



COMMONWEALTH UNIVERSITY OF PA

2023-2024 Doctorate of Audiology Handbook



Department of Communication Sciences and Disorders

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First, I would like to welcome you to the Doctorate of Audiology (Au.D.) program at Commonwealth University – Bloomsburg. I look forward to watching your growth and development throughout your time here as you evolve into competent independent professionals. This graduate handbook has been compiled for students enrolled in the Au.D. program offered by the Department of Communication Sciences and Disorders at Commonwealth University – Bloomsburg.

The handbook provides an overview of the requirements and expectations of the graduate students enrolled in the program. Information is provided for both academic and clinical aspects of the program as well as information pertaining to graduation and professional credentialing (certification and licensure). Please note there is a Clinic Handbook specifically developed that provides a synopsis of the requirements, expectations, and policies/procedures for this experience.

It is your responsibility to be familiar and comply with the policies and procedures compiled in this handbook. In the event that you have any questions regarding the content of this handbook, please contact the Au.D. graduate advisor.

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INTRODUCTION

The Doctoral program in Audiology at Commonwealth University – Bloomsburg is a full-time program that requires a full-time commitment from the student. The program consists of three semesters in each academic year (fall, spring, and summer). Fall and spring semesters are 15 weeks. The summer semester is a 12-week semester. The summer semester will start in May and will end in August. Third year practicum placement will be three days per week with academic classes on-campus scheduled on the other two days of the week. In order to maximize your academic and clinical experience, you may be required to devote additional time outside of your class and clinical schedule (evenings, nights, and weekends) to be appropriately prepared for class and clinic. We understand that students may need to have part-time employment, but your commitment to your academic program must be your priority. During your education, there will be times when you must be available for special events (i.e., seminars) and clinical training. This is part of your academic program, and you are expected to participate (see Department Policy for Dismissal and Academic Expectations).

- A. The Commonwealth University – Bloomsburg Doctorate of Audiology program is accredited by The Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology. To maintain accreditation, third year students must rotate through three district sites. Students are generally not permitted to remain or repeat a placement during the 3rd year experience. This assures exposure to diverse patients, equipment, tests, evaluation techniques, and work environments (e.g., pathologies, gender, ethnicity, and populations).
- B. Placement in a practicum site is based upon the approval of the instructor. **Fourth year students may not request a practicum placement utilized as a third-year practicum site.** Third year sites are reserved for the exclusive use of third year students. If you are not aware of which practicum sites are third year sites, please contact the faculty supervisor.
- C. Third year practicum will be three days per week with academic classes scheduled on the other two days of the week.

Au.D. PROGRAM COURSE SEQUENCE

The Au.D. program at Commonwealth University – Bloomsburg is an 11-semester, 120 credit program that provides training covering the breadth of knowledge necessary for clinical work as a Doctor of Audiology. All courses are 3 credits requiring students to carry 12 credits per semester except for the 4th year when student will carry 6 credits. Program related information is available at <https://www.bloomu.edu/academics/programs/audiology-aud>.

In addition to acquiring the necessary academic and clinical knowledge to practice as an Audiologist, the program also offers students the opportunity to complete a research project as part of their program of study. Students who may have aspiration of moving on from the clinical entry degree (Au.D.) to the research-based degree (Ph.D.) can choose to complete an individualized research project as part of their program.

First Year – Fall

CSD 600 – Diagnostic Audiology I
 CSD 603 – Internship: Clinical Audiology I
 CSD 604 – Hearing Aids Theory & Technology
 CSD 650 – Intro

Au.D. students interested in pursuing the Interoperative Neurophysiologic Monitoring (IONM) Certification must submit the program track application to Au.D. Program Coordinator no later than one week prior to the First Spring semester.

First Year – Spring

CSD 602 – Hearing Science
 CSD 605 – Diagnostic Audiology II
 CSD 607 – Internship: Clinical Audiology II
 CSD 639 – Evaluation & Management of Balance Disorders I

First Year – Summer

CSD 682 – Research in Audiology
 CSD 609 – Theoretical & Clinical Masking
 CSD 610 – Auditory Problems in Children
 CSD 611 – Internship: Clinical Audiology III

Second Year – Fall

CSD 621 – Pharmacology for Audiologists
 CSD 623 – Internship: Clinical Audiology IV
 CSD 625 – Clinical Neuroanatomy for Audiologists
 CSD 649 – Evaluation & Management of Balance Disorders II

Second Year – Spring

- CSD 624 – Hearing Aids: Clinical Considerations & Fitting Practices
- CSD 626 – Internship: Clinical Audiology V
- CSD 631 – Neuroscience for Audiologists
- CSD 635 – Clinical & Physiological Methods in Audiology

Second Year – Summer

- CSD 608 – Evaluation & Treatment of Tinnitus
- CSD 627 – Central Auditory Processing Disorders
- CSD 629 – Perspectives & Interpersonal Implications of Aural Habilitation/Rehabilitation
- CSD 630 – Internship: Clinical Audiology VI

