
</tr>
<tr>
<td>8127</td>
<td>Audiologic Rehab II</td>
</tr>
<tr>
<td>7006</td>
<td>Language Development</td>
</tr>
<tr>
<td>7007</td>
<td>Communicative Interaction</td>
</tr>
<tr>
<td>A23</td>
<td>Principles, methods, and applications of acoustics (e.g., basic parameters of sound, principles of acoustics as related to speech sounds, sound/noise measurement and analysis, and calibration of audiometric equipment), as applicable to:</td>
</tr>
<tr>
<td>8012</td>
<td>Measurement Techniques</td>
</tr>
<tr>
<td>8101</td>
<td>Audiologic Concepts</td>
</tr>
<tr>
<td>8104</td>
<td>Clinical Practicum</td>
</tr>
<tr>
<td>8116</td>
<td>Hearing Aid Provision</td>
</tr>
<tr>
<td>8119</td>
<td>Hearing Conservation</td>
</tr>
<tr>
<td>8008</td>
<td>Acoustic Phonetics</td>
</tr>
<tr>
<td>A23a</td>
<td>a. occupational and industrial environments</td>
</tr>
<tr>
<td>8119</td>
<td>Hearing Conservation</td>
</tr>
<tr>
<td>A23b</td>
<td>b. community noise</td>
</tr>
<tr>
<td>8119</td>
<td>Hearing Conservation</td>
</tr>
<tr>
<td>A23c</td>
<td>c. classroom and other educational environments</td>
</tr>
<tr>
<td>8113</td>
<td>Audiologic Rehab I</td>
</tr>
<tr>
<td>8115</td>
<td>Pediatric Audiology</td>
</tr>
<tr>
<td>8119</td>
<td>Hearing Conservation</td>
</tr>
<tr>
<td>8127</td>
<td>Audiologic Rehab II</td>
</tr>
<tr>
<td>8129</td>
<td>Psychosocial Adjustment to HI</td>
</tr>
<tr>
<td>A23d</td>
<td>d. workplace environments</td>
</tr>
<tr>
<td>8119</td>
<td>Hearing Conservation</td>
</tr>
<tr>
<td>8127</td>
<td>Audiologic Rehab II</td>
</tr>
<tr>
<td>8129</td>
<td>Psychosocial Adjustment to HI</td>
</tr>
<tr>
<td>A24</td>
<td>The use of instrumentation according to manufacturer's specifications and recommendations</td>
</tr>
<tr>
<td>8101</td>
<td>Audiologic Concepts</td>
</tr>
<tr>
<td>8104</td>
<td>Clinical Practicum</td>
</tr>
<tr>
<td>Code</td>
<td>Course Title</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>A25</td>
<td>Determining whether instrumentation is in calibration according to accepted standards</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>A26</td>
<td>Principles and applications of counseling</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>A27</td>
<td>Use of interpreters and translators for both spoken and visual communication</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>A28</td>
<td>Management and business practices, including but not limited to cost analysis, budgeting, coding and reimbursement, and patient management</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard IV-B</td>
<td>Prevention and Identification: KNOWLEDGE &amp; SKILLS</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td><strong>A29</strong></td>
<td>Consultation with professionals in related and/or allied service areas</td>
</tr>
<tr>
<td></td>
<td>8101 Audiologic Concepts</td>
</tr>
<tr>
<td></td>
<td>8103 Diag. &amp; Med. Audiology</td>
</tr>
<tr>
<td></td>
<td>8104 Clinical Practicum</td>
</tr>
<tr>
<td></td>
<td>8107 Cochlear Implants</td>
</tr>
<tr>
<td></td>
<td>8113 Audiologic Rehab I</td>
</tr>
<tr>
<td></td>
<td>8114 Intro to Hearing Aids</td>
</tr>
<tr>
<td></td>
<td>8115 Pediatric Audiology</td>
</tr>
<tr>
<td></td>
<td>8118 Electroacoustic Assessment</td>
</tr>
<tr>
<td><strong>B1</strong></td>
<td>Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems</td>
</tr>
<tr>
<td></td>
<td>8101 Audiologic Concepts</td>
</tr>
<tr>
<td></td>
<td>8103 Diag. &amp; Med. Audiology</td>
</tr>
<tr>
<td></td>
<td>8104 Clinical Practicum</td>
</tr>
<tr>
<td></td>
<td>8105 Vestibular</td>
</tr>
<tr>
<td></td>
<td>8113 Audiologic Rehab I</td>
</tr>
<tr>
<td></td>
<td>8115 Pediatric Audiology</td>
</tr>
<tr>
<td></td>
<td>8116 Hearing Aid Provision</td>
</tr>
<tr>
<td></td>
<td>8119 Hearing Conservation</td>
</tr>
<tr>
<td></td>
<td>8127 Audiologic Rehab II</td>
</tr>
<tr>
<td><strong>B2</strong></td>
<td>Promote hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating universal newborn hearing screening, school screening, community hearing, and occupational conservation and identification programs</td>
</tr>
<tr>
<td></td>
<td>8101 Audiologic Concepts</td>
</tr>
<tr>
<td></td>
<td>8103 Diag. &amp; Med. Audiology</td>
</tr>
<tr>
<td></td>
<td>8104 Clinical Practicum</td>
</tr>
<tr>
<td></td>
<td>8113 Audiologic Rehab I</td>
</tr>
<tr>
<td></td>
<td>8115 Pediatric Audiology</td>
</tr>
</tbody>
</table>
| B3 | Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive, and age- and site-specific screening measures | 8119 Hearing Conservation  
8127 Audiologic Rehab II |
|---|---|---|
| B4 | Screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate, culturally sensitive, and age- and site-specific screening measures | 8101 Audiologic Concepts  
8103 Diag. & Med. Audiology  
8104 Clinical Practicum  
8113 Audiologic Rehab I  
8115 Pediatric Audiology  
8116 Hearing Aid Provision  
8118 Electroacoustic Assessment  
8127 Audiologic Rehab II |
| B5 | Educate individuals on potential causes and effects of vestibular loss | 8019 Anat & Phys. I  
8020 Anat & Phys. II  
8104 Clinical Practicum  
8105 Vestibular  
8115 Pediatric Audiology |
| B6 | Identify individuals at risk for balance problems and falls who require further vestibular assessment and/or treatment or referral for other professional services | 8104 Clinical Practicum  
8105 Vestibular  
8115 Pediatric Audiology |
| Standard IV-C | Assessment: KNOWLEDGE |
| C1 | Measuring and interpreting sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment | 8103 Diag. & Med. Audiology  
8104 Clinical Practicum  
8105 Vestibular  
8107 Cochlear Implants |
### C2
**Assessing individuals with suspected disorders of hearing, communication, balance, and related systems**

- Assessing individuals with suspected disorders of hearing, communication, balance, and related systems
- Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning
- Performing otoscopy for appropriate audiological assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>8101</td>
<td>Audiologic Concepts</td>
</tr>
<tr>
<td>8103</td>
<td>Diag. &amp; Med. Audiology</td>
</tr>
<tr>
<td>8104</td>
<td>Clinical Practicum</td>
</tr>
<tr>
<td>8105</td>
<td>Vestibular</td>
</tr>
<tr>
<td>8107</td>
<td>Cochlear Implants</td>
</tr>
<tr>
<td>8113</td>
<td>Audiology Rehab I</td>
</tr>
<tr>
<td>8114</td>
<td>Intro to Hearing Aids</td>
</tr>
<tr>
<td>8115</td>
<td>Pediatric Audiology</td>
</tr>
<tr>
<td>8116</td>
<td>Hearing Aid Provision</td>
</tr>
<tr>
<td>8118</td>
<td>Electroacoustic Assessment</td>
</tr>
<tr>
<td>8127</td>
<td>Audiology Rehab II</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>8019</td>
<td>Anat &amp; Phys. I</td>
</tr>
<tr>
<td>8020</td>
<td>Anat &amp; Phys. II</td>
</tr>
<tr>
<td>8101</td>
<td>Audiologic Concepts</td>
</tr>
<tr>
<td>8103</td>
<td>Diag. &amp; Med. Audiology</td>
</tr>
<tr>
<td>8104</td>
<td>Clinical Practicum</td>
</tr>
<tr>
<td>C5</td>
<td>Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function</td>
</tr>
<tr>
<td>----</td>
<td>-------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>C6</td>
<td>Conducting and interpreting behavioral and/or electrophysiologic methods to assess balance and related systems</td>
</tr>
<tr>
<td>C7</td>
<td>Conducting and interpreting otoacoustic emissions and acoustic immittance (reflexes)</td>
</tr>
<tr>
<td>C8</td>
<td>Evaluating auditory-related processing disorders</td>
</tr>
<tr>
<td>C9</td>
<td>Evaluating functional use of hearing</td>
</tr>
<tr>
<td>Standard IV-D</td>
<td>Intervention (Treatment): KNOWLEDGE &amp; SKILLS</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td><strong>D1</strong></td>
<td>The provision of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication</td>
</tr>
<tr>
<td></td>
<td>8103  Diag. &amp; Med. Audiology</td>
</tr>
<tr>
<td></td>
<td>8104  Clinical Practicum</td>
</tr>
<tr>
<td></td>
<td>8105  Vestibular</td>
</tr>
<tr>
<td></td>
<td>8107  Cochlear Implants</td>
</tr>
<tr>
<td></td>
<td>8113  Audiológic Rehab I</td>
</tr>
<tr>
<td></td>
<td>8114  Intro to Hearing Aids</td>
</tr>
<tr>
<td></td>
<td>8115  Pediatric Audiology</td>
</tr>
<tr>
<td></td>
<td>8116  Hearing Aid Provision</td>
</tr>
<tr>
<td></td>
<td>8127  Audiológic Rehab II</td>
</tr>
<tr>
<td><strong>D2</strong></td>
<td>Development of a culturally appropriate, audiológic rehabilitative management plan that includes, when appropriate, the following:</td>
</tr>
<tr>
<td></td>
<td>8104  Clinical Practicum</td>
</tr>
<tr>
<td></td>
<td>8115  Pediatric Audiology</td>
</tr>
<tr>
<td></td>
<td>8116  Hearing Aid Provision</td>
</tr>
<tr>
<td></td>
<td>8127  Audiológic Rehab II</td>
</tr>
<tr>
<td></td>
<td>8129  Psychosocial Adjustment to HI</td>
</tr>
<tr>
<td><strong>D2a</strong></td>
<td>a. Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning devices, and educating the consumer and family/caregivers in the use of and adjustment to such technology</td>
</tr>
<tr>
<td></td>
<td>8104  Clinical Practicum</td>
</tr>
<tr>
<td></td>
<td>8107  Cochlear Implants</td>
</tr>
<tr>
<td></td>
<td>8113  Audiológic Rehab I</td>
</tr>
<tr>
<td></td>
<td>8114  Intro to Hearing Aids</td>
</tr>
<tr>
<td></td>
<td>8115  Pediatric Audiology</td>
</tr>
<tr>
<td></td>
<td>8116  Hearing Aid Provision</td>
</tr>
<tr>
<td></td>
<td>8127  Audiológic Rehab II</td>
</tr>
<tr>
<td></td>
<td>8128  EBP in Amplification</td>
</tr>
<tr>
<td>Course Code</td>
<td>Course Title</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------</td>
</tr>
<tr>
<td>D2b</td>
<td>Determination of candidacy of persons with hearing loss for cochlear implants and other implantable sensory devices and provision of fitting, mapping, and audiologic rehabilitation to optimize device use</td>
</tr>
<tr>
<td>D2c</td>
<td>Counseling relating to psychosocial aspects of hearing loss and other auditory dysfunction, and processes to enhance communication competence</td>
</tr>
<tr>
<td>D2d</td>
<td>Provision of comprehensive audiologic treatment for persons with hearing loss or other auditory dysfunction, including but not exclusive to communication strategies, auditory training, speech reading, and visual communication systems</td>
</tr>
<tr>
<td>D3</td>
<td>Determination of candidacy for vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments</td>
</tr>
<tr>
<td>D4</td>
<td>Treatment and audiologic management of tinnitus</td>
</tr>
<tr>
<td>8104</td>
<td>Clinical Practicum</td>
</tr>
<tr>
<td>8107</td>
<td>Cochlear Implants</td>
</tr>
<tr>
<td>8113</td>
<td>Audiologic Rehab I</td>
</tr>
<tr>
<td>8114</td>
<td>Intro to Hearing Aids</td>
</tr>
<tr>
<td>8104</td>
<td>Clinical Practicum</td>
</tr>
<tr>
<td>8107</td>
<td>Cochlear Implants</td>
</tr>
<tr>
<td>8113</td>
<td>Audiologic Rehab I</td>
</tr>
<tr>
<td>8114</td>
<td>Intro to Hearing Aids</td>
</tr>
<tr>
<td>8115</td>
<td>Pediatric Audiology</td>
</tr>
<tr>
<td>8116</td>
<td>Hearing Aid Provision</td>
</tr>
<tr>
<td>8118</td>
<td>Electroacoustic Assessment</td>
</tr>
<tr>
<td>8127</td>
<td>Audiologic Rehab II</td>
</tr>
<tr>
<td>8128</td>
<td>EBP in Amplification</td>
</tr>
<tr>
<td>8129</td>
<td>Psychosocial Adjustment to HI</td>
</tr>
<tr>
<td>8103</td>
<td>Diag. &amp; Med. Audiology</td>
</tr>
<tr>
<td>D5</td>
<td>Provision of treatment services for infants and children with hearing loss; collaboration/consultation with early interventionists, school based professionals, and other service providers regarding development of intervention plans (i.e., individualized education programs and/or individualized family service plans)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>D6</td>
<td>Management of the selection, purchase, installation, and evaluation of large-area amplification systems</td>
</tr>
<tr>
<td>D7</td>
<td>Evaluation of the efficacy of intervention (treatment) services</td>
</tr>
</tbody>
</table>

**Standard IV-E Advocacy/Consultation: KNOWLEDGE & SKILLS**

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

| E2 | Consulting about accessibility for persons with hearing loss and other auditory |

---

<table>
<thead>
<tr>
<th>Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>8104</td>
<td>Clinical Practicum</td>
</tr>
<tr>
<td>8105</td>
<td>Vestibular</td>
</tr>
<tr>
<td>8107</td>
<td>Cochlear Implants</td>
</tr>
<tr>
<td>8113</td>
<td>Audiologic Rehab I</td>
</tr>
<tr>
<td>8114</td>
<td>Intro to Hearing Aids</td>
</tr>
<tr>
<td>8115</td>
<td>Pediatric Audiology</td>
</tr>
</tbody>
</table>

---

**Diag. & Med. Audiology**

**Cochlear Implants**

**Audiologic Rehab I**

**Intro to Hearing Aids**

**Pediatric Audiology**

**EBP in Amplification**
dysfunction in public and private buildings, programs, and services

<table>
<thead>
<tr>
<th>E3</th>
<th>Identifying underserved populations and promoting access to care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard IV-F</th>
<th>Education/Research/Administration: KNOWLEDGE &amp; SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>Measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services</td>
</tr>
<tr>
<td>F2</td>
<td>Applying research findings in the provision of patient care (evidence-based practice)</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>F3</td>
<td>Critically evaluating and appropriately implementing new techniques and technologies supported by research-based evidence</td>
</tr>
<tr>
<td>----</td>
<td>------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>F4</td>
<td>Administering clinical programs and providing supervision of professionals as well as support personnel</td>
</tr>
<tr>
<td>F5</td>
<td>Identifying internal programmatic needs and developing new programs</td>
</tr>
<tr>
<td>F6</td>
<td>Maintaining or establishing links with external programs, including but not limited to education programs, government programs, and philanthropic agencies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>8101</td>
<td>Audiologic Concepts</td>
</tr>
<tr>
<td>8103</td>
<td>Diag. &amp; Med. Audiology</td>
</tr>
<tr>
<td>8104</td>
<td>Clinical Practicum</td>
</tr>
<tr>
<td>8107</td>
<td>Cochlear Implants</td>
</tr>
<tr>
<td>8113</td>
<td>Audiologic Rehab I</td>
</tr>
<tr>
<td>8114</td>
<td>Intro to Hearing Aids</td>
</tr>
<tr>
<td>8115</td>
<td>Pediatric Audiology</td>
</tr>
<tr>
<td>8118</td>
<td>Electroacoustic Assessment</td>
</tr>
<tr>
<td>8127</td>
<td>Audiologic Rehab II</td>
</tr>
<tr>
<td>8128</td>
<td>EBP in Amplification</td>
</tr>
</tbody>
</table>

- F3
- F4
- F5
- F6
# Knowledge & Skill for Audiology

## List By Course

<table>
<thead>
<tr>
<th>USP</th>
<th>COURSE</th>
<th>STANDARD</th>
<th>KNOWLEDGE (K) OR KNOWLEDGE &amp; SKILL (K&amp;S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8001</td>
<td>Hearing Science</td>
<td>A1</td>
<td>Embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A3</td>
<td>Normal aspects of auditory physiology and behavior over the life span</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A7</td>
<td>Effects of hearing loss on communication and educational, vocational, social, and psychological functioning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A11</td>
<td>Principles, methods, and applications of psychometrics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A12</td>
<td>Principles, methods, and applications of psychoacoustics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A18</td>
<td>Principles and practices of research, including experimental design, statistical methods, and application to clinical populations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A23</td>
<td>Principles, methods, and applications of acoustics (e.g., basic parameters of sound, principles of acoustics as related to speech sounds, sound/noise measurement and analysis, and calibration of audiometric equipment), as applicable to:</td>
</tr>
<tr>
<td>8012</td>
<td>Measurement Techniques</td>
<td>A13</td>
<td>Instrumentation and bioelectrical hazards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A14</td>
<td>Physical characteristics and measurement of electric and other non-acoustic stimuli</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A23</td>
<td>The use of instrumentation according to manufacturer's specifications and recommendations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A24</td>
<td>Determining whether instrumentation is in calibration according to accepted standards</td>
</tr>
<tr>
<td>8019</td>
<td>Anat &amp; Phys. I</td>
<td>A1</td>
<td>Embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A2</td>
<td>Genetics and associated syndromes related to hearing and balance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A3</td>
<td>Normal aspects of auditory physiology and behavior over the life span</td>
</tr>
<tr>
<td>8020</td>
<td>Anat &amp; Phys. II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>----------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A8</td>
<td>Effects of pharmacologic and teratogenic agents on the auditory and vestibular systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A10</td>
<td>Pathologies related to hearing and balance and their medical diagnosis and treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B5</td>
<td>Educate individuals on potential causes and effects of vestibular loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Performing otoscopy for appropriate audiological assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8101</th>
<th>Audologic Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>A9</td>
<td>Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services</td>
</tr>
<tr>
<td>A10</td>
<td>Pathologies related to hearing and balance and their medical diagnosis and treatment</td>
</tr>
<tr>
<td>A20</td>
<td>Health care and educational delivery systems</td>
</tr>
<tr>
<td></td>
<td>Principles, methods, and applications of acoustics (e.g., basic parameters of sound, principles of acoustics as related to speech sounds, sound/noise measurement and analysis, and calibration of audiometric equipment), as applicable to:</td>
</tr>
<tr>
<td>A23</td>
<td>The use of instrumentation according to manufacturer's specifications and recommendations</td>
</tr>
<tr>
<td>A24</td>
<td>Consultation with professionals in related and/or allied service areas</td>
</tr>
</tbody>
</table>
Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems

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

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

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

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

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

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

Conducting and interpreting otoacoustic emissions and acoustic immittance (reflexes)

Evaluating functional use of hearing

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

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

Genetics and associated syndromes related to hearing and balance

Normal aspects of auditory physiology and behavior over the life span

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

Effects of pharmacologic and teratogenic agents on the auditory and vestibular systems
Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services

Pathologies related to hearing and balance and their medical diagnosis and treatment

Instrumentation and bioelectrical hazards

Universal precautions and infectious/contagious diseases

Principles and applications of counseling

Consultation with professionals in related and/or allied service areas

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

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

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

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

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

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

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

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

Conducting and interpreting otoacoustic emissions and acoustic immittance (reflexes)
| C9 | Evaluating functional use of hearing |
| D1 | The provision of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication |
| D4 | Treatment and audiologic management of tinnitus |
| D5 | Provision of treatment services for infants and children with hearing loss; collaboration/consultation with early interventionists, school based professionals, and other service providers regarding development of intervention plans (i.e., individualized education programs and/or individualized family service plans) |
| F1 | Measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services |
| F2 | Applying research findings in the provision of patient care (evidence-based practice) |
| F3 | Critically evaluating and appropriately implementing new techniques and technologies supported by research-based evidence |

| 8104 | Clinical Practicum |
| A1 | Embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology |
| A2 | Genetics and associated syndromes related to hearing and balance |
| A3 | Normal aspects of auditory physiology and behavior over the life span |
| A4 | Normal development of speech and language |
| A5 | Language and speech characteristics and their development across the life span |
| A6 | Phonologic, morphologic, syntactic, and pragmatic aspects of human communication associated with hearing impairment |
| A7 | Effects of hearing loss on communication and educational, vocational, social, and psychological functioning |
| A8 | Effects of pharmacologic and teratogenic agents on the auditory and vestibular systems |
| A9 | Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services |
Pathologies related to hearing and balance and their medical diagnosis and treatment

Principles, methods, and applications of psychometrics

Principles, methods, and applications of psychoacoustics

Instrumentation and bioelectrical hazards

Physical characteristics and measurement of electric and other non-acoustic stimuli

Assistive technology

Effects of cultural diversity and family systems on professional practice

American Sign Language and other visual communication systems

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

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

Health care and educational delivery systems

Universal precautions and infectious/contagious diseases

Oral and written forms of communication

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

- a. occupational and industrial environments
- b. community noise
- c. classroom and other educational environments
- d. workplace environments

The use of instrumentation according to manufacturer’s specifications and recommendations

Determining whether instrumentation is in calibration according to accepted standards

Principles and applications of counseling

Use of interpreters and translators for both spoken and visual communication
<table>
<thead>
<tr>
<th>8104</th>
<th>Clinical Practicum</th>
</tr>
</thead>
<tbody>
<tr>
<td>A28</td>
<td>Management and business practices, including but not limited to cost analysis, budgeting, coding and reimbursement, and patient management</td>
</tr>
<tr>
<td>A29</td>
<td>Consultation with professionals in related and/or allied service areas</td>
</tr>
<tr>
<td>B1</td>
<td>Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems</td>
</tr>
<tr>
<td>B2</td>
<td>Promote hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating universal newborn hearing screening, school screening, community hearing, and occupational conservation and identification programs</td>
</tr>
<tr>
<td>B3</td>
<td>Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive, and age- and site-specific screening measures</td>
</tr>
<tr>
<td>B4</td>
<td>Screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate, culturally sensitive, and age- and site-specific screening measures</td>
</tr>
<tr>
<td>B5</td>
<td>Educate individuals on potential causes and effects of vestibular loss</td>
</tr>
<tr>
<td>B6</td>
<td>Identify individuals at risk for balance problems and falls who require further vestibular assessment and/or treatment or referral for other professional services</td>
</tr>
<tr>
<td>C1</td>
<td>Measuring and interpreting sensory and motor evoked potentials, electromyography, and other electrophysiologic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment</td>
</tr>
<tr>
<td>C2</td>
<td>Assessing individuals with suspected disorders of hearing, communication, balance, and related systems</td>
</tr>
<tr>
<td>C3</td>
<td>Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning</td>
</tr>
<tr>
<td>C4</td>
<td>Performing otoscopy for appropriate audiological assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral</td>
</tr>
<tr>
<td>C5</td>
<td>Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>C6</td>
<td>Conducting and interpreting behavioral and/or electrophysiologic methods to assess balance and related systems</td>
</tr>
<tr>
<td>C7</td>
<td>Conducting and interpreting otoacoustic emissions and acoustic immittance (reflexes)</td>
</tr>
<tr>
<td>C8</td>
<td>Evaluating auditory-related processing disorders</td>
</tr>
<tr>
<td>C9</td>
<td>Evaluating functional use of hearing</td>
</tr>
<tr>
<td>D1</td>
<td>The provision of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication</td>
</tr>
<tr>
<td>D2</td>
<td>Development of a culturally appropriate, audiologic rehabilitative management plan that includes, when appropriate, the following:</td>
</tr>
<tr>
<td>D2a</td>
<td>a. Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning devices, and educating the consumer and family/caregivers in the use of and adjustment to such technology</td>
</tr>
<tr>
<td>D2b</td>
<td>b. Determination of candidacy of persons with hearing loss for cochlear implants and other implantable sensory devices and provision of fitting, mapping, and audiologic rehabilitation to optimize device use</td>
</tr>
<tr>
<td>D2c</td>
<td>c. Counseling relating to psychosocial aspects of hearing loss and other auditory dysfunction, and processes to enhance communication competence</td>
</tr>
<tr>
<td>D2d</td>
<td>d. Provision of comprehensive audiologic treatment for persons with hearing loss or other auditory dysfunction, including but not exclusive to communication strategies, auditory training, speech reading, and visual communication systems</td>
</tr>
<tr>
<td>D3</td>
<td>Determination of candidacy for vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments</td>
</tr>
<tr>
<td>D4</td>
<td>Treatment and audiologic management of tinnitus</td>
</tr>
<tr>
<td>D5</td>
<td>Provision of treatment services for infants and children with hearing loss; collaboration/consultation with early interventionists, school based professionals, and other service providers regarding development of intervention plans (i.e., individualized education programs and/or individualized family service plans)</td>
</tr>
</tbody>
</table>
### Management of the selection, purchase, installation, and evaluation of large-area amplification systems

**D6**

### Evaluation of the efficacy of intervention (treatment) services

**D7**

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

**E1**

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

**E2**

### Identifying underserved populations and promoting access to care

**E3**

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

**F1**

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

**F2**

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

**F3**

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

**F4**

### Identifying internal programmatic needs and developing new programs

**F5**

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

**F6**

---

### Clinical Practicum

<table>
<thead>
<tr>
<th>Code</th>
<th>Component</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E1</strong></td>
<td>Consulting about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services</td>
</tr>
<tr>
<td><strong>E2</strong></td>
<td>Identifying underserved populations and promoting access to care</td>
</tr>
<tr>
<td><strong>E3</strong></td>
<td>Measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services</td>
</tr>
<tr>
<td><strong>F1</strong></td>
<td>Applying research findings in the provision of patient care (evidence-based practice)</td>
</tr>
<tr>
<td><strong>F2</strong></td>
<td>Critically evaluating and appropriately implementing new techniques and technologies supported by research-based evidence</td>
</tr>
<tr>
<td><strong>F3</strong></td>
<td>Administering clinical programs and providing supervision of professionals as well as support personnel</td>
</tr>
<tr>
<td><strong>F4</strong></td>
<td>Identifying internal programmatic needs and developing new programs</td>
</tr>
<tr>
<td><strong>F5</strong></td>
<td>Maintaining or establishing links with external programs, including but not limited to education programs, government programs, and philanthropic agencies</td>
</tr>
</tbody>
</table>

### Vestibular

<table>
<thead>
<tr>
<th>Code</th>
<th>Component</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A1</strong></td>
<td>Embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology</td>
</tr>
<tr>
<td><strong>A2</strong></td>
<td>Genetics and associated syndromes related to hearing and balance</td>
</tr>
<tr>
<td><strong>A8</strong></td>
<td>Effects of pharmacologic and teratogenic agents on the auditory and vestibular systems</td>
</tr>
<tr>
<td><strong>A10</strong></td>
<td>Pathologies related to hearing and balance and their medical diagnosis and treatment</td>
</tr>
<tr>
<td><strong>B1</strong></td>
<td>Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems</td>
</tr>
<tr>
<td><strong>B5</strong></td>
<td>Educate individuals on potential causes and effects of vestibular loss</td>
</tr>
</tbody>
</table>
Identify individuals at risk for balance problems and falls who require further vestibular assessment and/or treatment or referral for other professional services

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

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

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

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

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

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

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

8107 Cochlear Implants

A3 Normal aspects of auditory physiology and behavior over the life span
A4 Normal development of speech and language
A5 Language and speech characteristics and their development across the life span
A7 Effects of hearing loss on communication and educational, vocational, social, and psychological functioning
A9 Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services
A10 Pathologies related to hearing and balance and their medical diagnosis and treatment
A13 Instrumentation and bioelectrical hazards
<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>A14</td>
<td>Physical characteristics and measurement of electric and other non-acoustic stimuli</td>
</tr>
<tr>
<td>A15</td>
<td>Assistive technology</td>
</tr>
<tr>
<td>A16</td>
<td>Effects of cultural diversity and family systems on professional practice</td>
</tr>
<tr>
<td>A17</td>
<td>American Sign Language and other visual communication systems</td>
</tr>
<tr>
<td>A24</td>
<td>The use of instrumentation according to manufacturer's specifications and recommendations</td>
</tr>
<tr>
<td>A25</td>
<td>Determining whether instrumentation is in calibration according to accepted standards</td>
</tr>
<tr>
<td>A26</td>
<td>Principles and applications of counseling</td>
</tr>
<tr>
<td>A27</td>
<td>Use of interpreters and translators for both spoken and visual communication</td>
</tr>
<tr>
<td>A28</td>
<td>Management and business practices, including but not limited to cost analysis, budgeting, coding and reimbursement, and patient management</td>
</tr>
<tr>
<td>A29</td>
<td>Consultation with professionals in related and/or allied service areas</td>
</tr>
<tr>
<td>C1</td>
<td>Measuring and interpreting sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment</td>
</tr>
<tr>
<td>C2</td>
<td>Assessing individuals with suspected disorders of hearing, communication, balance, and related systems</td>
</tr>
<tr>
<td>C3</td>
<td>Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning</td>
</tr>
<tr>
<td>C4</td>
<td>Performing otoscopy for appropriate audiological assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral</td>
</tr>
<tr>
<td>C5</td>
<td>Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function</td>
</tr>
<tr>
<td>C9</td>
<td>Evaluating functional use of hearing</td>
</tr>
<tr>
<td>D1</td>
<td>The provision of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication</td>
</tr>
<tr>
<td>D2a</td>
<td>a. Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning</td>
</tr>
</tbody>
</table>
devices, and educating the consumer and family/caregivers in the use of and adjustment to such technology

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

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

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

D2d

Provision of treatment services for infants and children with hearing loss; collaboration/consultation with early interventionists, school based professionals, and other service providers regarding development of intervention plans (i.e., individualized education programs and/or individualized family service plans)

D5

Management of the selection, purchase, installation, and evaluation of large-area amplification systems

D6

Evaluation of the efficacy of intervention (treatment) services

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

E1

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

E2

Identifying underserved populations and promoting access to care

E3

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

F1

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

F2

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

F3
Normal aspects of auditory physiology and behavior over the life span

Language and speech characteristics and their development across the life span

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

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

Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services

Assistive technology

Effects of cultural diversity and family systems on professional practice

American Sign Language and other visual communication systems

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

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

Health care and educational delivery systems

c. classroom and other educational environments

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

Determining whether instrumentation is in calibration according to accepted standards

Principles and applications of counseling

Use of interpreters and translators for both spoken and visual communication

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

Consultation with professionals in related and/or allied service areas

Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems
Promote hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating universal newborn hearing screening, school screening, community hearing, and occupational conservation and identification programs.

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

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

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

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

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

Evaluating functional use of hearing.