Third Year – Fall

- CSD 622 – Aural (Re)Habilitation: Child
- CSD 643 – Hearing Conversation
- CSD 637 – Medical Audiology
- CSD 638 – Clinical Externship/Residency I
- *CSD 699 – Doctoral Dissertation

Third Year – Spring

- CSD 601 – Aural Rehabilitation for Adults
- CSD 640 – Auditory Implantable Devices
- CSD 606 – Instrumentation and Electronics in Audiology
- CSD 642 – Clinical Externship/Residency II
- *CSD 699 – Doctoral Dissertation

Third Year – Summer

- CSD 636 – Professional Ethics & Cultural Diversity
- CSD 644 – Issues & Perspectives in Audiological Practices
- CSD 628 – Geriatric Audiology
- CSD 646 – Clinical Externship/Residency III
- *CSD 699 – Doctoral Dissertation

Fourth Year – Fall

- CSD 647 – Clinical Externship/Residency IV

Fourth Year – Spring

- CSD 648 – Clinical Externship/Residency V

*** Students enrolled in the research track are required to enroll in 6 credits (3 credits Fall, Spring, or Summer during Fourth Year) to meet Graduate School requirements**



COMMONWEALTH UNIVERSITY

DOCTORATE OF AUDIOLOGY STUDENTS APPLICATION FOR DOCTORAL DISSERTATION APPLICATION CERTIFICATION PROGRAM

**Please submit this completed application to the Au.D. Program Coordinator
no later than two weeks after the start of Fall semester**

Name: _____

BU Email: _____ Student ID #: _____

Cumulative GPA: _____ Research Course Grade: _____

Doctoral Dissertation Consideration Requirements

- ☐ 3.5 minimal cumulative GPA
- ☐ Recommendation from faculty teaching CSD 682 – Research in Audiology
- ☐ Recommendation from one Audiology faculty member (Recommendation must come from a faculty member who did not teach the research course)
- ☐ Meet with Au.D. Program Coordinator to discuss the Dissertation requirements and timeline
- ☐ Submit completed application to Au.D. Program Coordinator by due date listed above

Enrolling in the Research track to complete a Doctoral Dissertation requires the completion of all
Doctorate of Audiology courses/requirements PLUS six (6) research credits

Communication Sciences and Disorders | Centennial Hall
400 East Second Street, Bloomsburg, PA 17815-1301
Phone (570) 389-5381 | Fax (570) 389-2035

A member of Pennsylvania's State System of Higher Education



COMMONWEALTH UNIVERSITY

DOCTORATE OF AUDIOLOGY STUDENTS APPLICATION FOR INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING (IONM) CERTIFICATION PROGRAM

**Please submit this completed application to the Au.D. Program Coordinator
no later than one week prior to start of Spring semester**

Name: _____

BU Email: _____ Student ID #: _____

Fall 2022 GPA: _____ Intro to IONM Course Grade: _____

IONM Consideration Requirements

- ☐ Meet with IONM Program Coordinator to discuss enrolling in the IONM track
- ☐ Meet with Au.D. Program Coordinator to discuss enrolling in the IONM track
- ☐ Submit application by due date listed above

*Enrolling in the IONM track requires the completion of all Doctorate of Audiology
courses/requirements AND IONM courses/requirements*

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INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING (IONM) CERTIFICATION PROGRAM FOR Au.D. STUDENTS COURSE SEQUENCE

All courses in the IONM certification program are 3 credits. Students enrolled in the IONM program will complete the Au.D. and the IONM coursework concurrently requiring students to carry 15 credits per semester for the following semesters: first-year spring, second-year fall, second-year spring, and third-year fall.

First Year – Spring

CSD 654 – Clinical Neurophysiology I: Electroencephalography/Physics

Second Year – Fall

CSD 657 – IONM Spine Surgery

Second Year – Spring

CSD 656 – IONM Cranial and Vascular Surgery

Third Year – Fall

CSD 652 – Clinical Neurophysiology: Evoked Potential/Electromyography

IONM 3rd and 4th Year Clinical Externships/Residencies is completed with Specialty Care

Au.D. TIMELINE AND REQUIREMENTS

FALL #1

- Attend Clinic Orientation and participate in Clinic shadowing experience
- Attend Infection Control Workshop
- Attend HIPAA Workshop
- Obtain Clinic Photo ID. Consult with the clinical supervisor and/or faculty.
- Obtain Liability Insurance for Clinic Experience. Consult with the clinical supervisor and/or faculty.
- Upload verification of a current PA Criminal Record Check, Child Abuse Clearance, FBI Fingerprinting (for the Department of Public Welfare), and CPR training (for health care professionals), Mandated Reporter Training to CALIPSO. Maintain originals for your own records.
- Review and become knowledgeable of the Clinic Operations Manual
- Verify that your academic file is up to date and all necessary required undergraduate courses are completed. Verify with the graduate advisor.
- It is the student's responsibility to enter all clinical hours into CALIPSO weekly and the supervisor of record is notified and is approving the hours weekly. This is all completed in CALIPSO.
- Meet with graduate advisor for advisement and KASA monitoring.
- Begin exploring a possible research topic if you have interest in enrolling in the research track. Consult with graduate faculty.
- Maintain and adhere to the Au.D. program's Academic Retention and Progression standards as indicated in this handbook.
- Students are encouraged to become members of local (NSSLHA, SAA), State (PSHA, PAA), National (ASHA, AAA) organizations.
- Complete all course requirements