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

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

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

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

d. Provision of comprehensive audiolologic treatment for persons with hearing loss or other auditory dysfunction, including but not exclusive to communication strategies, auditory training, speech reading, and visual communication systems.
Provision of treatment services for infants and children with hearing loss; collaboration/consultation with early interventionists, school based professionals, and other service providers regarding development of intervention plans (i.e., individualized education programs and/or individualized family service plans)

Management of the selection, purchase, installation, and evaluation of large-area amplification systems

Evaluation of the efficacy of intervention (treatment) services

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

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

Identifying underserved populations and promoting access to care

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

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

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

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

Identifying internal programmatic needs and developing new programs

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

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

Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services

Instrumentation and bioelectrical hazards
<table>
<thead>
<tr>
<th>A15</th>
<th>Assistive technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>A16</td>
<td>Effects of cultural diversity and family systems on professional practice</td>
</tr>
<tr>
<td>A18</td>
<td>Principles and practices of research, including experimental design, statistical methods, and application to clinical populations</td>
</tr>
<tr>
<td>A19</td>
<td>Legal and ethical practices (e.g., standards for professional conduct, patient rights, credentialing, and legislative and regulatory mandates)</td>
</tr>
<tr>
<td>A24</td>
<td>The use of instrumentation according to manufacturer's specifications and recommendations</td>
</tr>
<tr>
<td>A25</td>
<td>Determining whether instrumentation is in calibration according to accepted standards</td>
</tr>
<tr>
<td>A26</td>
<td>Principles and applications of counseling</td>
</tr>
<tr>
<td>A28</td>
<td>Management and business practices, including but not limited to cost analysis, budgeting, coding and reimbursement, and patient management</td>
</tr>
<tr>
<td>A29</td>
<td>Consultation with professionals in related and/or allied service areas</td>
</tr>
<tr>
<td>C1</td>
<td>Measuring and interpreting sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment</td>
</tr>
<tr>
<td>C2</td>
<td>Assessing individuals with suspected disorders of hearing, communication, balance, and related systems</td>
</tr>
<tr>
<td>C3</td>
<td>Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning</td>
</tr>
<tr>
<td>C5</td>
<td>Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function</td>
</tr>
<tr>
<td>C9</td>
<td>Evaluating functional use of hearing</td>
</tr>
<tr>
<td>D1</td>
<td>The provision of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication</td>
</tr>
<tr>
<td>D2a</td>
<td>a. Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning devices, and educating the consumer and family/caregivers in the use of and adjustment to such technology</td>
</tr>
</tbody>
</table>
b. Determination of candidacy of persons with hearing loss for cochlear implants and other implantable sensory devices and provision of fitting, mapping, and audiologic rehabilitation to optimize device use

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

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

Provision of treatment services for infants and children with hearing loss; collaboration/consultation with early interventionists, school based professionals, and other service providers regarding development of intervention plans (i.e., individualized education programs and/or individualized family service plans)

Management of the selection, purchase, installation, and evaluation of large-area amplification systems

Evaluation of the efficacy of intervention (treatment) services

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

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

Identifying underserved populations and promoting access to care

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

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

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

---

8115 Pediatric Audiology

- A1 Embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology
- A2 Genetics and associated syndromes related to hearing and balance
| A3 | Normal aspects of auditory physiology and behavior over the life span |
| A4 | Normal development of speech and language |
| A5 | Language and speech characteristics and their development across the life span |
| A7 | Effects of hearing loss on communication and educational, vocational, social, and psychological functioning |
| A8 | Effects of pharmacologic and teratogenic agents on the auditory and vestibular systems |
| A9 | Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services |
| A10 | Pathologies related to hearing and balance and their medical diagnosis and treatment |
| A11 | Principles, methods, and applications of psychometrics |
| A12 | Principles, methods, and applications of psychoacoustics |
| A13 | Instrumentation and bioelectrical hazards |
| A16 | Effects of cultural diversity and family systems on professional practice |
| A23c | The use of instrumentation according to manufacturer's specifications and recommendations |
| A24 | Determining whether instrumentation is in calibration according to accepted standards |
| A25 | Management and business practices, including but not limited to cost analysis, budgeting, coding and reimbursement, and patient management |
| A28 | Consultation with professionals in related and/or allied service areas |
| A29 | Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems |
| B1 | Promote hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating universal newborn hearing screening, school screening, community hearing, and occupational conservation and identification programs |
Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive, and age- and site-specific screening measures

B3

Educate individuals on potential causes and effects of vestibular loss

B5

Identify individuals at risk for balance problems and falls who require further vestibular assessment and/or treatment or referral for other professional services

B6

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

C2

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

C3

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

C4

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

C5

Conducting and interpreting otoacoustic emissions and acoustic immittance (reflexes)

C7

Evaluating auditory-related processing disorders

C8

Evaluating functional use of hearing

C9

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

D1

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

D2

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

D2a

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

D2c
<table>
<thead>
<tr>
<th>Code</th>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5</td>
<td>Provision of treatment services for infants and children with hearing loss; collaboration/consultation with early interventionists, school based professionals, and other service providers regarding development of intervention plans (i.e., individualized education programs and/or individualized family service plans)</td>
<td></td>
</tr>
<tr>
<td>E1</td>
<td>Pediatric Audiology</td>
<td>Educating and advocating for communication needs of all individuals that may include advocating for the programmatic needs, rights, and funding of services for those with hearing loss, other auditory dysfunction, or vestibular disorders</td>
</tr>
<tr>
<td>E2</td>
<td>Consulting about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services</td>
<td></td>
</tr>
<tr>
<td>E3</td>
<td>Identifying underserved populations and promoting access to care</td>
<td></td>
</tr>
<tr>
<td>F1</td>
<td>Measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services</td>
<td></td>
</tr>
<tr>
<td>F2</td>
<td>Applying research findings in the provision of patient care (evidence-based practice)</td>
<td></td>
</tr>
<tr>
<td>F3</td>
<td>Critically evaluating and appropriately implementing new techniques and technologies supported by research-based evidence</td>
<td></td>
</tr>
<tr>
<td>F4</td>
<td>Administering clinical programs and providing supervision of professionals as well as support personnel</td>
<td></td>
</tr>
<tr>
<td>F6</td>
<td>Maintaining or establishing links with external programs, including but not limited to education programs, government programs, and philanthropic agencies</td>
<td></td>
</tr>
<tr>
<td>A3</td>
<td>Hearing Aid Provision</td>
<td>Normal aspects of auditory physiology and behavior over the life span Effects of hearing loss on communication and educational, vocational, social, and psychological functioning Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services Principles, methods, and applications of psychometrics Principles, methods, and applications of psychoacoustics Instrumentation and bioelectrical hazards Assistive technology</td>
</tr>
</tbody>
</table>
A18  Principles and practices of research, including experimental design, statistical methods, and application to clinical populations

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

A20  Health care and educational delivery systems

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

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

A25  Determining whether instrumentation is in calibration according to accepted standards

A26  Principles and applications of counseling

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

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

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

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

C9  Evaluating functional use of hearing

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

D2  Development of a culturally appropriate, audiologic rehabilitative management plan that includes, when appropriate, the following:
a. Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning devices, and educating the consumer and family/caregivers in the use of and adjustment to such technology

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

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

D7 Evaluation of the efficacy of intervention (treatment) services
Consulting about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services

E2 Measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services

F1 Applying research findings in the provision of patient care (evidence-based practice)

8118 Electroacoustic Assessment

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

A2 Genetics and associated syndromes related to hearing and balance

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

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

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

A10 Pathologies related to hearing and balance and their medical diagnosis and treatment

A13 Instrumentation and bioelectrical hazards

A14 Physical characteristics and measurement of electric and other non-acoustic stimuli

A21 Universal precautions and infectious/contagious diseases
The use of instrumentation according to manufacturer's specifications and recommendations

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

Consultation with professionals in related and/or allied service areas

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

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

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

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

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

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

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

Evaluating auditory-related processing disorders

Evaluating functional use of hearing

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

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

Applying research findings in the provision of patient care (evidence-based practice)
Critically evaluating and appropriately implementing new techniques and technologies supported by research-based evidence

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F3</td>
<td>Embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology</td>
</tr>
<tr>
<td>A1</td>
<td>Effects of hearing loss on communication and educational, vocational, social, and psychological functioning</td>
</tr>
<tr>
<td>A7</td>
<td>Effects of pharmacologic and teratogenic agents on the auditory and vestibular systems</td>
</tr>
<tr>
<td>A8</td>
<td>Pathologies related to hearing and balance and their medical diagnosis and treatment</td>
</tr>
<tr>
<td>A10</td>
<td>Principles, methods, and applications of acoustics (e.g., basic parameters of sound, principles of acoustics as related to speech sounds, sound/noise measurement and analysis, and calibration of audiometric equipment), as applicable to:</td>
</tr>
<tr>
<td>A23a</td>
<td>a. occupational and industrial environments</td>
</tr>
<tr>
<td>A23b</td>
<td>b. community noise</td>
</tr>
<tr>
<td>A23c</td>
<td>c. classroom and other educational environments</td>
</tr>
<tr>
<td>A23d</td>
<td>d. workplace environments</td>
</tr>
<tr>
<td>A24</td>
<td>The use of instrumentation according to manufacturer's specifications and recommendations</td>
</tr>
<tr>
<td>A26</td>
<td>Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems</td>
</tr>
<tr>
<td>A26</td>
<td>Promote hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating universal newborn hearing screening, school screening, community hearing, and occupational conservation and identification programs</td>
</tr>
</tbody>
</table>

8127 Audioligic Rehab II

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A11</td>
<td>Principles, methods, and applications of psychometrics</td>
</tr>
<tr>
<td>A15</td>
<td>Assistive technology</td>
</tr>
<tr>
<td>A22</td>
<td>Oral and written forms of communication</td>
</tr>
<tr>
<td>A23c</td>
<td>c. classroom and other educational environments</td>
</tr>
<tr>
<td>A23d</td>
<td>d. workplace environments</td>
</tr>
<tr>
<td>A26</td>
<td>Principles and applications of counseling</td>
</tr>
</tbody>
</table>
A29 Consultation with professionals in related and/or allied service areas
B1 Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems
B2 Promote hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating universal newborn hearing screening, school screening, community hearing, and occupational conservation and identification programs
B3 Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive, and age- and site-specific screening measures
C2 Assessing individuals with suspected disorders of hearing, communication, balance, and related systems
C3 Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning
C5 Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function
C9 Evaluating functional use of hearing
D1 The provision of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication
D2 Development of a culturally appropriate, audiologic rehabilitative management plan that includes, when appropriate, the following:
D2a Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning devices, and educating the consumer and family/caregivers in the use of and adjustment to such technology
D2c Counseling relating to psychosocial aspects of hearing loss and other auditory dysfunction, and processes to enhance communication competence
D2d Provision of comprehensive audiologic treatment for persons with hearing loss or other auditory dysfunction, including but not exclusive to communication strategies, auditory training, speech reading, and visual communication systems
### 8128 EBP in Amplification

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7</td>
<td>Evaluation of the efficacy of intervention (treatment) services</td>
</tr>
<tr>
<td>F1</td>
<td>Measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services</td>
</tr>
<tr>
<td>F2</td>
<td>Applying research findings in the provision of patient care (evidence-based practice)</td>
</tr>
<tr>
<td>C9</td>
<td>Evaluating functional use of hearing</td>
</tr>
<tr>
<td>D2a</td>
<td>a. Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning devices, and educating the consumer and family/caregivers in the use of and adjustment to such technology</td>
</tr>
<tr>
<td>D2c</td>
<td>c. Counseling relating to psychosocial aspects of hearing loss and other auditory dysfunction, and processes to enhance communication competence</td>
</tr>
<tr>
<td>D7</td>
<td>Evaluation of the efficacy of intervention (treatment) services</td>
</tr>
</tbody>
</table>

### 8129 Psychosocial Adjustment to HI

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A7</td>
<td>Effects of hearing loss on communication and educational, vocational, social, and psychological functioning</td>
</tr>
<tr>
<td>A9</td>
<td>Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services</td>
</tr>
<tr>
<td>A16</td>
<td>Effects of cultural diversity and family systems on professional practice</td>
</tr>
<tr>
<td>A17</td>
<td>American Sign Language and other visual communication systems</td>
</tr>
<tr>
<td>A23b</td>
<td>b. community noise</td>
</tr>
<tr>
<td>A23c</td>
<td>c. classroom and other educational environments</td>
</tr>
<tr>
<td>A23d</td>
<td>d. workplace environments</td>
</tr>
<tr>
<td>A26</td>
<td>Principles and applications of counseling</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>C3</strong></td>
<td>Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning</td>
</tr>
<tr>
<td><strong>D2</strong></td>
<td>Development of a culturally appropriate, audiologic rehabilitative management plan that includes, when appropriate, the following:</td>
</tr>
<tr>
<td><strong>D2c</strong></td>
<td>c. Counseling relating to psychosocial aspects of hearing loss and other auditory dysfunction, and processes to enhance communication competence</td>
</tr>
<tr>
<td><strong>D2d</strong></td>
<td>d. Provision of comprehensive audiologic treatment for persons with hearing loss or other auditory dysfunction, including but not exclusive to communication strategies, auditory training, speech reading, and visual communication systems</td>
</tr>
<tr>
<td><strong>F4</strong></td>
<td>Administering clinical programs and providing supervision of professionals as well as support personnel</td>
</tr>
<tr>
<td><strong>7006</strong> <strong>Language Development</strong></td>
<td></td>
</tr>
<tr>
<td>A1</td>
<td>Embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology</td>
</tr>
<tr>
<td>A4</td>
<td>Normal development of speech and language</td>
</tr>
<tr>
<td>A5</td>
<td>Language and speech characteristics and their development across the life span</td>
</tr>
<tr>
<td>A6</td>
<td>Phonologic, morphologic, syntactic, and pragmatic aspects of human communication associated with hearing impairment</td>
</tr>
<tr>
<td>A9</td>
<td>Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services</td>
</tr>
<tr>
<td>A16</td>
<td>Effects of cultural diversity and family systems on professional practice</td>
</tr>
<tr>
<td>A22</td>
<td>Oral and written forms of communication</td>
</tr>
<tr>
<td><strong>7007</strong> <strong>Communicative Interaction</strong></td>
<td></td>
</tr>
<tr>
<td>A9</td>
<td>Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services</td>
</tr>
<tr>
<td>A16</td>
<td>Effects of cultural diversity and family systems on professional practice</td>
</tr>
<tr>
<td>A22</td>
<td>Oral and written forms of communication</td>
</tr>
<tr>
<td>A26</td>
<td>Principles and applications of counseling</td>
</tr>
<tr>
<td>A29</td>
<td>Consultation with professionals in related and/or allied service areas</td>
</tr>
<tr>
<td>F4</td>
<td>Administering clinical programs and providing supervision of professionals as well as support personnel</td>
</tr>
<tr>
<td>Course Code</td>
<td>Course Title</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------------------</td>
</tr>
</tbody>
</table>
| 7123        | Manual English             | A7: Effects of hearing loss on communication and educational, vocational, social, and psychological functioning  
A17: American Sign Language and other visual communication systems  
A19: Legal and ethical practices (e.g., standards for professional conduct, patient rights, credentialing, and legislative and regulatory mandates)  
A27: Use of interpreters and translators for both spoken and visual communication |
| 8008        | Acoustic Phonetics         | A4: Normal development of speech and language  
A5: Language and speech characteristics and their development across the life span  
A11: Principles, methods, and applications of psychometrics  
A12: Principles, methods, and applications of psychoacoustics  
A16: Effects of cultural diversity and family systems on professional practice  
A18: Principles and practices of research, including experimental design, statistical methods, and application to clinical populations  
A23: Principles, methods, and applications of acoustics (e.g., basic parameters of sound, principles of acoustics as related to speech sounds, sound/noise measurement and analysis, and calibration of audiometric equipment), as applicable to:  
B4: Screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate, culturally sensitive, and age- and site-specific screening measures |
CastleBranch Background Check and Drug Screens

Order instructions:

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

About CastleBranch

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.

Payment Information

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.

Accessing Your Account

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.

Contact CastleBranch

For additional assistance, please contact the Service Desk at 888.723.4263 or visit servicedesk.cu@castlebranch.com for further information.
Goals and Expectations for Clinical Practicum in Speech-Language Pathology

The Director of Speech-Language Pathology Services will:
1. 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;
2. Retain and add external placements that will provide a rich learning environment for students;
3. Be available for students to express interests and concerns about their clinical training or education in general;
4. Keep all issues of concerns addressed with a student confidential;
5. Maintain currency of the practice trends in speech-language-swallowing disorders and business practices to ensure the best opportunity for learning for students;

The clinical educator (supervisor) will:
1. Provide background information about the clients and procedures for specific programs;
2. 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;
3. Share expectations of skill level for a student at his/her level of study by the end of the semester;
4. Meet with students on a regular basis to plan and debrief the sessions as well as give feedback regarding the sessions;
5. Be open to student questions and suggestions;
6. Continuously assess the student’s skill and knowledge to provide the optimal learning experience for the student;
7. Encourage questions and guide the student regarding the types of questions a learner at his/her level of study is expected to ask;
8. Foster critical thinking and problem-solving skills;
9. Guide the student to a level of expected skill for his/her level of learning with the ultimate goal of independence in the session;
10. Participate in self-assessment of clinical teaching methods and strategies and encourage feedback from students;
11. Ultimately be responsible for providing the best services to the client and families

The student will:
1. 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;
2. Work with each of the CSD clinical faculty in the majority of clinical programs offered at MSHC;
3. Understand his/her responsibility to provide the best and most efficient care/service to the client and their families;
4. 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;
5. Be open to learning new techniques and to be an active learner in the education process;
6. Be familiar with the policies and procedures in the CSD Handbook and refer to it for information before asking questions;
7. Apply course content in the clinic and ask insightful questions to assist the clinical educator in identifying any disconnect of knowledge and application;
8. Gain meaningful insight, through self-assessment and instructor feedback, and achieve progress with each clinical placement;
9. Express concerns about the clinical experience with the assigned clinical faculty member throughout the semester and not just at the end of the assignment;
10. Participate in at least one placement in a medical setting and one in pediatric placement (i.e., school, private practice, etc.)
11. Meet the knowledge and skills outlined for certification of clinical competence for ASHA, TN teacher licensure, and other state licensures;
12. Exceed the minimum ASHA requirement of 400 clock hours
The Clinical Practicum Progression in Speech-Language Pathology

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 Director of Speech-Language Pathology Services, Marilyn Wark, 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)
- 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+.
- 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)
- 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+.
- 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)
- 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+.
- 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)

- 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 off-site 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.