SPRING #1

- Continue to explore possible research topics – consult with the graduate faculty.
- Maintain and adhere to the Au.D. program's Academic Retention and Progression standards as indicated in this handbook.
- Meet with graduate advisor for advisement and KASA monitoring.
- Complete all course requirements
- It is the student's responsibility to enter all clinical hours into CALIPSO weekly and the supervisor of record is notified and is approving the hours weekly. This is all completed in CALIPSO.

SUMMER #1

- Meet with graduate advisor for advisement and KASA monitoring.
- Continue research exploration.
- Complete all course requirements
- It is the student's responsibility to enter all clinical hours into CALIPSO weekly and the supervisor of record is notified and is approving the hours weekly. This is all completed in CALIPSO.
- Maintain and adhere to the Au.D. program's Academic Retention and Progression standards as indicated in this handbook.

FALL #2

- For those who choose to complete a research project, initiate research development with your committee chairperson. Initiate work toward the prospectus meeting and submit IRB.
- Meet with graduate advisor for advisement and KASA monitoring.
- Renew Liability insurance for Clinic Experience. Consult with the clinical supervisor and/or faculty.
- Update PA Criminal Record Check, Child Abuse Clearance, FBI Fingerprinting (for the Department of Public Welfare), and CPR training (for health care professionals) if needed. Maintain originals and Upload a copy to CALIPSO.
- Complete all course requirements.
- It is the student's responsibility to enter all clinical hours into CALIPSO weekly and the supervisor of record is notified and is approving the hours weekly. This is all completed in CALIPSO
- Maintain and adhere to the Au.D. program's Academic Retention and Progression standards as indicated in this handbook.

SPRING #2

- For those who choose to complete a research project, initiate research development with your committee chairperson. Initiate work towards the prospectus meeting and submit IRB.
- Meet with graduate advisor to monitor KASA.
- It is the student's responsibility to enter all clinical hours into CALIPSO weekly and the supervisor of record is notified and is approving the hours weekly. This is all completed in CALIPSO.
- Complete all course requirements
- Maintain and adhere to the Au.D. program's Academic Retention and Progression standards as indicated in this handbook.

SUMMER #2

- For those who choose to complete a research project, schedule Prospectus meeting, and obtain IRB approval. A completed and approved prospectus and IRB approval are necessary prior to collecting data.
- Meet with graduate advisor to monitor KASA.
- Begin finalizing 3rd year residency requirements (see 3rd year Residency handbook).
- Fulfill all immunization requirements for residencies. Keep a copy of all health records (TB, Meningitis, and Hepatitis).
- It is the student's responsibility to enter all clinical hours into CALIPSO weekly and the supervisor of record is notified and is approving the hours weekly. This is all completed in CALIPSO.
- Complete all course requirements
- Maintain and adhere to the Au.D. program's Academic Retention and Progression standards as indicated in this handbook.
- Attend white coat ceremony.

FALL #3

- For those who choose to complete a research project, initiate data collection after IRB approval.
- Meet with graduate advisor to monitor KASA and review clinical hours.
- Obtain 3rd year Residency Handbook from University Residency Coordinator. Attend classes and adhere to 3rd year placement calendar and attendance policy.
- If required by the residency site, students must provide verification of a current PA Criminal Record Check, Child Abuse Clearance, FBI Fingerprinting (for the Department of Education), and CPR training (for health care professionals). Maintain originals and upload a copy to CALIPSO.
- Submit 4th year site request to the 4th year Residency Coordinator by the end of Fall #3 semester on the appropriate form.
- It is the student's responsibility to enter all clinical hours into CALIPSO weekly and the supervisor of record is notified and is approving the hours weekly. This is all completed in CALIPSO.
- Maintain residency guidelines and verify that all paperwork has been completed and submitted to the faculty coordinator.
- Complete all course requirements
- Maintain and adhere to the Au.D. program's Academic Retention and Progression standards as indicated in this handbook.
- Students must attend their placement sites until the last day of the semester. That is the Friday of final examination week.

SPRING #3

- Students completing a research project: Work to complete the data collection and analyses.
- Meet with graduate advisor to monitor KASA and review clinical hours.
- Obtain 3rd year Residency Handbook from University Residency Coordinator. Attend classes and adhere to 3rd year placement calendar and attendance policy.
- It is the student's responsibility to enter all clinical hours into CALIPSO weekly and the supervisor of record is notified and is approving the hours weekly. This is all completed in CALIPSO.
- Complete all course requirements
- Maintain and adhere to the Au.D. program's Academic Retention and Progression standards as indicated in this handbook.
- Students must attend their placement sites until the last day of the semester. That is the Friday of final examination week.