- Summer graduates will have their first opportunity to be placed in a 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)

- 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.

- 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)

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

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 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”

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.

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.

<table>
<thead>
<tr>
<th>Total Hours</th>
<th>Total Child</th>
<th>Total Adult</th>
<th>Child Speech Therapy</th>
<th>Child Lang Therapy</th>
<th>Child Speech_diag</th>
<th>Child Lang_diag</th>
<th>Adult Speech Therapy</th>
<th>Adult Lang Therapy</th>
<th>Adult Speech_diag</th>
<th>Adult Lang_diag</th>
</tr>
</thead>
<tbody>
<tr>
<td>459</td>
<td>232</td>
<td>215</td>
<td>52</td>
<td>75</td>
<td>30</td>
<td>35</td>
<td>52</td>
<td>79</td>
<td>33</td>
<td>22</td>
</tr>
</tbody>
</table>

“I’m concerned about my clock hours.”

Students are to monitor their clock hours and inform the clinic director 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.

“My classmate has been assigned hours that I don’t have. I’m concerned that I won’t be ready to graduate on time.”

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.

“I have already worked with that supervisor, can you change my schedule?”

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.

“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?”

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 clinic director, and she 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.

“I have no interest in working in a ______ (school, hospital, etc.). Do I have to?”

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.
PART TWO:

CLINICAL OPERATIONS
POLICIES AND PROCEDURES
SUBJECT: Criteria for Admission for Therapy Services at the Memphis Speech and Hearing Center

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 client and/or the client’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 feeding or swallowing disorder from the potential client, 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 swallowing function.

   C. The potential client is unable to communicate functionally or optimally across environments and communication partners.

   D. The presence of a communication or swallowing disorder has been verified through an evaluation by a certified speech-language pathologist or audiologist.
E. The potential client’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 client, family, and/or guardian seeks services to achieve and/or maintain optimal communication (including alternative and augmentative means of communication), and/or swallowing skills.

G. The potential client’s communication skills negatively affect educational, social, emotional performance, vocation, and/or status of health and safety.

H. The potential client’s swallowing/feeding skills negatively affect his or her nutritional health or safety status.

I. The potential client, family, and/or guardian seek services to achieve and/or maintain optimal communication and/or swallowing skills.

J. The potential client, 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 Cerner EMR system.

B. Clients seen for an evaluation and who wish to be placed on the waiting list for therapy are added to the Client Management System (CMS), an electronic database on the secured shared drive. This database contains the waiting list as well as the client schedule once admitted for services.

1. Clients are offered therapy services in the following order:
   a. Client’s acuity of condition and need
   b. Specific disorder type needed for student training
   c. Availability in a particular therapy program
   d. Length of time on the waiting list based on the evaluation date

2. When a client’s schedule is confirmed, the schedule is logged into the CMS and the office staff schedules the sessions in Cerner.
SUBJECT: Discharge and Follow-up from Therapy Services

POLICY: Client 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 client from treatment/instruction will be made in conjunction with the client and/or family or guardian, as appropriate. Every attempt is made to follow the client after discharge/transfer.

PROCEDURE:

I. Conditions for Discharge

A. Eligibility for discharge is indicated if one or more of the following factors are present.

   1. The communication or feeding and swallowing disorder is defined within normal limits or is now consistent with the client’s premorbid status.

   2. The goals and objectives of treatment have been met.

   3. The client’s communication abilities have become comparable to those of others of the same chronological age, gender identity, ethnicity, or cultural and linguistic background.

   4. The client’s speech, language, communication, and/or feeding and swallowing skills no longer adversely affect the client’s educational, social, emotional or vocational performance or health status.

   5. The client who uses an augmentative or alternative communication system
Policy C-202

has achieved optimal communication across environments and communication partners.

6. The client has attained the desired level of standardized communication skills.

7. 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 client’s status has changed or whether new treatment options have become available.

8. The client is unable to tolerate treatment because of new onset or progression of a serious medical, psychological, or other condition.

9. The client 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.

10. There is lack of appropriate and necessary support for treatment.

11. The client is unwilling to participate in treatment.

12. Treatment attendance has been inconsistent or poor and efforts to address these factors have not been successful. Three unexcused absences (and/or tardiness by 15 minutes) within a 90-day period will result in client discharge from therapy. Clients/families are informed of this attendance policy prior to admission and will be asked to sign an attendance agreement.

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

14. The client 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.).

15. No service may be provided for an client 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 and Methodist Le Bonheur Healthcare.
16. The supervising clinical faculty member and associated student are expected to discuss discharge plans with the client/parent as an ongoing part of the therapy process. If the client, 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 clients served understand and accept the dismissal decision.

II. Follow-up Procedures after Discharge/Transfer

Follow-up arrangements (i.e., maintenance therapy, speech-language re-check, referral to another agency, etc.), as needed, will be recommended to meet the needs of the client. The supervising clinician is responsible for management of the client’s follow-up
SUBJECT: Client Referrals from Outside Agencies

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 by the business associate who then contacts the client/guardian to schedule an appointment after insurance is verified.

II. A physician’s referral is required before services are rendered if the client/guardian intends to file a claim for services with an insurance provider.

III. The referral source will receive a copy of the report as requested even if the client/guardian hasn’t listed the referral source on the release of information form. (For more information follow HIPAA and Health Information Guidelines)

IV. The name of the referral source is included in the report.
SUBJECT: Client Referrals to Outside Agencies

POLICY: Referrals will be made to outside agencies for clients 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 client that an outside referral is warranted.

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

III. The supervising clinician will record the recommendation and any contacts with the referring agency in Cerner.

IV. Reports and information will be provided as requested per appropriate release of information.

V. If the client/guardian is not in agreement with the referral, the supervising clinician is to document this in the client’s record in Cerner. Services may be terminated if the refusal of the referral restricts the ability to treat the client appropriately (e.g., an ENT referral for a voice client) or hinders progress in treatment.
SUBJECT: Reporting of Clinical Information and Progress

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

PROCEDURE:

1. Reporting
   
   A. Evaluation Report
      
      a) All reports are to be completed and uploaded on Cerner.
      
      b) The student will complete speech/language reports within three working days, audiology reports within two working days, and pediatric audiology reports within 24 hours.
      
      c) The student will forward the report electronically via Cerner to the appropriate faculty member for review and signature within the time specified.
      
      d) For Audiology (AuD) students, the first version of the electronic report is graded by the supervising faculty member and is the only grade given for the report. The assigned grade is based on timeliness and extent of revision required. The faculty member will make the necessary revisions and 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 rewrite of the report with guidelines for improvement. Grading consequences for a poorly written report will apply on subsequent submissions.
      
      e) For SLP reports, a template is used for the heading and format for the report. The template is located on the Shared Clinic Drive. All reports must be saved as a new document.
      
      f) All raw test data should be documented in Cerner. Once uploaded on Cerner, paper material should be shredded unless it is a DDS test report. Test data is also shredded except for speech-language test forms, which are kept in the master file located in the file room.
Policy C-205

g) After the responsible faculty member reviews and evaluates reports and returns it to the HIPAA cabinet. The student has one day to make corrections. The faculty member is responsible for reviewing, signing, and sending it to the business office for distribution.

h) The office associate mails the report to the client/parent/guardian, and individuals/agencies listed on the release of information form. Reports must be mailed within 15 working days of the evaluation.

i) The office associate ensures that the Master File’s contents are in the appropriate order (see Policy C-206) and returned to the designated location. The Master File is filed in the file room by business office personnel and/or a graduate assistant.

B. Clinical Summary Report

a) Reports will be completed at the supervising faculty member’s discretion every 30 – 45 days, depending on the requirements of the pay source.

b) The report formats template is on the shared clinic drive.

c) The final summary report will be uploaded to Cerner and a copy will be sent to the office associate for dissemination within ten (10) working days from the end of the service period. The office associate will mail the report to the appropriate recipients. The Master File will be placed in the records room.

C. Annual Re-Evaluation Report for Clients in Treatment/Instruction

a) After one year of service, clients will be re-evaluated and staffed by the current supervisor and student seeing the client that semester, and the supervising faculty member, and one additional ASHA certified professional. An annual report will be written to summarize services provided, results of testing, progress made, and subsequent recommendations.

D. Discharge Summary Report

a) The discharge summary report is a complete summary of service, the progress gained in treatment/instruction, results of final testing, and recommendation at discharge.

E. Progress/SOAP Notes

a) Progress notes or SOAP notes will be recorded on Cerner.
2. **Verbal Reporting**

A. **Evaluation Reporting I**

a) 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.

b) The student and supervising faculty member may choose to plan the delivery of the results before they meet with the client/parent.

B. **Formal Client/Family/Parent Conferences in Treatment**

a) The student and supervising faculty member will discuss treatment objectives, and procedures, and discharge criterion with the client/family at the beginning of service period.

b) 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.

c) Additional conferences may be scheduled if necessary.

d) The supervising faculty member must be present during all client/family/parent conferences.

C. **Informal Dissemination of Information**

a) Following a session, the student clinician may briefly inform the parent/caregiver of how the client did in therapy that day, if in accordance with HIPAA policy.

b) 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.
SUBJECT: The Maintenance of Clinical Records

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

PROCEDURE:

I. Location and Security of Client Master Files

A. Each client has a file, which is kept in a secured cabinet. The cabinet is located in a locked file room that is monitored during work hours and is only accessible via badge access after-hours.

B. Client files are NEVER to leave the building. When a master file is checked out to a student, it must always be in the locked cabinet in the student area when not actively working on it.

II. Confidentiality

A. All information in the files is CONFIDENTIAL and should never be discussed with anyone not directly involved with the client.

B. All requests for confidential information (copies of reports, test results, etc.) are to be handled by the business office. The signed release of information is considered valid for a period of four months. At age 18 years, a client will sign a release for themselves. Individuals over 18 years of age and under the guardianship of parents or agency will need to show proof of a Healthcare Power of Attorney.

C. A release signed by client/parent/guardian is required before a report can be mailed out to an entity other than the referring agency.

D. No Protected Health Information (PHI) will be divulged over the telephone without signed consent. Refer to Policy C-215 for further information regarding HIPAA.
III. Checking Out Master Files

A. The master file should not leave the file room when not in use for a patient/client that is being seen and/or the report is being written. If a file is needed for review for any reason, the file can be reviewed in the file room. The file should then be re-filed or placed in the “to be filed bin”.

IV. Order of Master Files (Blue)

Each Blue file contains the following information. Documents not listed below should NOT be kept in the file.

A. LEFT SIDE
  DEMOGRAPHIC SHEET – contains all demographic information, insurance, and parent/guardian information. This information should be updated annually.

B. RIGHT SIDE
  MSHC REPORTS – For SLP, original evaluation or DDS report with no FIN label.
  FIN LABELS: refers to the label that contains the patient name, MRN, location, date of birth, age, sex, scan code, evaluator and initial date seen. These labels are good for 30 days. Keep extra labels in file until void, then shred.

  –The case history form will be kept in the file until both audiology and speech-language pathology services have been completed. It is then shredded once the information has been entered in Cerner.

  SLP TEST FORMS – All original protocol forms are copied with a FIN label on each page and scanned into Cerner. The copied forms are kept in the master file.

  HEARING AID DATA- The following documents are to be kept until Step 5 of hearing aid protocol is complete: Summary Sheet/ Subjective verification, COSI Questionnaire, Rehab assessment interview form, and Fine Tuning Questionnaire. A sticky note should be place on the document stating, “Keep in file until completed.” Once step 5 is complete the form should be shredded.

V. Length of Time Files are Maintained

Client Master Files are kept in the Master File cabinet for 5 years. After a file has been inactive for 5 years, it is removed and placed in a locked closet at MSHC for an additional 5 years. Tennessee law specifies that medical records are to be kept for 10 years after the last professional contact. The records of minors are kept for 10 years after the last professional contact or until the minor is 19 years of age, whichever is longer.
VI. Scanning Documents into Cerner

Once patient is seen and documentation is completed, all documents that need to be entered in Cerner must have a FIN label placed in the top right-hand corner of every sheet to be scanned (front and back if necessary)

- Label can be horizontal or vertical. Be sure not to cover important information with the label
- Remember FIN labels may not go anywhere else
- No staples may be in any paperwork
- Any test forms must be sliced and be independent pages
- FIN labels are good for 30-days from initial appointment date for both audiology and speech.
- If within 30 days, you may use the same FIN label.
- If not the same, you may complete an encounter sheet for a business officer to print you and new set of FIN labels
- Please do not leave blue files laying in the file room or with forms not in the proper trays.

HIM refers to the Health Information Management for scanning documents into the Electronic Medical Records system, Cerner. HIM trays are sorted by title and scan code (CDI)

- Hearing Screening- 80
- Hearing Aid Information -204
- Audiology- 200
- Rehab Evaluation/Discharge- 51
- Rehab Documents- 50
- Miscellaneous- 33
- Legal Documents- 224
- Orders- 065
- Outside Records- 999
- Release of Information- 222
- Race, Ethnicity, and Language (REL)- 333
- Billing/Insurance- 09
- General Consent of Authorization (GCOA)- 24
- Authorization/Consents- 555

Once FIN label is attached, place the forms in the appropriate scan tray(s)
### Business Office Forms:

<table>
<thead>
<tr>
<th>Document</th>
<th>Responsibility</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services Rendered Form</td>
<td>Business Office</td>
<td>File in daily folder. DO NOT SCAN. If students/supervisors need a copy for charge entry, shred after use.</td>
</tr>
<tr>
<td>Client Demographic Information</td>
<td>Business Office</td>
<td>Enter in Cerner. Hole-punch and put on left side of blue file.</td>
</tr>
<tr>
<td>General Consent for Care/Authorization</td>
<td>Business Office</td>
<td>Put FIN label in top right corner of sheet, put in GCOA 24 tray</td>
</tr>
<tr>
<td>Education and Research Release</td>
<td>Business Office</td>
<td>Put FIN label in top right corner of sheet, put in Authorizations Consents 555 tray</td>
</tr>
<tr>
<td>REL Form</td>
<td>Business Office</td>
<td>Put FIN label in top right corner of sheet, put in REL 333 tray</td>
</tr>
<tr>
<td>Release of Information</td>
<td>Business Office</td>
<td>Put FIN label in top right corner of sheet, put in Release of information 222 tray</td>
</tr>
<tr>
<td>Insurance card and eligibility information</td>
<td>Business Office</td>
<td>Put FIN label in top right corner of sheet, put in Billing/Insurance 09 tray</td>
</tr>
<tr>
<td>Referral forms/Physician Orders</td>
<td>Business Office</td>
<td>Put FIN label in top right corner of sheet, put in Orders 065 tray</td>
</tr>
<tr>
<td>Case History Forms (Adult/Child)</td>
<td>Students &amp; Clinical Faculty</td>
<td>Enter all data (hearing and speech) in Cerner. Shred AFTER supervisor(s) signs final report.(^1)</td>
</tr>
<tr>
<td>Invoices</td>
<td>JPT</td>
<td>Put in JPT clinic box in the business office. If clinician needs ones for any reason, keep in the blue file with a sticky note that says, “Please leave in blue file”.</td>
</tr>
<tr>
<td>Outside Agency Forms/Reports</td>
<td>Students &amp; Clinical Faculty</td>
<td>Put FIN label in top right corner of sheet, put in Outside Records 999 tray</td>
</tr>
</tbody>
</table>

### Speech/Language Clinic Forms:

<table>
<thead>
<tr>
<th>Document</th>
<th>Responsibility</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tests Forms</td>
<td>Students &amp; Clinical Faculty</td>
<td>Put FIN label in top right corner of copied forms (completed pages only), put in Rehab docs 50 tray.(^2) Make sure if originals are sent they are sliced as independent pages.</td>
</tr>
<tr>
<td>Diagnostic Reports</td>
<td>Business Office</td>
<td>Put FIN label in top right corner of copy, put in Rehab Eval/Discharge 51 tray.(^3)</td>
</tr>
<tr>
<td>Working Data</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in report then shred.</td>
</tr>
</tbody>
</table>

### Audiology Clinic Forms:

<table>
<thead>
<tr>
<th>Document</th>
<th>Responsibility</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1 Follow Up Phone Call</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred.</td>
</tr>
<tr>
<td>Considerations for Choosing a HA</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred.</td>
</tr>
<tr>
<td>Summary</td>
<td>Students &amp;</td>
<td>Keep in file until Step 5 is done. Document in Cerner</td>
</tr>
</tbody>
</table>

\(^1\) This does not pertain to DDS case history forms, which are kept in the chart (right side).