SUMMER #3

- Students completing a research project: schedule research defense.
- Meet with graduate advisor to monitor KASA and review clinical hours.
- Obtain 3rd year Residency Handbook from University Residency Coordinator. Attend classes and adhere to 3rd year placement calendar and attendance policy.
- Complete all course requirements
- It is the student's responsibility to enter all clinical hours into CALIPSO weekly and the supervisor of record is notified and is approving the hours weekly. This is all completed in CALIPSO.
- Complete all classroom course requirements.
- Register for the PRAXIS exam in Audiology, which is required for state licensure and if interested in obtaining ASHA and/or ABA certification. It is strongly advised that you take this examination shortly after completing your academic coursework (e.g., during the 4th year Fall semester).
- Maintain and adhere to the Au.D. program's Academic Retention and Progression standards as indicated in this handbook.
- Students must attend their placement sites until the last day of the semester. That is the Friday of final examination week.

FALL #4

- Obtain 4th year Residency Handbook from 4th Year Residency Coordinator. Adhere to 4th year placement calendar and attendance policy.
- If required by the residency site, students must provide verification of a current PA Criminal Record Check, Child Abuse Clearance, FBI Fingerprinting (for the Department of Education), and CPR training (for health care professionals). Maintain originals and upload copies to CALISPO.
- Verify correct mailing address in the student information system.
- Meet with graduate advisor to monitor KASA and review clinical hours.

- Take the PRAXIS exam in Audiology required for state licensure and if interested in obtaining ASHA and/or ABA certification.
- It is the student's responsibility to enter all clinical hours into CALIPSO weekly and the supervisor of record is notified and is approving the hours weekly. This is all completed in CALIPSO.
- Maintain and adhere to the Au.D. program's Academic Retention and Progression standards as indicated in this handbook.

SPRING #4

- Take the PRAXIS exam in Audiology required for state licensure and if interested in obtaining ASHA and/or ABA certification
- Verify correct mailing address in student information system.
- Apply for Graduation — (application can be found on the Graduate School website and must be submitted no later than February 1).
- It is the student's responsibility to enter all clinical hours into CALIPSO weekly and the supervisor of record is notified and is approving the hours weekly. This is all completed in CALIPSO.
- Meet with graduate advisor to monitor KASA and review clinical hours.
- Maintain and adhere to the Au.D. program's Academic Retention and Progression standards as indicated in this handbook.
- Attend Mandatory Final Residency meeting.
- Attend Graduation Ceremony.
- Download all CALIPSO documents to ensure future access for licensure, certification, and/or employment applications.

Doctorate of Audiology Graduation Requirements

A. University: Fulfill all requirements of Commonwealth University – Bloomsburg

B. Doctorate of the Audiology Program: The candidate must be in good standing and fulfill all program requirements that include credit hours, academic and clinical coursework, pass clinical competency examinations, and complete all components of the research and/or Intraoperative Neurophysiologic Monitoring track if enrolled.

- **Doctor of Audiology Credit Hour:**
 - The candidate must successfully complete 120 number credit
- **Academic:**
 - The candidate must possess a minimum cumulative grade point average of 3.0
- **Clinical:**
 - The candidate must complete a 12-month full-time clinical experience equivalency
- **Au.D. Competency Examinations:**
 - The candidate must pass the four Clinical Competency Examinations to progress to the third year of the Au.D. Program. See the Au.D. Competency Examinations section in the Au.D. Program Handbook for more information on this requirement

Advancement to Candidacy

The candidate will advance to candidacy (e.g. 4th year externship) after:

1. Successful completion of all coursework and clinical practicum requirements for the first, second, and third years with a minimum quality point average of 3.0.
2. Satisfactory performance (3 or better on a Likert scale) on the first- and second-year clinical candidacy examinations;

Additional Curriculum Information:

- **Research Track:** This option is for students interested in completing an individualized research project as part of their program requirements under the direction of an Audiology faculty member. This track requires the completion of a dissertation in addition to all of the Au.D. Program components. The dissertation must be accepted by the student's dissertation committee and the Graduate Dean to Graduate Education if enrolled in the research track.
- **Interoperative Neurophysiologic Monitoring (IONM):** This option is for students interested in obtaining specialized training as an Interoperative Neurophysiologic Monitoring Specialist. This track requires the completion of all of the IONM program requirements in addition to all of the Au.D. Program components to graduate with this IONM certification of completion.

- **Licensure and Certifications:** Commonwealth University – Bloomsburg does not issue state licenses or any certifications for Audiology. It is the responsibility of the individual to verify compliance with all of the requirements for state licensure and/or any Audiology certification.