\(^2\) This does not pertain to DDS test forms, which are kept in the chart (right side) and not entered into Cerner.

\(^3\) This does not pertain to DDS reports, which are kept in the chart (right side) and not entered into Cerner.
<table>
<thead>
<tr>
<th>Sheet/Subjective Verif.</th>
<th>Clinical Faculty</th>
<th>then shred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Fit Interview</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred.</td>
</tr>
<tr>
<td>Hearing Aid Protocol Summary</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred.</td>
</tr>
<tr>
<td>COSI Questionnaire</td>
<td>Students &amp; Clinical Faculty</td>
<td>Keep in file until Step 5 is completed with sticky note that says, “Keep in file until completed”. Document in Cerner then shred.</td>
</tr>
<tr>
<td>Fine Tuning Guidelines</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred.</td>
</tr>
<tr>
<td>Client Refusal to Test Form</td>
<td>Students &amp; Clinical Faculty</td>
<td>Put FIN label in top right corner of sheet, put in Misc. 33 tray.</td>
</tr>
<tr>
<td>Consent Form for Taking Ear Imp.</td>
<td>Students &amp; Clinical Faculty</td>
<td>Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.</td>
</tr>
<tr>
<td>Directionality/DNR Print Form</td>
<td>Students &amp; Clinical Faculty</td>
<td>Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.</td>
</tr>
<tr>
<td>ANSI Test Results &amp; Specification Sheets</td>
<td>Students &amp; Clinical Faculty</td>
<td>Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.</td>
</tr>
<tr>
<td>Verifit Printouts (Speech Mapping, RECDs, Simulated REM)</td>
<td>Students &amp; Clinical Faculty</td>
<td>Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.</td>
</tr>
<tr>
<td>Hearing Aid Purchase Agreement</td>
<td>Students &amp; Clinical Faculty</td>
<td>Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.</td>
</tr>
<tr>
<td>Hearing Aid Purchase Receipt</td>
<td>Students &amp; Clinical Faculty</td>
<td>Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.</td>
</tr>
<tr>
<td>Int’t Outcomes Inventory IOIHA</td>
<td>Students &amp; Clinical Faculty</td>
<td>Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.</td>
</tr>
<tr>
<td>Medical Clearance Form</td>
<td>Students &amp; Clinical Faculty</td>
<td>Put FIN label in top right corner of every sheet, put in Orders 065 tray.</td>
</tr>
<tr>
<td>Hearing Aid Service Request Form</td>
<td>Students &amp; Clinical Faculty</td>
<td>Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.</td>
</tr>
<tr>
<td>Rehab Assessment Interview Form</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner after Step 5 and shred.</td>
</tr>
<tr>
<td>Post-Fit Structured Interview (2d)</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred.</td>
</tr>
<tr>
<td>Patient Agreement for Fitting of Hearing Devices Purchased from an Outside Source</td>
<td>Students &amp; Clinical Faculty</td>
<td>Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.</td>
</tr>
<tr>
<td>Fine Tuning Questionnaire</td>
<td>Students &amp; Clinical Faculty</td>
<td>Send home with patient after Step 4. Document in Cerner after Step 5 and shred.</td>
</tr>
<tr>
<td>Hearing Aid Quotes / Clinic Fees</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred.</td>
</tr>
<tr>
<td>CaptionCall Prof. Certification</td>
<td>Students &amp; Clinical Faculty</td>
<td>Submit to Caption Call. Document in report then shred.</td>
</tr>
<tr>
<td>Aided Detection of Warble Tones</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred.</td>
</tr>
<tr>
<td>AzBio Sentence Test Score Sheet</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred.</td>
</tr>
<tr>
<td>BKB-SIN Test Score Sheet</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred.</td>
</tr>
<tr>
<td>Test Description</td>
<td>Users</td>
<td>Disposition</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>CID-W22 Word List</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred</td>
</tr>
<tr>
<td>Common Phrases Test</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred</td>
</tr>
<tr>
<td>Early Speech Perception (ESP)</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred</td>
</tr>
<tr>
<td>GASP Test</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred</td>
</tr>
<tr>
<td>Working data (tympanogram sheets, written audiograms, SRT forms, word recognition lists)</td>
<td>Students</td>
<td>Document in report then shred</td>
</tr>
</tbody>
</table>
SUBJECT: Student Responsibilities in Diagnostics and Therapy

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

PROCEDURE:

I. Diagnostic Evaluations

A. Pre-Evaluation Procedures

1. A student logs into Cerner to determine their diagnostic schedule for the week and the client(s) they will serve.

2. The student assigned to conduct the evaluation studies the folder before meeting with his/her supervising faculty member.

3. The student returns the client folder to the business office immediately following the meeting.

4. Appointments for SLP clients will not be scheduled after noon on the day preceding the evaluation slot. Appointments for audiology clients will not be scheduled after 4:00 p.m. on the day preceding the time slot.

B. Day of Evaluation

The student prepares the diagnostic/sound room and selects appropriate materials before the evaluation.

1. The student picks up the blue file with attached Routing form and SRF at the business office window after paperwork is completed by the client and office staff at check-in.

2. The supervising faculty member and student meet the client and/or parents in the lobby, and then take them to testing/sound room.

3. If a client is being seen for speech-language testing and is age 3 years or older, his/her hearing is screened first.
4. The adult client/parents 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.

5. 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.

6. The student and/or faculty member complete the testing.

7. Testing is completed and tests are scored and analyzed. The student and faculty member discuss results and recommendations and plan the parent/client conference.

8. The parent/client is informed of the test results and recommendations by the student/faculty member.

Note: Regarding evaluations for Disability Determination, you may provide the client or parent of the client basic information about the evaluation as long as the client does not perceive this information as a recommendation by the Social Security Administration that they should receive treatment, return to the Contract Evaluation provider for any additional follow-up or treatment, or are qualified for any benefits.

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

10. IMMEDIATELY following the evaluation:

   a. The clinician escorts the client to the business office window and turns in the completed Services Rendered Form (SRF).

   b. For SLP diagnostics a routing sheet may be necessary and is to be completed by the student, approved by the clinical faculty member and given to the office associate.

   c. FORM(S) MUST BE TURNED IN BY THE END OF THE DAY OF EVALUATION.

11. If the client is not in the lobby at the designated evaluation time, the student will wait in the lobby for 10 minutes and alert the staff of a no-show after 15 minutes. Student should remain in the building during their clinic slot at the faculty member’s discretion.
II. Therapy

A. Preparation for Therapy

Initial Student/Faculty Member Conference

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 client's current status and prognosis and will plan the initial treatment session.

1. Working folder

a. Use of the working folder and its subsequent contents are at the discretion of the faculty member. If established, it must be maintained by the student.

b. Information contained in the working folder is considered confidential, and documents must be de-identified of all PHI (C-221). The only identifier used on the folder or documents can be a unique code determined between clinician and student. Working folders are not to leave the building. Folders are kept in the designated cabinets at MSHC and filed behind the faculty member’s name.

c. If a client has previously been enrolled in therapy, the faculty member provides the student with the working folder. If not, the student is responsible for creating the folder.

2. Therapy Materials

a. The student is responsible for preparation of materials and organization of the therapy room prior to and following each therapy session.

b. Therapy materials are available for student checkout in the SLP Materials/Infection Control 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

1. Weekly Student/Faculty member Conferences

Student meet with their clinical faculty weekly to discuss their clients’ progress and plan therapy. Clinical faculty may choose to meet their students as a group or individually.
2. Student Absences

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 and approval is granted by the clinical faculty member and clinic director. Student may be required to find a replacement clinician. Please refer to appropriate policies regarding clinical experiences (E-A-102, E-SLP-102).

a. If the student is not able to attend the session he/she must personally contact the faculty member in sufficient time to make the necessary adjustments. Leaving a message is not acceptable.

1) The student is responsible for finding a substitute for the therapy and for providing a therapy plan for the session(s).

2) If a substitute cannot be found, and the faculty member is available to cover the session, then the client is seen at his/her regular time. The student is to provide the faculty member with the therapy plan.

3) If neither a substitute or faculty member can cover the session, it is the responsibility of the student to contact the client and reschedule the client’s session.

4) If the client cannot reschedule, then the session is cancelled by the student. No session will be cancelled without the permission of the supervising faculty member.

a. Students are not to participate in therapy if contagious or incapacitated. Refer to the policy on Infection Control (Phys-404).

3. Meeting the Client

a. The student is responsible for meeting the client on time in the lobby and accompanying him/her to the therapy room.

b. If the client is not in the lobby at the designated evaluation time, the student will wait in the lobby for 10 minutes and alert the staff of a no-show after 15 minutes. 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 client of policy regarding unattended children and excessive tardiness or absences.

4. Length of Sessions
Therapy sessions are scheduled in 15-minute units. Sessions that are 30 minutes in length are terminated after twenty-five minutes. One-hour therapy sessions are terminated after fifty-five minutes.

5. Returning the Client to the Lobby

All clients (adult or child) are to be escorted to the lobby by the student.

III. Beginning and Ending Dates for the Clinic Semester

A. Beginning
   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
   Each student is required to remain available until the last day of finals each semester.

C. Breaks
   Students are able to volunteer to see clients or complete research duties during the mid-semester breaks unless the University is closed.
SUBJECT: On‐Call Clinic and Hearing Aid Drop‐Off Procedures

POLICY: The On‐Call service is designed for brief (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 and thin tubes, obtaining earmold impressions, fitting earmolds/domes, and replacing accessories.

PROCEDURE:

I. When established client comes in during On‐Call to have hearing aid(s) checked

A. Patient arrives and signs in at front desk.

B. Business office prepares SRF form, pulls all files and places in file pick up tray. Old charts are pulled upon request.

C. After obtaining patient's name, front desk personnel notify student or on‐call faculty member that an on‐call patient has arrived.

D. Business office personnel direct patients to waiting area and inform that he/she will be seen shortly.

E. After patient is seen, the supervising audiologist will complete SRF form based on procedures completed with the patient.

F. Supervising audiologist/student escorts patient to Business Office window to check out

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 that he/she will be contacted by Audiology within two business days.

D. Business office personnel place device(s), patient file 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 1:00 PM will be inspected the same day. Any device dropped off after 1:00 PM will be inspected the following day.
SUBJECT: Checking in Earmolds, Hearing Aid Repairs and New Hearing Aid Orders

POLICY: Audiology Faculty or student clinician will document details of earmold order, hearing aid repair and/or hearing aid orders on the Audiology Orders Spreadsheet. Faculty or student clinician should also enter any billing information in comments section. Business Office personnel will check-in devices and accessories that come in through USPS, UPS, FedEx, or other delivery companies for clients.

PROCEDURE:

I. Business Office Personnel

All arriving orders will be received by the Business Office. Business Office Personnel will complete a “Hearing aid check-in tracking” form. The business associate pulls file and places the tracking form, patient’s file, and devices in a blue box, indicating a new order or an order returning from repair. The business associate places the invoice in the appropriate box.

II. Faculty Member or Student Clinician

Faculty member or student clinician will call patient or notify the business office to call patient and schedule appointment to pick up device(s) and/or accessories. All device and accessory orders and/or repairs will be documented by Audiology Faculty or a student clinician according to check-in procedures on the Audiology Orders spreadsheet. The device(s) and/or accessories are to be placed in a yellow box, indicating it is ready to be picked up.
SUBJECT: Dress Code and Conduct for Students, Staff and Faculty Involved in Clinic

POLICY: Professional appearance/conduct is required when serving clients or when conducting MSHC business

I. Examples of Appropriate Dress/Appearance

A. U of M ID badges are to be worn on the upper torso when working with clients.

B. Students should wear appropriate attire, such as slacks or khakis, a dress shirt / blouse of appropriate length and neckline, a skirt or dress at the knee or below, and close-toed shoes.

C. 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.

D. Dress code requirements may be modified for special events (e.g., field trips) at the discretion of the clinical faculty member.

II. Examples of Inappropriate Dress/Appearance

A. Shorts

B. Jeans

C. 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 are not allowed in clinic due to infection control. Sneakers with laces, casual sandals including flip flops, or stilettos.

III. Examples of Potentially Inappropriate Dress/Appearance

A. Visible piercings other than the ears may be distracting and/or offensive.
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, he/she 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.

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 or not the individual is actively involved in the clinic.
SUBJECT: Malpractice Insurance for Students and Faculty Who Provide Clinical Services

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

PROCEDURE:

I. Students

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

II. Faculty

All clinical faculty are required to carry personal malpractice insurance to be credentialed to bill insurances.
SUBJECT: Criteria for Hearing Evaluation Prior to Speech-Language Evaluation

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. Submission of external hearing evaluations are reviewed by an Audiology faculty member and is 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 appointment.

II. No Previous Testing

   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.
SUBJECT: Limitations to Scheduling Clients for Diagnostic Services

POLICY: Clients 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. Clients will not be scheduled for diagnostic appointments when they fail to show for the scheduled time twice in one semester. The MSHC Coordinator may make this determination.

   B. A no show policy is in effect (Policy C-219) and attendance policies for therapy can be found in Policy C-202.

II. Outstanding Balance
    Clients will not be scheduled for diagnostic or therapy appointments when the business associate and MLH associate determine that the client has an outstanding balance from a previous semester. The client may arrange a deferment plan with MLH.
SUBJECT: Hearing aid(s) returns to the Memphis Speech and Hearing Center for credit

PROCEDURE:

I. Patient returns hearing aid(s) to clinician or front desk staff member

   A. Patient will complete the Hearing Aid Request form and indicate reason for return

   B. Clinician and/or business staff will:

      1. Collect hearing aid(s) and all parts from patient and put in hearing aid bin on shelf and notify dispensing audiologist

      2. Notify the patient that they will not be reimbursed, per contract, for shipping and handling charges, professional services, ear impressions or earmolds.

      3. Complete a Services Rendered form (SRF) in the amount of the hearing aid (credits are to be delineated with brackets) and submit to the business office for credit

         a. Service fees are not included in return amount
         b. Shipping and handling costs are not included in return amount
         c. Ear impressions
         d. Earmolds

      4. Dispensing audiologist will complete the manufacturer’s specified return form, place in MSHC Manager’s box and return aid(s)

      5. Dispensing audiologist will make note on the Audiology Orders spreadsheet in the returned devices tab.

      6. Dispensing audiologist will submit the Hearing Aid Request form to the MSHC Manager.

C. MSHC Coordinator and MLH Operations Manager will:

   1. Verify credit has been posted in GE system

   2. Complete necessary reimbursement paperwork for Methodist-Le Bonheur Healthcare.
SUBJECT: Hearing Aid Dispensing Procedure for Memphis Speech and Hearing Center Patients

PROCEDURE:

I. Hearing Evaluation Appointment

A. Clinician will

1. Determine need for hearing aid services and/or other options for amplification

   a. Give patient a copy of the Procedures for Obtaining a Hearing Aid at MSHC handout and review the handout with them.

   b. Document in Cerner that the Procedures for Obtaining a Hearing Aid handout was given and reviewed with patient.

2. Schedule appropriate follow-up appointments with business office.

   a. 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

3. Complete SRF for hearing evaluation appointment

II. Hearing Aid Examination and Selection Appointment

A. Clinician will:

1. Following choosing the hearing aid, the clinician will indicate on the Hearing Aid Purchase Agreement the total cost of the hearing aid including shipping and handling, and additional features or accessories.
2. Review the *Hearing Aid Receipt* with the patient to ensure they understand each section including:

   a. Medical waiver vs. medical clearance, when necessary.

   b. Payment due dates (the University offers NO payment plan)
      
      1) Half of the cost of the hearing aid is due at time of order
      2) Remaining balance is due at the hearing aid fitting and orientation appointment

   c. Service fees are separate from the cost of the hearing aid and are non-refundable. 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.

   d. Return policy

   e. Additional costs may apply

3. If an ear impression is taken, the clinician will review the cost for the ear impression(s) and ear mold(s) and have patient sign the *Consent for Taking Ear Impressions*. Standard ear mold(s) remain at the current price. Specialty ear mold(s) will require a price quote.

4. Student will fill out an audiology quote sheet, documenting all allocated charges for device(s), accessories, and shipping.

5. Clinician will complete a *SRF* 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. Clinician will include all the above information in a letter to the patient following the appointment.
7. Clinician will complete an SRF for the following:
   a. HAE/S appointment
   b. Total cost of hearing aid(s)-only ½ is due, but total cost is billed
   c. Ear impression(s), if applicable
   d. Ear mold(s), if applicable

III. Hearing Aid Fitting and Orientation appointment

A. Remaining portion of the Hearing Aid Receipt will be completed and clinician will have patient sign the agreement. A copy is given to the patient at check-out. Review the agreement and ensure understanding of fees included and not included in future appointments, i.e. product versus appointments during first year.

B. The clinician will complete the SRF with the following charges
   1. Dispensing fee
   2. Hearing Aid Fitting and Orientation
SUBJECT: Client Check in Procedures - Business Office personnel will receive and check-in clients prior to providing services

PROCEDURE:

I. New Clients

A. Client is received by individual at Front Office Desk and asked to sign in.

B. Client must complete the MSHC-ULPS packet.

C. Business Office Personnel

1. Make a copy of client’s insurance card (front and back) and driver’s license

2. Check for precertification with insurance carrier, if applicable

3. Collect co-pay, if applicable

* Note 1: Every effort will be made to send paperwork to client in advance and to pre-certify visit prior to day of appointment.

* Note 2: If client states they do not have their insurance card, an attempt is made to obtain verification of services. If carrier cannot verify coverage while client is at the Center, the client is informed that he/she will have to pay for that day’s service or reschedule the appointment

Submit documents in accordance with the HIM procedure (C-206)
II. Returning Clients

A. Client is received by individual at Front Office Desk and is asked to sign in.

B. The business associate will confirm that all paperwork is up to date.

C. If client has NOT been seen within the past year, the business associate will:
   1. Ask the client to complete required paperwork (General Consent, Education Release, and Demographic Info) and update information in the billing system
   2. Obtain a copy of the current insurance card (front and back) and driver’s license
   3. Check for precertification with insurance carrier
   4. Complete top portion of the Services Rendered Form (SRF)

III. Therapy Clients

A. First day of therapy client will check in with business office and update any of the necessary forms.

B. The business associate will:
   1. Make copy of insurance card (front and back) and driver’s license
   2. Check with Carrier for precertification if not completed prior to visit
   3. Collect co-pay each visit, if applicable

IV. All clients

Client’s file is not to be removed from the Business Office area until the client has completed the check-in process.
SUBJECT: Client Check Out Procedures

PROCEDURE:

I. Check Out

A. Client is accompanied to checkout by student or clinician with file and completed SRF to include, circled procedures, ICD-10 codes, hearing aid repair and/or order charges, signature and State license number of the clinician. Blue ink color should be used to complete the SRF in order for business office to see all circled CPT codes.

B. Hearing aid repairs should be charged the day it is sent for repair (even if patient is not present)

1. Repair charges should include the following:
   a. Cost of repair,
   b. Shipping and handling,
   c. Electroacoustic analysis (monaural or binaural) if beyond the first year and/or out of warranty
   d. 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.

C. Hearing aid orders should be charged the day of order

1. Clinician will complete a SRF 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.

2. Half of the cost of the hearing aid is due at time of order
3. Remaining balance is due at the hearing aid fitting and orientation appointment

4. Service fees are separate from the cost of the hearing aid and non-refundable

D. Business office personnel will total charges for the day on the SRF. If client does not have insurance coverage, they should pay for services at checkout time.

E. All products are to be paid for when patient receives them.
SUBJECT: Client No Show Policy

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 three scheduled appointments without providing 24-hour notice are informed that the Memphis Speech and Hearing Center will be unable to provide additional services and they will be dismissed from the program for the semester.

PROCEDURES:

I. Clients

All clients seen at the Memphis Speech and Hearing Center (excluding Sound Fuzion) are subject to this policy to include University students and regardless of their insurance coverage.

II. Clients Seen for Evaluations

A. Clients will be told of the policy at the time the appointment is made. In addition, a notice will be included in the paperwork sent to the client prior to the appointment.

B. Notation of the no show will be noted in Cerner and on the daily sign in sheet.

III. Clients Seen in Therapy

A. Clients will be given the policy in writing at the time of their first therapy appointment by the clinical faculty member.

B. The clinician will note on the daily attendance sheet whether missed sessions were canceled by the clinician or client or if the client did not keep the appointment.

C. Clients who have three unexcused appointments in a 90-day period may be dismissed from therapy. (Policy C-202)
SUBJECT: Straight to Therapy Admission Process

POLICY: Clients 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 client 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 client 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 client/parent/caregiver or professional

A. When the request is received to bypass the evaluation and be directly enrolled in therapy, the business office personnel taking the call will do the following:

1. Describe the “Straight to Therapy” process
2. Describe the Waiting List process
3. Explain the nature of a student training program. Specifically, that student clinicians provide services under the supervision of a certified clinician.
4. Convey that the appropriate therapy programs are recommended only after all reports are reviewed by the clinical supervisor.
5. Inform the caller about Tennessee Early Intervention Services (TEIS) if the child is under age three.
6. Request all required documentation, as listed below:

a. 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.
b. A complete current (within six months) hearing evaluation administered by a certified audiologist if the child is under the age of three years.

c. A physician’s referral if services are to be covered by insurance

7. If asked, provide three resources of information regarding other therapy providers.
8. Obtain insurance provider information
9. Report therapy fee schedule

II. Intake Information

A. The designated business associate stores intake information in a holding file until all required reports are received.

B. Once reports and documentation are received they are placed in a manila file with no client number and forwarded to the reviewing SLP or Audiologist.

III. Evaluation information is reviewed

A. All straight to therapy requests will be managed by an assigned SLP, who will review the speech/language diagnostic report(s) and:

1. Determine if reports are complete and current
2. Determine if further testing will be required
3. Make recommendations/referrals as appropriate

B. If the child is under the age of three or the client 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

C. If all information is complete the reviewing SLP will request that the office associate contact the parent/client to inform them of the decision.

D. Following the decision to proceed, a routing form will be
prepared using the submitted evaluation data and designate the disorder(s), severity, recommendations, and recommended therapy program(s). The date of the review will be designated as the evaluation date. The information will be entered in the Client Management System indicating that the client is on the waiting list.

E. If appropriate, more than one program should be considered when making the recommendation.

F. The business associate will contact the client/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:

1. At that time the business associate will also confirm: the client/parent(s) name(s), address(es), contact numbers (multiple numbers are helpful) and insurance provider information. They will also remind the (client or caregiver to notify MSHC if any contact information changes.
2. If the client has specific questions regarding the recommendation or any other clinical process they will be referred to the SLP in charge of the therapy program.

G. 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.

IV. Scheduling the Client

A. The faculty member submits information in the Client Management System that indicates the client 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 client to come early on the first day to complete the paperwork. Every effort will be made to have the paperwork mailed to client before appointment.
V. Client check in on the first therapy visit

A. On the first therapy visit the client will sign-in and will follow procedures for the check-in of new clients (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.
Health Information Management (HIM) Procedure
Memphis Speech and Hearing Center
Effective Date 04/01/2017

Procedure:

1. Receive blue file from the business office
   a. File will contain FIN labels on the right side of the file (bracketed on).
   b. File will contain the Client Demographic/Insurance Billing form on the left side of the file (hole punched and in brackets).

2. Once patient is seen and documentation is completed, all documents that need to be entered into Cerner must have a FIN label placed in the **TOP RIGHT HAND CORNER** of every sheet to be scanned (front and back if necessary). Label can be horizontal or vertical.
   a. Remember FIN labels may not go anywhere else.

3. FIN labels are good for 30-days from initial appointment date for both audiology and speech.
   a. If within 30 days, you may use the same FIN label
   b. If not the same, you may inform a business officer to print you a new set of FIN labels.
   c. Please do not leave blue files laying in the file room or with forms not in the proper trays.

4. HIM trays are sorted by title and a scan code (CDI).

5. Once a FIN label is attached, place the forms in the appropriate tray(s).
   a. SRF’s do NOT get scanned. The business office collects the SRF’s to go with the daily folder. If you make a copy for yourself to do charge entries, after completing then please shred.
   b. Case history forms do not get scanned. They need to be shredded after entry into the Cerner system. If HE precedes SLE, all history information needs to be entered.

6. Speech-Language Evaluation Reports and Documentation
   a. First page of report should be on MSHC-MLH letterhead.
   b. Copies are made and mailed to parent/client, referring physician and all on the cc list at the end of the report and documented in Cerner.
   c. Copy is made to be scanned. FIN label is attached and put in the appropriate tray.
   d. Original goes in blue folder on the right side with no FIN stickers.
   e. A copy of the speech-language test forms will need to have a FIN label placed in each
page and placed in appropriate tray. If label will cover important data, note the information on the form.
  
f. The original test forms will be hole-punched and placed behind the report in the blue folder with no FIN sticker.

7. DDS Reports and Documentation
   a. First page of report should be on MSHC-MLH letterhead.
   b. Original is sent to DDS with appropriate paperwork.
   c. One copy is made to go in the right side of the blue file.
   d. Test forms will be hole-punched and placed behind the report on the right side of the blue file.
   e. **NO** DDS information is entered into Cerner.

8. Check-In Reports and Documentation
   a. Invoices will go in JPT’s box on her business office desk in tray marked “invoices”.
   b. Packing slip will be checked and shredded after all parts have been confirmed.

9. Lions Club Reports
   and Documentation
   a. All documentation is done the same as any other patient.
      i. HE is documented in the Cerner HE.
      1. Earmold is also documented in HE report.
      2. Keep copy of earmold order form in right side of blue file (under FIN labels) until earmold is received. Once it is received and order checked, shred order form.
      ii. HAI/O report is documented on the HIPAA internal drive, printed on MSHC MLH letterhead.
         1. A copy of the original report is made.
         2. The copy will be mailed to patient.
         3. Original copy will have FIN labels attached and be put in the appropriate tray.
      iii. If the patient returns, complete documentation for step 5.
      iv. The Lions Club application which indicates the HA approval and a copy of the patient’s Lions Club card that lists active dates have a FIN label attached and go in outside documentation.

10. Preparing for courier pick up
    a. Each Friday, the business office will print HIM cover sheets for each of the labeled trays.
    b. All papers in each tray will be reviewed to ensure it is in the appropriate scanning code tray.
    c. Each set of paperwork will be paper clipped with the appropriate cover sheet and be placed in a brown envelope to be picked up on Monday.

11. A courier will be picking up the documents that need to be scanned, on Mondays. HIM takes less than 7 days to scan documents in once received.
References:

- **HIM**
  Refers to the Health Information Management for scanning documents into the Electronic Medical Records system, Cerner.

- **FIN**
  Refers to the financial identification number assigned to each patient for 30 days from initial date seen. This number will change every 30 days.

- **FIN Label**
  Refers to the label that contains the patient name, MRN, location, date of birth, age, sex, scan code, evaluator and initial date seen.

- **HIM Tray**
  The trays in the file room in the clinic that have various scan codes (CDI-alias codes) assigned for HIM to scan into the proper place within the EMR system

- **EMR**
  Electronic medical record. The system used by MSHC is Cerner.

- **SRF**
  Services rendered form. This is the internal form used to bill patients.

- **MRN**
  This is the patient’s file number.

- **GCOA**
  General Consent of Authorization

- **REL**
  Race, ethnicity and language form

- **Orders**
  Orders are referral documents from the physician
### Scan Codes:

<table>
<thead>
<tr>
<th>Document</th>
<th>Code</th>
<th>Responsibility</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Screening</td>
<td>80</td>
<td>Orders</td>
<td>065</td>
</tr>
<tr>
<td>Hearing Aid Information</td>
<td>204</td>
<td>Outside Records</td>
<td>999</td>
</tr>
<tr>
<td>Audiology</td>
<td>200</td>
<td>Release of Information</td>
<td>222</td>
</tr>
<tr>
<td>Rehab Eval/Discharge</td>
<td>51</td>
<td>REL</td>
<td>333</td>
</tr>
<tr>
<td>Rehab Docs</td>
<td>50</td>
<td>Billing/Insurance</td>
<td>09</td>
</tr>
<tr>
<td>Misc</td>
<td>33</td>
<td>GCOA</td>
<td>24</td>
</tr>
<tr>
<td>Legal Documents</td>
<td>224</td>
<td>Auth Consents</td>
<td>555</td>
</tr>
</tbody>
</table>

### Business Office Forms:

<table>
<thead>
<tr>
<th>Document</th>
<th>Responsibility</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services Rendered Form</td>
<td>Business Office</td>
<td>File in daily folder. DO NOT SCAN. If students/ supervisors need a copy for charge entry, shred after use.</td>
</tr>
<tr>
<td>Client Demographic Information</td>
<td>Business Office</td>
<td>Enter in Cerner. Hole-punch and put on left side of blue file.</td>
</tr>
<tr>
<td>General Consent for Care/Authorization</td>
<td>Business Office</td>
<td>Put FIN label in top right corner of sheet, put in GCOA 24 tray</td>
</tr>
<tr>
<td>Education and Research Release</td>
<td>Business Office</td>
<td>Put FIN label in top right corner of sheet, put in Authorizations 555 tray</td>
</tr>
<tr>
<td>REL Form</td>
<td>Business Office</td>
<td>Put FIN label in top right corner of sheet, put in REL 333 tray</td>
</tr>
<tr>
<td>Release of Information</td>
<td>Business Office</td>
<td>Put FIN label in top right corner of sheet, put in Release of information 222 tray</td>
</tr>
<tr>
<td>Insurance card and eligibility information</td>
<td>Business Office</td>
<td>Put FIN label in top right corner of sheet, put in Billing/Insurance 09 tray</td>
</tr>
<tr>
<td>Referral forms/Physician Orders</td>
<td>Business Office</td>
<td>Put FIN label in top right corner of sheet, put in Orders 065 tray</td>
</tr>
<tr>
<td>Case History Forms (Adult/Child)</td>
<td>Students &amp; Clinical Faculty</td>
<td>Enter all data (hearing and speech) in Cerner. Shred AFTER supervisor(s) signs final report.¹</td>
</tr>
<tr>
<td>Invoices</td>
<td>JPT</td>
<td>Put in JPT clinic box in the business office. If clinician needs ones for any reason, keep in the blue file with a sticky note that says, “Please leave in blue file”.</td>
</tr>
<tr>
<td>Outside Agency Forms/Reports</td>
<td>Students &amp; Clinical Faculty</td>
<td>Put FIN label in top right corner of sheet, put in Outside Records 999 tray</td>
</tr>
</tbody>
</table>

### Speech Forms:

<table>
<thead>
<tr>
<th>Document</th>
<th>Responsibility</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tests Forms</td>
<td>Students &amp; Clinical Faculty</td>
<td>Put FIN label in top right corner of copied forms (completed pages only), put in Rehab docs 50 tray.²</td>
</tr>
<tr>
<td>Diagnostic Reports</td>
<td>Office Staff</td>
<td>Put FIN label in top right corner of copy, put in Rehab Eval/Discharge 51 tray.³</td>
</tr>
<tr>
<td>Working Data</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in report then shred.</td>
</tr>
</tbody>
</table>