PERFORMANCE STANDARDS FOR ADMISSION AND PROGRESSION

Students enrolled in the Doctorate of Audiology Program at Commonwealth University – Bloomsburg must possess the necessary skills to provide competent clinical services to individuals with hearing and vestibular/balance disorders. They must be able to provide services in a wide variety of settings with diverse client populations across the lifespan. Students must meet these standards to qualify for and progress in the program. When possible, reasonable accommodations will be provided to those students with disabilities to provide access to material to allow these individuals to meet these standards and ensure they are not excluded from participation, or otherwise subjected to discrimination in this program. It is the individual's responsibility to inform the faculty and staff of the appropriate modification/ accommodation needed as soon as possible. Any delay on the student's part in informing the faculty and staff of how to accommodate the student's needs will not exempt the individual from meeting the required standards of the program.

The core performance standards for this program are identified below along with examples of these standards. These examples are not inclusive of all expected abilities and should be used only for simple comparative purposes by students currently enrolled in this program.

Students Requesting Academic and/or Access Accommodations

Commonwealth University – Bloomsburg, Lock Haven, and Mansfield is committed to providing equitable access to educational experiences, campus facilities, and university related opportunities for all students. Disability Services supports these requests for accommodations under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. If you have or believe that you have a disability, please contact the office, which is located in:

Bloomsburg University - Warren Student Services Room 043, or call 570-389-4491 for an appointment to discuss your requests

Lock Haven University - 205 Ulmer Hall, or call 570-484-2665

Mansfield University - 570-484-2665 or 570-389-4491

It is recommended that students contact the Disability Services office during the first two weeks of classes or immediately upon diagnosis to ensure accommodations are met in an efficient, appropriate, and timely manner for the best student learning outcome. Upon qualification, the disability professional will arrange to provide an accommodation letter to the professor for the identification of academic or accessibility adjustments. You must contact the Disability Services office to renew accommodation letters at the start of each semester.

English Language Proficiency

Students whose native language is not English or who completed their studies in non-English speaking institute or country are required to submit proof of English language proficiency. More information is available at <https://www.bloomu.edu/admissions-aid/how-to-apply/international>.

ISSUE	STANDARD	EXAMPLES (NOT INCLUSIVE)
Critical Thinking	Critical thinking sufficient for clinical judgment and reasoning.	<ul style="list-style-type: none"> • Competent, accurate assessment of clients • Correct interpretation of assessment data • Development of appropriate intervention goals and objectives • Design of effective intervention activities • Evaluation of intervention outcomes • Modification of planned interventions
Cognitive	Ongoing capacity to learn new knowledge and skills of prevention, assessment, and intervention.	<ul style="list-style-type: none"> • Acquire new knowledge and skills related to prevention, assessment, and intervention • Apply new knowledge and skills related to best practices in audiology • Apply evidence-based practice to service delivery
Interpersonal	Interpersonal abilities sufficient to interact with clients, families, and professionals from a variety of social, cultural, ethnic, and linguistic backgrounds.	<ul style="list-style-type: none"> • Establish rapport and relate effectively with clients, families, and other professionals • Work effectively with clients across the life span • Work effectively with clients and families from diverse populations
Communication	Communication abilities sufficient for professional interactions in oral and written forms.	<ul style="list-style-type: none"> • Follow verbal and written instructions • Communicate effectively with clients and families from culturally and linguistically diverse populations • Communicate effectively with other professionals and colleagues • Consult with other professionals and colleagues in a professional manner • Communicate clearly and effectively in writing
Mobility	Physical abilities sufficient to provide competent services.	<ul style="list-style-type: none"> • Physically assist, position, maneuver, transport clients during assessment and intervention
Motor Skills	Gross and fine motor abilities sufficient to provide competent services.	<ul style="list-style-type: none"> • Manipulate assessment and intervention materials and supplies • Operate equipment, computers, instrumentation, and assistive technology • Document services through data collection, writing, or typing
Visual	Visual ability sufficient to provide competent services.	<ul style="list-style-type: none"> • Ability to read reports, progress notes, graphs, and related documentation • Ability to accurately read data recordings from instrumentation
Hearing	Auditory ability sufficient to provide competent services.	<ul style="list-style-type: none"> • Ability to hear and discriminate speech of others • Understand mechanically reproduced voice output (e.g., augmentative communication devices, computer software programs)
Personal Behaviors	Maintains personal behaviors consistent with the ASHA Code of Ethics, State Licensure Board, and the Professional Educators Code of Conduct, Clinic Policies and Procedures.	<ul style="list-style-type: none"> • Demonstrates personal responsibility, accountability, integrity, and honesty • Demonstrates respect for all clients and their families • Avoids behavior inconsistent with professional standards • Does not allow personal issues to interfere with service delivery • Abides by ethical codes of conduct

ESSENTIAL FUNCTIONS FOR DOCTORATE OF AUDIOLOGY STUDENTS

Scholarship/Academic:

- Independent learning
- Oral skills
- Writing skills
- Problem solving
- Knowledge base
- Utilization of resources
- Poster sessions
- Contributing to discussions
- Classroom participation
- Research skills
- Accepts feedback
- Uses and generalizes feedback
- Appropriate preparation
- Manages time
- Meets deadlines
- Respects professors/classmates
- Adheres to Academic Policies and Expectations
- Seeks appropriate assistance
- Accountability

Personal:

- Manages time
- Meets deadlines
- Manages stress
- Grooming/Hygiene
- Affect
- Initiative
- Assumes responsibility
- Emotional maturity
- Respects faculty/staff/students
- Accepts feedback

Interpersonal:

- Leadership
- Cooperation
- Relates well to others
- Commitment

Professional:

- Ethical behavior
- Professional service/behavior
- Participation in professional organizations
- Professional attire

Clinical:

- Accepts feedback
- Uses and generalizes feedback
- Applies academic information
- Flexibility in changing situations
- Team collaboration
- Manages time
- Meets deadlines
- Respects clients/faculty/staff/students
- Follows clinic policies and procedures
- Preparation
- Seeks assistance when needed
- Respect for clinical setting/property
- Accountability
- Documentation
- Original contributions to client
- Know boundaries
- Researches, diagnoses, evaluates, and treats
- Professional attire

Students who demonstrate a flagrant or repeated inability to adhere to the above expectations may be recommended for dismissal from the Au.D. program.

PROFESSIONALISM

Audiology is a professional discipline. Professions require certain behaviors of their practitioners. Professional behaviors, which may or may not directly involve other people, have to do with professional tasks and responsibilities, with the individuals served by the profession and with relations with other professionals. Included among professional tasks are education and training. The following conveys expectations about the behaviors of those who seek to join this profession.

1. You show up.
2. You show up on time.
3. You show up prepared.
4. You show up in a frame of mind appropriate to the professional task.
5. You show up properly attired.
6. You accept the idea that “on time,” “prepared,” “appropriate,” and “properly” are defined by the situations, by the nature of the task, or by another person.
7. You accept that your first duty is to the ultimate welfare of the persons served by your profession, and that “ultimate welfare” is a complex mix of desires, wants, needs, abilities and capacities.
8. You recognize that professional duties and situations are about completing tasks and about solving problems in ways that benefit others, either immediately or in the long term. They are not about you. When you are called upon to behave as a professional, you are not the patient, the customer, the star, or the victim.
9. You place the importance of professional duties, tasks, and problem solving above your own convenience.
10. You strive to work effectively with others for the benefit of the person served. This means you pursue professional duties, tasks and problem solving in ways that make it easier (not harder) for others to accomplish their work.
11. You properly credit others for their work.
12. You sign your work.
13. You take responsibility for your actions, your reactions, and your inaction. This means you do not avoid responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.

14. You do not accept professional duties or tasks for which you are personally or professionally unprepared. You do what you say you will do. By the time you said you would do it. To the extent you said you would do it. And to the degree of quality you said you would do it.

16. You take active responsibility for expanding the limits of your knowledge, understanding, and skill.

17. You vigorously seek and tell the truth, including those truths that may be less than flattering to you.

18. You accept direction (including correction) from those who are more knowledgeable or more experienced. You provide direction (including correction) to those who are less knowledgeable or less experienced.

19. You value the resources required to perform professional duties, tasks, and problem solving, including your time and that of others.

20. You accord respect to the values, interests, and opinions of others that may differ from your own, as long as they are not objectively harmful to the persons served.

21. You accept the fact that others may establish objectives for you. While you may not always agree with those goals, or may not fully understand them, you will pursue them as long as they are not objectively harmful to the persons served.

22. When you attempt a task for the second time, you seek to do it better than you did it the first time. You revise the ways you approach professional duties, tasks, and problem solving in consideration of peer judgments of best practices.

23. You accept the imperfections of the world in ways that do not compromise the interests of those you serve, or your own pursuit of excellence.

24. You base your opinions, actions, and relations with others upon sound empirical evidence, and upon examined personal values consistent with the above.

25. You expect all of the above from other professionals.

Chial, M. (1998). Conveying expectations about professional behavior. *Audiology Today*, 10(4), 25.

Au.D. CLINICAL AND ACADEMIC KNOWLEDGE AND SKILLS ASSESSMENT (KASA)

Students will have regular and ongoing opportunities to assess their knowledge and skills acquired in the academic and clinical components of the program (Standard II, ASHA). The results of this assessment will be used to plan and implement program improvements. Students may review their KASA any time via Calipso and each semester during the advisement meeting with their academic/graduate advisor. This will also provide the student regular feedback regarding their progress in achieving the expected knowledge and skills in all academic and clinical components of the program.

Achievement of specific knowledge and skills provided in a course is the decision of the faculty/instructor. It is the faculty/instructor responsibility to update the KASA at the end of each semester. If you do not achieve the knowledge and skills in a course, extra work/activities (outside of class) may be provided. The decision as to whether additional remediation work has any effect on class grading is determined by the individual instructor. The primary purpose of the additional work/activities is to allow students the opportunity to obtain the required knowledge and skills to evolve into a competent professional.