### Audiology Forms:

<table>
<thead>
<tr>
<th>Document</th>
<th>Responsibility</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1 Follow Up Phone Call</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred.</td>
</tr>
</tbody>
</table>

¹ This does not pertain to DDS case history forms, which are kept in the chart (left side).
² This does not pertain to DDS test forms, which are kept in the chart (right side) and not entered into Cerner.
³ This does not pertain to DDS reports, which are kept in the chart (right side) and not entered into Cerner.
<table>
<thead>
<tr>
<th>Document</th>
<th>Students &amp; Clinical Faculty</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considerations for Choosing a HA</td>
<td>Document in Cerner then shred.</td>
<td></td>
</tr>
<tr>
<td>Summary Sheet/Subjective Verif.</td>
<td>Keep in file until Step 5 is done. Document in Cerner then shred</td>
<td></td>
</tr>
<tr>
<td>Pre-Fit Interview</td>
<td>Document in Cerner then shred.</td>
<td></td>
</tr>
<tr>
<td>Hearing Aid Protocol Summary</td>
<td>Document in Cerner then shred.</td>
<td></td>
</tr>
<tr>
<td>COSI Questionnaire</td>
<td>Keep in file until Step 5 is completed with sticky note that says, “Keep in file until completed”. Document in Cerner then shred</td>
<td></td>
</tr>
<tr>
<td>Fine Tuning Guidelines</td>
<td>Document in Cerner then shred.</td>
<td></td>
</tr>
<tr>
<td>Client Refusal to Test Form</td>
<td>Put FIN label in top right corner of sheet, put in Misc. 33 tray.</td>
<td></td>
</tr>
<tr>
<td>Consent Form for Taking Ear Imp.</td>
<td>Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.</td>
<td></td>
</tr>
<tr>
<td>Directionality/DNR Print Form</td>
<td>Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.</td>
<td></td>
</tr>
<tr>
<td>Verifit Printouts (SpeechMapping, RECDs, Simulated REM)</td>
<td>Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.</td>
<td></td>
</tr>
<tr>
<td>Hearing Aid Purchase Agreement</td>
<td>Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.</td>
<td></td>
</tr>
<tr>
<td>Hearing Aid Purchase Receipt</td>
<td>Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.</td>
<td></td>
</tr>
<tr>
<td>Int’t Outcomes Inventory (IOIHA)</td>
<td>Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.</td>
<td></td>
</tr>
<tr>
<td>Medical Clearance Form</td>
<td>Put FIN label in top right corner of every sheet, put in Orders 065 tray.</td>
<td></td>
</tr>
<tr>
<td>Hearing Aid Service Request Form</td>
<td>Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.</td>
<td></td>
</tr>
<tr>
<td>Rehab Assessment Interview Form</td>
<td>Document in Cerner after Step 5 and shred.</td>
<td></td>
</tr>
<tr>
<td>Post-Fit Structured Interview (2d)</td>
<td>Document in Cerner then shred.</td>
<td></td>
</tr>
<tr>
<td>Patient Agreement for Fitting of Hearing Devices Purchased from an Outside Source</td>
<td>Put FIN label in top right corner of every sheet, put in Hearing Aid Info 204 tray.</td>
<td></td>
</tr>
<tr>
<td>Fine Tuning Questionnaire</td>
<td>Send home with patient after Step 4. Document in Cerner after Step 5 and shred.</td>
<td></td>
</tr>
<tr>
<td>Hearing Aid Quotes / Clinic Fees</td>
<td>Document in Cerner then shred.</td>
<td></td>
</tr>
<tr>
<td>Caption Call Prof. Certification</td>
<td>Submit to Caption Call. Document in report then shred.</td>
<td></td>
</tr>
<tr>
<td>Aided Detection of Warble Tones</td>
<td>Document in Cerner then shred.</td>
<td></td>
</tr>
<tr>
<td>AzBio Sentence Test Score Sheet</td>
<td>Document in Cerner then shred.</td>
<td></td>
</tr>
<tr>
<td>Test Score Sheet</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred.</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>CID-W22 Word List</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred.</td>
</tr>
<tr>
<td>Common Phrases Test</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred.</td>
</tr>
<tr>
<td>Early Speech Perception (ESP)</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred.</td>
</tr>
<tr>
<td>GASP Test</td>
<td>Students &amp; Clinical Faculty</td>
<td>Document in Cerner then shred.</td>
</tr>
<tr>
<td>Working data (tympanogram sheets, written audiograms, SRT forms, word recognition lists)</td>
<td>Students</td>
<td>Document in report then shred.</td>
</tr>
</tbody>
</table>
PART THREE:

PHYSICAL OPERATIONS
POLICIES AND PROCEDURES
SUBJECT: Office, Clinic, and Research Laboratory Space Assignment

POLICY: 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 Graduate Studies 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

Faculty & Staff:

- The CSD Dean assigns faculty and staff offices, closet storage, and laboratory space with consideration for the faculty member’s research needs.
- CSD Emeritus faculty members are not guaranteed a private office.
- 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.
- Space justifications may be requested at any time.

II. Classrooms & Conference Rooms

Request for classrooms and conference rooms, to use on a temporary basis, may be scheduled with the School Administrative Associate. Call 678-5877 or email fwright2@memphis.edu if you need more information. 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) are reserved by timecards outside of each therapy room, unless otherwise determined by the Director of Clinical Services in Speech Pathology (x5800). Therapy rooms for external use must be reserved through the Director of Clinical Services in Speech Pathology (x5800).

B. Audiology booths are used on a first come, first serve basis with the exception of some booths periodically reserved for special purposes. For booth reservations, contact the Director of Clinical Services in Audiology (x5800). Temporary assignments are to be scheduled with the Director of Clinical Services in Audiology as needed. Audiology booths for external use must be reserved through the Director of Clinical Services in Speech Pathology (x5800).

C. The business office door is locked and admission is subject to approval of the HIPAA officers via the CSD administrative associate. CSD students are only to be in the business office to access the file room. Non-CSD personnel should not be in the business office without authorization.

D. 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

Requests for scheduling research space and equipment should be made only with the consent of the faculty member directing the 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.
SUBJECT: Clinical Materials and Equipment Requests

POLICY: MSHC clinical materials and equipment are the property of the School of Communication Sciences and Disorders and are available within the School for research, clinical, or classroom activities. Individuals who are not members of the School of Communication Sciences and Disorders are not permitted to use the equipment and/or materials without express permission of the Dean of the School. Special permission to remove materials/equipment from the premises is required.

PROCEDURE:

I. MSHC/CSD Clinical Materials/Equipment

   A. Use of the equipment for clinical activities should be requested through the respective Director of Clinical Services (SLP or Audiology).

   B. CSD students may check out therapy materials from the designated infection control/materials rooms. Equipment, tests, and test forms need to be checked out using the EZOffice app. All items are to be returned and checked in at the end of the day.

   C. Materials and equipment should not be removed from any therapy room without notifying the Director of Clinical Services of SLP or from a sound suite or clinic rooms without notifying the Director of Clinical Services of 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 located in the SLP materials room, Sam Cooper.

II. Classroom and Research Equipment

   Classroom and research equipment can be obtained through the permission of the professor directing the research laboratory or class involved. Priority will be given to sponsored research activities and approved dissertation activities.
III. Audio-Visual Equipment

A. The checking out of portable equipment (e.g., camcorders) will be through the Audiovisual Multimedia Specialist.

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 caution must be taken to protect all of them. If they are abused or lost, limited funding will not normally permit immediate replacement.
SUBJECT: Building Use

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 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.

   CSD students may use the building during evenings and on weekends; however, caution should be used during these times. Students are advised not to keep late hours at the Center. If entering or exiting the building after dark, please do so in groups. When leaving late, call Murray Guard (x3848) for an after-hours escort to your car. Alternatively, the Tiger Patrol/Police Service has a 24/7 on-campus escort program, which one can reach by calling 901-678-HOME.

II. Building Security

   A. The north doors to the building (-facing Park Avenue) are unlocked from 6:30 a.m. to 7:00 p.m. The security desk is manned during those hours. 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 not know who cannot produce a University ID. Make certain that you completely close exterior doors when you are entering or exiting the building, especially on weekends and at night.

   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 you notice 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 8:00 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. in the Summer. 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. The library is to be kept quiet at all times.

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 keep these areas clean and orderly at all times.

B. Items/signage are not to be attached to walls, doors, or cabinets either by nails, tape or any 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)

B. Including, but not limited to:
   - temperature control
   - elevator operation
   - water and waste drainage
   - swipe-card function

VI. Smoke Free Area

The Community Health Building/Memphis Speech and Hearing Center has been designated as smoke free in order to offer an optimum environment for clients and employees. Therefore, smoking is not permitted in the building.

VII. Mailboxes

A. First floor, clinic area mailroom: CSD faculty, staff, and PhD students are assigned mailboxes

B. Second floor mail room: CSD MA and AuD students are assigned mailboxes. Students should check their mailboxes and E-mail daily.
VII. **Collaboration Space**  
Space is available for all students to congregate and break from class/clinic. It is located in the back center of the building on the second and third floors. Graduate students are directed to the collaboration space on the third floor.

VIII. **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. A refrigerator and microwave are available to all CSD students in the closet of Room 2015 on the 2nd floor. In order to access the room, students will need to complete HIPAA training.

C. There are vending machines located in the 2nd and 3rd floor collaboration spaces.
SUBJECT: Emergency Situations

POLICY: All personnel should be prepared in an emergency situation

PROCEDURE:

I. Personal Emergency Information

CSD client emergency data are kept in their electronic medical record. CSD students and personnel are to complete Appendix III-A, which will be kept in the CSD Dean’s Suite.

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. Faculty, staff, and students are responsible for making sure that all handicapped persons in their charge leave the building safely.

C. FIRE
   1. Use listed primary exits in case of emergency unless it is blocked. A floor plan is posted in the hallways indicating the primary and alternate exits.

   2. Elevators are not to be used in case of fire.

   3. 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, staff or student) must stay with the person, while another person directs emergency/rescue personnel to their location.

   4. On the first floor, clients should be led out of the building. At no time should clients be left unattended during a building evacuation. A wheelchair is located in the MSHC file room on the first floor.

D. TORNADO
   1. In case of a tornado warning, all occupants should proceed to the
ground floor to the internal hallways in the clinic. The best place to be would be in one of the sound suites.

2. If the ground floor cannot be reached (e.g., wheelchair bound), find an interior room or hallway.

3. Stay away from rooms with windows.

E. EARTHQUAKE

1. 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.

2. Avoid windows and unsteady objects that could fall.

3. Do not try to exit the building.

4. Do not use elevators.

III. Medical Emergency Procedures

A. Follow appropriate CPR/First Aid guidelines.

B. Call for help if alone with client

C. Notify supervisor or faculty member

D. Send another student for faculty member

E. Notify family member, clinical faculty member, or other appropriate person to come to the location of the emergency.

F. If unable to reach 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.

G. An AED is located in the mail/copy room (1064) in the clinic.

H. Incident report must be filed within 24 hours of event.
SUBJECT: Parking Procedures

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 (hang-tag) 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. STUDENTS:
   1. 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).
   2. 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.

C. FACULTY & STAFF:
   1. 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.
   2. Contact the Parking office (x2212) for more information on permit cost and options.
   3. Part-time employees or ULPS 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.

D. Pay or appeal parking citations online through MyMemphis, TigerPark.

II. Parking for Clients

A. Client parking is designated by signage in the lot to the West and North of CHB. Only part-time employees who are working on site less than 7.5 hours a week may use client parking.
III. Parking for Research Participants or other visitors

CSD's guide to research participant parking

Can participant use a handicapped parking space?

YES

Direct to any designated handicapped parking space.

NO

Are reserved research spots available?

YES

Use parking calendar to indicate your participant will use a spot.

NO

OR

Are Clinic spaces available in west lot? Clinic desk: 678-2009

YES

Provide participant with Clinic dash-tag. This should be obtained from Clinic desk staff.

NO

Provide participant with a dated, one-time general parking pass. They can park in any unreserved space or metered space.

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 Dean’s office.
SUBJECT: Reporting an Injury

POLICY: All personnel and students should report injuries according to policy

PROCEDURE:

I. First Report of Injury

A. The employee’s supervisor (or student’s instructor/supervisor) should be informed of any injury after an accident. The faculty member or employee is to complete a First Report of Injury or Illness form located at http://bf.memphis.edu/hr/benefits/injury.pdf and submit it to the Environmental Health and Safety Department (asimpson@memphis.edu) and Employee Benefits (srplmer1@memphis.edu) on main campus within 24 hours of the injury. The faculty member/employee will also forward a copy of the report to the Administrative Associate to be kept on file. It is vital that the faculty member or supervisor be informed immediately so that the 24-hour deadline can be met.

B. If one wishes to claim on-the-job injury compensation for medical expenses, in an emergency, employees should go to the nearest emergency room and seek treatment. Then contact your supervisor and Employee Benefits as soon as possible to start the claims process. In a non-emergency, immediately notify your supervisor and then the two of you should call the Workplace Injury and First Notice of Loss Call Center at 1.866.245.8588. Choose option 1 and speak to a nurse who will recommend whether or not you should seek treatment. If the recommendation is for you to seek treatment, you should proceed to the medical facility that the nurse recommends that you go to.

C. A written record of any information pertaining to any emergency situation, not in the forms mentioned above, should be maintained.

D. Any ULPS employee working onsite will be given any necessary medical attention and their injury will be reported to Danielle Keeton (Danielle.Keeton@lebonheur.org).
SUBJECT: Use of Copy Machines

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. 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.

II. 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.

III. Students and faculty may place funds on their University of Memphis ID which will allow them to make copies for personal use on the machine in the mailroom on the second floor. Materials may also be scanned and emailed on this machine for free.

IV. Individuals are required to be aware of and follow all copyright laws and regulations.
SUBJECT: Infection Control for Memphis Speech & Hearing Center

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 Policy Phys - 312. 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, volunteers 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 MSHC with oversight by the CSD Clinical Training Policies Committee.

PROCEDURE:

I. Personnel

Not all faculty, staff, volunteers, students, and/or interns have the same potential risk of exposure to infectious materials.

A. Professional Staff, Students and Volunteers

Audiologists, Speech-Language Pathologists, volunteers 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 including using, handling, cleaning, disinfecting, or sterilizing:

a. Immittance probe tips, earlight tips, and specula
b. Patient "touch and splash" surfaces
c. Instruments with 2% glutaraldehyde
d. Earmolds/hearing aids
e. Ear examination through otoscopy
f. Cerumen management
g. Taking ear impressions
h. Oral Mechanism Examinations
i. Endoscopic equipment
j. Microphones
k. Airflow masks
l. Nasometers
m. Toys
n. Changing diapers
o. TEP prostheses
p. Speaking valves
q. Intercranials of trachs
r. Dentures
s. Oral prostheses
t. Food emesis
u. Mucous/sputum

B. Clinic and Office Personnel

Clinic and/or office personnel may be exposed to infectious material but typically do not participate in cleaning/disinfecting procedures.
C. Building Maintenance and Cleaning Staff
   These individuals may be exposed to infectious material through assistance in cleaning or through removal of trash containing infectious materials.

D. Other Personnel at MSHC utilizing space in MSHC should be aware of comply with University policy regarding Hazardous Waste and Bloodborne Pathogen training and policies.

II. Cleaning and Disinfecting
   A. Procedures will be utilized in the clinic areas including all sound rooms, hearing aid rooms all therapy rooms, speech clinic laboratory, lobby as well as the sound rooms and surrounding suite space. Containers with a cleaning and disinfecting solution will be located in infection control/materials areas on the first floor. Clorox wipes will be in each therapy space.

   B. Sterilization materials will be limited to the infection control/materials rooms. 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.

   C. 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. Personnel assigned to infection control duties will be responsible for transferring instruments to a sterilization bath and carrying out sterilization procedures.

III. Infection Control Protocols
   A. Environmental
      1. Surface Disinfection
         a. Surfaces to be Cleaned
            1) Counter tops, table tops, doorknobs, light switches, chair arm rests, 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)
2) The table surfaces used for therapy, hearing aid modifications will be cleaned and disinfected following each use. (responsible party-student or employee doing the hearing aid modifications)

3) Headphones and other equipment used with a client (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)

4) 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.

5) 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

This is 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.

1) Each sound room, test or therapy area will be supplied with a hospital grade disinfectant/cleaner, either spray or disposable treated cloths.