While completion of the Au.D. curriculum and clinical requirements meets Commonwealth University – Bloomsburg criteria to be awarded the Doctorate of Audiology degree, this does not guarantee state licensure or professional certification. As requirements may vary, students are responsible for verifying their eligibility for licensure in the state they intend to practice and professional certification.

Au.D. PROGRAM RETENTION AND PROGRESSION POLICY

Due to the nature of the professional requirements of the Doctorate of Audiology, the department must hold students to the highest academic, clinical, and professional standards. These standards include, but are not limited to the following:

Academic Performance Dismissal:

Satisfactory academic progress at the graduate level is evaluated on the basis of several criteria.

- a. A graduate student's ability to earn the minimum of credit hours necessary to the degree program with a minimum quality point average of 3.0.
- b. A grade of less than C (Q.P. less than 2.0) must be repeated.
- c. A second grade less than C (Q.P. less than 2.0) will result in automatic academic dismissal.
- d. A graduate student's ability to successfully meet the requirements at the appropriate time of all comprehensive examinations of the degree program with acceptable grades.
- e. A graduate student's ability to complete the thesis requirement of the degree program with a passing grade.

In accordance with Commonwealth University – Bloomsburg PRP 3463, an individual course may be repeated only once and a maximum of two different courses may be repeated.

Internship/Residency Dismissal:

Satisfactory internship/residency progress is evaluated on the basis of several criteria.

- a. A graduate student's ability to earn the minimum of credit hours necessary to the degree program with a minimum quality point average of 3.0.
- b. A grade of B- or lower (Q.P. less than 3.0) must be repeated.
- c. A third grade of B- or lower (Q.P. less than 3.0) may result in automatic academic dismissal.

When a student achieves a grade of B- or lower, a remediation plan may be implemented through individualized instruction with the approval of the Dean of Graduate Studies prior to repeating the clinical experience(s).

In accordance with Commonwealth University – Bloomsburg PRP 3463, an individual course may be repeated only once and a maximum of two different courses may be repeated.

It is the responsibility of the student to meet with the Au.D. graduate advisor prior to dropping any course, initiating any remediation, or repeating any course. The dropping or repeating of any courses will result in the extension of a student's program past four years. This may also delay the initiation of the off campus clinical residency experience which will extend the completion date of the program.

DEPARTMENT ASSESSMENT/EVALUATION AND REMEDATION PROCESS

- **Purpose:** The purpose of remediation is to identify, remediate, and counsel those students who exhibit characteristics associated with difficulties in their performance in the graduate program in Audiology and Speech-Language Pathology.
 - **Rationale:** The rationale is to assist the student to correct deficiencies as early as possible. Any student who fails to meet course requirements or programmatic expectations may not acquire the knowledge and skills necessary to progress through or complete their graduate program.
 - **Implementation:** Remediation is a system of support available for the student who is struggling. It is the student's responsibility to analyze their performance and make necessary changes, comply with the Remediation Plan, complete the remediation as assigned and ultimately meet the knowledge and skills standards required by the American Speech-Language and Hearing Association (ASHA). Additionally, the student who does not comply with the Remediation Plan will be referred by course instructor to the committee of Graduate Advisor, Graduate Program Director, Clinic Director and Department Chairperson to determine suitability for continuation in the program. To be eligible and remain on remediation all students must adhere to the graduate policy PRP 3565.
1. In concert with policies and standards governing our assessment methods, all faculty will provide opportunities for both formative and summative assessment in each course.
 2. No later than midterm each semester the course instructor will notify any student who is struggling to attain knowledge and skills targeted in the course for discussion and coordination of educational needs.
 3. When deemed necessary a formal remediation plan will be developed by the course instructor. The Graduate Advisor and program faculty would be informed of any student who requires formal remediation. The Graduate Advisor will maintain documentation of any remediation plans developed for students. Students grade for a course will not be changed by remediation. Final course grade will be independent from success or failure of remediation.
 4. Remediation may include, but is not limited to, the following: additional readings assigned by the instructor, additional papers or ungraded quizzes; additional oral or written ungraded exams; repeating the course with the approval of graduate Dean.
 5. If the course instructor is satisfied that after remediation the student demonstrates the required knowledge and skills, the KASA will be updated to reflect the meeting of the ASHA standards. If not, the student will be referred by the course instructor to the Graduate Advisor, Graduate Program Director, Clinic Director and Department Chairperson to determine suitability for continuation in the program.