2) 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 spraysolution.

3) Disinfection will follow with a surface wipe or spray leaving it wet for at least 30 seconds, or longer if specified on the product label. The surface will then be wiped dry.

2. Immersion Disinfection
   a. 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.
b. All equipment which comes in contact with humans is assumed to be contaminated and are always to be handled with gloved hands prior to and during cleaning and disinfection.

c. Handling, Cleaning and Disinfecting Hearing Aids and/or Earmolds

1) The hearing aid and/or earmold will be received from the client/patient in a disinfectant cloth, gloved hand, tissue, or container provided for this purpose. There will be small plastic 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. The business office staff will be instructed to have the hearing aid/earmold placed in a box by the client and will contact the Audiologist responsible for walk-in clinic to collect the box from the office. Under no circumstances will the office personnel handle the hearing aids or earmolds that have not been cleaned and disinfected.

2) Audiologists and students will wear gloves during cleaning and disinfecting process. Due to the inability to immerse hearing aids 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. Earmolds, which can be separated from behind-the-ear hearing aids, will be immersed in a cleaning solution. All instruments (wax loop, picks, etc.) used to clean a hearing aid will be disinfected following use.

3) Stethoscope ear tips and the tip that attaches to the hearing aid will be disinfected with a disinfectant cloth following each use.

4) Once cleaned and disinfected, hearing aids can be placed in the test box for electroacoustic analysis. The hearing aid surface will be disinfected again following test completion.

5) The plastic boxes used to receive and store hearing aids are to be disinfected following each use with disinfectant spray or towelette and returned to the place of origin (sound room, front desk, etc.).

6) Syringes used during earmold impressions are to receive surface disinfection with a disinfectant cloth or spray.
3. Sterilization
   a. This procedure is required for instruments that contact blood, ear drainage, cerumen, mucous, sputum, or emesis. This includes probe tips, specula, stethoscope tips, oral appliances, and TEP. 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. Items belonging to or leaving with patients will typically be cleaned, disinfected, and returned to the client. If otoscopy reveals blood or visible ear drainage, sterilization of the earmold should be considered. Cold sterilization with 2% glutaraldehyde (Aurasept, Wavicide, etc.) or 7.5% hydrogen peroxide (Sporox) will be utilized.

   b. Sterilizing solution will be placed in a covered plastic tray, which is approved for this use. Gloves and eye protection will be worn when handling the solution. Lab coats for protection of clothing are available for use when changing sterilizing solution.

   c. 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.

   d. 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.

   e. Infection control logs will be posted in each cleaning area. Each solution change will be dated and recorded on the log. MSDS instructions will be followed in safe handling and disposal of the solution.

   f. Handling and Cleaning the Rod Portion of the Endoscope

      1) The soiled portion of the endoscope will be cleaned with enzyme soap and rinsed.

      2) The fiber optic portion of the endoscope is immersed in the sterilizing solution (Cidex Plus) for 20 minutes.

      3) Rinse with running water until residue is cleaned.

      4) Dry with a soft cloth and place in the clean endo-caddy.

      5) This procedure must be done for each trial with a new subject.
C. Human

1. Hand Washing

   a. Hands will be thoroughly cleaned before and after each patient (and after handling any potentially biohazardous material) through hand-washing or use of an alcohol-based hand rub.

   b. 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.

2. Gloves and Protective Clothing

   a. 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 and other situations (otoscopy, immittance, etc.) as deemed appropriate by each clinician.

   b. Gloves must be changed after each procedure is complete and prior to any additional procedure requiring gloves if the user comes in contact with unclean objects, one’s clothing, hair, skin, or body fluids or leaves the room.

   c. 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 hepatitisB.

   d. 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.

   e. When using the endoscope, each user present in the room will be required to wear a disposable gown or other protective covering available in the lab. This must be discarded before leaving the lab.
3. Personal Illness

Staff, volunteers and students are encouraged to use good judgment regarding personal illness and the potential for spreading illness to co-workers and clients. 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). Symptoms of infectious disease include, but are not limited to: fever, rash, cough, sore throat, vomiting, and diarrhea. Medical treatment for strep throat, conjunctivitis, and other contagious disease is required before returning to clinic.

IV. 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 in Table I. 1. A. 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. Tongue blades are to be broken before they are discarded.

D. 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.

E. 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.
References


SUBJECT: Completing Biweekly Time Sheets for Graduate Assistantships

POLICY: The timesheets record the amount of time graduate assistant worked for each two-week period of the semester. Only students on a clinical assistantship are required to complete paper timesheets. The Directors of Clinical Services sign all timesheets. Students on CDD assistantships are required to complete bi-weekly timesheets on the employee tab in the MyMemphis portal.

PROCEDURE:

I. Time Sheets are completed biweekly

A. Information included on the timesheet

1. Name & UID to be entered on each timesheet.

2. The Date Period Beginning: The first day of each 2-week period

3. The Date Period Ending: The last day of each 2-week period

4. Enter the start and end time of the assigned task and the number of hours completed for each day of the week. The total number of hours is entered in the blank labeled “Total Hours”.

Example: MONDAY

\[
\begin{align*}
\text{IN:} & \quad 12:00 \quad \text{OUT:} & \quad 2:00 \quad \text{NO. OF HOURS:} & \quad 2 \\
\text{IN:} & \quad 3:00 \quad \text{OUT:} & \quad 5:00 \quad \text{NO. OF HOURS:} & \quad 2 \\
\text{TOTAL HOURS:} & \quad 4
\end{align*}
\]

Note: A typical assistantship is for 10 hours each week for a total of 20 hours every two weeks. If all 10 hours of the first week are not completed, it is important to make up the remaining hours during the second week.

5. Totals
Totals for the first and second weeks are entered in the areas designated. The total number of hours for the two week period should be no more than 20 hours unless the assistantship is for 20 hours a week.

*Example 1:*  
*Total Hours in Week 1: ___10___*  
*Total Hours in Week 2: ___10___*  
*Total Hours for The Two Week Period: ___20___*

6. Signature - Sign and date the biweekly timesheet before turning it in.

II. **Blank timesheets**

Timesheets are located in Dean’s Suite in the designated area.

III. **Completed forms**

Completed forms are to be returned to Dean’s Suite and placed in the designated box.

IV. **Approval**

The appropriate Director of Clinical Services signs the timesheets and then they are filed in the Dean’s Suite.
SUBJECT: Ordering New Keys, Returning Keys, Reissuing Keys Internally

PROCEDURE:

I. Claiming a Key that is held at the CHB

All initial requests for keys should be submitted via email to the CSD Administrative Associate. Requests for student keys need to come from faculty or staff members. Once a request is made, the CSD administrative associate will check to see if a key is available for reissue.

If the requested key is available, he/she will make an entry of the new holder’s name, UID # and the date the key is reissued in the Key Control Spreadsheet. Once it is available, key transfers will also be recorded through the B&F Door Access System.

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.

II. Ordering a New Key

New key orders will be made by the CSD Administrative Associate. 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.

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

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. You will then need to check to see if a key can be reissued to you. If one is available, it will be reissued following the
procedure listed above. If no key is available in house, the administrative associate will order a new key(s) for you following the procedure listed above. If you lose your keys, you will be responsible for paying for the replacement keys which are currently $4/key.

IV. Returning Keys

If you are graduating or leaving your position at the University you are responsible for returning any and all keys to the CSD administrative associate before you leave CSD on a permanent basis. They will log your keys back in on the Key Control Spreadsheet and through the B&F Door Access System. Graduating students will have the appropriate return of their keys noted on their School Check Out form.
SUBJECT: Infection Control for CSD 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](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 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.
VI. Potentially contaminated waste material will be disposed of in accordance with approved biohazardous waste procedures.

VII. All hazardous chemicals will be identified, labeled, stored and disposed of in accordance with the MSDS for that product.

VIII. 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.

IX. 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.

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

PURPOSE: This policy is intended to protect the health and well-being of all employees, students, volunteers and clients participating in the operations of the School of Communication Sciences & Disorders (SCSD).

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:
The schedule and sequence corresponds to the activities of an individual participating in the Clinic and the School.

I. Notification
A. The Director(s) of Clinical Services, 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.

II. Definition of Groups Named in this Policy
A. Individuals Providing Direct Client Services in MSHC includes any and 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 any and 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 any and 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.

### III. Requirements for Individuals Providing Direct Client Services in MSHC

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Frequency</th>
<th>CSD Student Documentation Provided to:</th>
<th>Due Date</th>
<th>Party Responsible for Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Skin Test</td>
<td>Annually</td>
<td>Upload to Typhon account</td>
<td>Before Clinic assignment begins. Annually thereafter.</td>
<td>Individual</td>
</tr>
<tr>
<td>Flu Shot</td>
<td>Annually</td>
<td>Upload to Typhon</td>
<td>October 15th of each year</td>
<td>Individual</td>
</tr>
<tr>
<td>American Red Cross CPR and AED2 Certification</td>
<td>Every 2 years</td>
<td>Upload to Typhon</td>
<td>Before clinic assignment begins.</td>
<td>Individual for initial certification; SCSD for renewal</td>
</tr>
<tr>
<td>TDAP Vaccination</td>
<td>Every 10 years</td>
<td>Upload to Typhon</td>
<td>Before clinic assignment begins.</td>
<td>Individual</td>
</tr>
<tr>
<td>Hepatitis B vaccination series</td>
<td>Series of 3 shots, does not have to be repeated</td>
<td>Upload to Typhon</td>
<td>Complete series by January 15th</td>
<td>Individual</td>
</tr>
<tr>
<td>Blood Borne Pathogens Training</td>
<td>Annually</td>
<td>Upload to Typhon</td>
<td>Before Clinic assignment begins. Annually thereafter.</td>
<td>EH&amp;S</td>
</tr>
<tr>
<td>Hazardous Waste Training</td>
<td>Annually</td>
<td>Upload to Typhon</td>
<td>Before Clinic assignment begins. Annually thereafter.</td>
<td>EH&amp;S</td>
</tr>
<tr>
<td>HIPAA Training</td>
<td>Annually</td>
<td>Upload to Typhon</td>
<td>Before Clinic assignment begins. Annually thereafter.</td>
<td>SCSD</td>
</tr>
<tr>
<td>Cerner/Cornerstone Training</td>
<td>At beginning of service</td>
<td>Upload to Typhon</td>
<td>Within 36 hours of receiving Cerner login for</td>
<td>SCSD</td>
</tr>
</tbody>
</table>
### IV. Requirements for Individuals Working with Minor Children in MSHC or at SCSD

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>FREQUENCY</th>
<th>DOCUMENTATION PROVIDED TO:</th>
<th>DUE DATE</th>
<th>PARTY RESPONSIBLE FOR COST</th>
</tr>
</thead>
</table>
| Background Check for Working with Minor Children* | Every 5 years | • Upload to Typhon for SCSD students and Clinic personnel  
• provide to Administrative Assc for all other parties | Before working with children or at the beginning of clinic assignment | Individual |
| Minors on Campus Training | Annually | • Upload to Typhon for SCSD students and Clinic personnel  
• provide to Administrative Assc for all other parties | Before working with children or at the beginning of clinic assignment | HR/Learning Curve course (no cost) |
| Clear Sex Offenders Registry check | Every 3 years | Noted by Clinic Directors for Clinic personnel; provided to Administrative Assoc for all other parties | Before working with children or at the beginning of clinic assignment | No associated cost |
| Stewards of Children | Every 3 years | • Upload to Typhon for SCSD students and Clinic personnel  
• provide to Administrative Assc for all other parties | Before working with children or at the beginning of 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](https://www.memphis.edu/tep/clinical/background-checks.php)

### V. Requirements for Non-Clinic Employees, Students and Volunteers in SCSD
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Frequency</th>
<th>Documentation Provided to:</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPAA (those working in Clinic or with patient files)</td>
<td>Annually</td>
<td>Administrative Associate</td>
<td>At the beginning of the academic year, or at the beginning of work assignment</td>
</tr>
<tr>
<td>Minors on Campus training</td>
<td>Annually</td>
<td>Administrative Associate</td>
<td>At the beginning of the academic year, or at the beginning of work assignment</td>
</tr>
<tr>
<td>A signed statement acknowledging the need to report suspected abuse</td>
<td>Annually</td>
<td>Volunteers and staff sign notice below for Administrative Assoc.</td>
<td>At the beginning of the academic year, or at the beginning of work assignment</td>
</tr>
<tr>
<td>CITI training (those working in research labs)</td>
<td>Check the website for dates-based on a schedule</td>
<td>Tracked by individual lab directors</td>
<td>Within 30 days of beginning in lab</td>
</tr>
<tr>
<td>Blood Borne Pathogens and Hazardous Waste (as identified in Research Lab Infection Control plans)</td>
<td>Annually</td>
<td>Tracked by individual lab directors</td>
<td>Within 30 days of beginning in lab</td>
</tr>
</tbody>
</table>

VI. 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 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 Services are responsible for entering the expiration date in Typhon 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.

Notice to Students Regarding Background Checks

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.

- Have you ever been convicted of a felony or crime(s) other than minor traffic offenses?
- 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?
- Have you ever had a civil suit judgment entered against you or entered into an adverse civil settlement?

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.
Appendix I.

Statement Acknowledging the Need to Report

Date: __________________________

I ______________________________, understand:

☐ 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
SUBJECT: Camps Involving Minors on Campus

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

Permission from the Dean and the Provost must be obtained when planning a camp for minors at the Community Health Building. The Minors on Campus Certification form is submitted for signature with a description of the proposed camp.

II. Requirements

A. The requirements and forms necessary for employees and volunteers are on the Legal Counsel Website.

1. All employees and volunteers need proof of background/sex offender registry checks and Minors on Campus training. Either the Directors of Clinical Services or the School’s Administrative Associate will keep records of proof of participants’ training (Policy New).

2. Students may be considered volunteers if the assignment is not related to a course or graduate assistant duties. 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.

3. All employees, students, and volunteers involved in the camp/activities will receive a packet of information and forms to be signed that includes:
   a. Guidelines for Working with Minors: a list of Do’s and Don’ts
   b. Staff-to-participant ratios
   c. Reporting Responsibilities: Every Person has an Obligation to Report Child Abuse
   d. Statement of Acknowledgement Minors on Campus
III. Safety

A. Policy Phys-304 in the School of Communication Sciences and Disorders Handbook covers the emergency procedures for all individuals in the Community Health Building.

B. All minors must be supervised at all times.

C. All clients at MSHC have signed consent forms, and information is gathered to include medical conditions, dietary restrictions, medications, and emergency contacts. 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.

D. When possible, medically trained staff should be available during the camp hours.

E. 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.

IV. 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. The code should contain an explanation of expectations of the participant as well as conditions that may lead to dismissal.
SUGGESTED E-MAIL 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 at a later date if you need to or to scan your mail quickly.
- **If you need an immediate response use the** High Importance tag (Remember the story about the boy who cried “wolf” and 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, only reply to the sender. This will reduce the number of messages the others receive.**
- 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.


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. Below we list what we consider as the 32 most important email etiquette rules that apply to nearly all companies.

32 Most important email étiquette tips:

1. Be concise and to the point
2. Answer all questions, and pre-empt further questions
3. Use proper spelling, grammar & punctuation
4. Make it personal
5. Answer swiftly
6. Do not attach unnecessary files
7. Use proper structure & layout
8. Do not overuse the high priority option
9. Do not write in CAPITALS
10. Don't leave out the message thread
11. Add disclaimers to your emails
12. Read the email before you send it
13. **Do not overuse Reply to All**
14. Mailings > use the bcc: field or do a mail merge
15. Take care with abbreviations and emoticons
16. Be careful with formatting
17. Take care with rich text and HTML messages
18. Do not forward chain letters
19. Do not request delivery and read receipts
20. Do not ask to recall a message.
21. Do not copy a message or attachment without permission
22. Does not use email to discuss confidential information?
23. Use a meaningful subject
24. Use active instead of passive
25. Avoid using URGENT and IMPORTANT
26. Avoid long sentences
27. Don't send or forward emails containing libelous, defamatory, offensive, racist or obscene remarks
28. Don't forward virus hoaxes and chain letters
29. Keep your language gender neutral
31. Don't reply to spam
32. Use cc: field sparingly

Reference
CSD HIPAA Policies are under review as of 9.4.19; they will be added to the Handbook when finalized.