Formal Remediation Plan Development: _____
Meeting date: _____ **Level: (Circle one) Course Program**
Present: _____

Identified Concern:

Knowledge and Skills Requiring Remediation:

Supportive Evidence for Need for Remediation:

Prior Results from Formative Assessment:

Plan for Corrective Action:

Time Frame:

Outcomes:

Next Review Date:

PROCEDURES FOR DEPARTMENT DISMISSAL

Due to the nature of the Audiology profession, the faculty reserve the right to counsel, suspend, or recommend dismissal of students who, in their judgment, do not satisfy the requirements of scholarship, health, and personal suitability for state licensure and national certification. Students unable to continue in the program are those who do not meet the Department's Performance Standards for Admission and Progression (PSAP), or do not satisfy the Department's academic/practical requirements.

Academic unsuitability will be handled according to the academic good standing of the graduate school, department requirements and Student Academic Integrity Policy (3512). Students ineligible for licensure by the Pennsylvania State Board of Speech and Hearing may be dismissed from the program. More information is available at <https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2014&sessInd=0&act=106> <https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter45/chapter45toc.html&d=reduce>

Students designated as repeat offenders of the Commonwealth University – Bloomsburg Academic Integrity Policy, or violators of the University's Student Code of Conduct validated by official documentation of university, local, state, or federal agencies may be recommended for dismissal from the program. In both cases, students may be in violation of the Personal Behaviors standard of the Department and the moral integrity requirements for licensure by the Pennsylvania State Board.

The following procedure will be followed when a student is considered unsuitable because they are unable to meet the standards established in the Department's Performance Standards for Admission and Progression. The involved student's failure to cooperate with this procedure is grounds for recommended dismissal. Charges of unsuitability can be brought by any faculty or staff member. Students and staff who observe or become aware of incidents of unsuitable behaviors or academic dishonesty by a student are expected to report it to an appropriate faculty, staff member, or the department chairperson.

1. The faculty(s) or staff initiating this action must notify, in writing, the student, department chairperson, and the faculty of their intention to recommend dismissal due to unsuitability.
2. The faculty and/or staff is responsible for gathering data and written anecdotal information documenting the student's performance, skills, behavior, etc. which substantiate the recommended action.
 - A. This documentation must be submitted to the department chairperson and the remainder of the faculty and/or staff within one month of notification.
3. The involved student may collect documentation supporting their claim to suitability.
 - A. This documentation must be submitted to the department chairperson, faculty, and/or staff within one month of notification.
4. Within two weeks of receiving the documentation, the department chairperson will schedule a meeting of the following:
 - A. Department faculty and staff
 - B. Faculty and/or staff member(s) recommending dismissal

- C. The student and the student's representative (at the student's option)
- 5. At this meeting, the evidence will be reviewed.
 - A. The student will be provided an opportunity to defend themselves.
 - B. No decision will be announced at the meeting.
- 6. The department chairperson, faculty, and/or staff will collectively review the case within 5 working days of the meeting.
 - A. At this time, the decision regarding suitability will be made.
- 7. The department chairperson will notify the student in writing within two working days of the decision.
- 8. Students may appeal the decision by following the current Commonwealth University – Bloomsburg appeals procedure (PRP 3565).

Au.D. GRADUATE ADVISEMENT

Frequency: Every semester, the graduate advisor will meet with all the graduate students one-on-one around midterm to monitor clinical and academic progress. More advising meetings can be scheduled as needed.

Documentation: Graduate advising notes will be stored in CALIPSO.

Topics for discussion during advising:

1. Course registration
2. Library and clinic resources and tools
3. Licensure and certification requirement
4. FERPA, HIPAA, Infection Control
5. Research interest/progress
6. Academic probation (GPA < 3.00), course repeat, remediation
7. Program's academic or clinic requirements and progress, KASA, CALIPSO
8. Questions/concerns about currently enrolled courses, class registration for next semester, policies, and procedures
9. Language proficiency
10. Professionalism
11. Professional goals
12. Received, read, and agree with the graduate student handbook, clinical handbook
13. Comply with following policies
 - a. PRP 3881 – Student Disruptive Behavior Policy <https://www.bloomu.edu/prp-3881-student-disruptive-behavior-policy>
 - b. PRP 3407 - Student Responsibility: <https://www.bloomu.edu/prp-3407-student-responsibility>
 - c. PRP 3506 - Class Attendance: <https://www.bloomu.edu/prp-3506-class-attendance-policy>
 - d. PRP 4802 - Student Code of Conduct and Judicial Process: <https://www.commonwealthu.edu/student-handbook/code-of-conduct>
 - e. PRP 3408 - Student Use of University Assigned Email Accounts: <https://www.bloomu.edu/prp-3408-student-use-university-assigned-email-accounts>
 - f. PRP 3463 - Graduate Admissions, Withdrawal, Course Repeat, Transfers, and Graduation Requirements: <https://www.bloomu.edu/prp-3463-graduate-admissions-withdrawal-course-repeat-transfers-and-graduation-requirements>
 - g. PRP 2412 – Mandatory Reporting of Child Abuse: <https://bloomu.prod.acquia-sites.com/prp-2412-mandatory-reporting-child-abuse>
 - h. Other Policies: <https://www.bloomu.edu/about/administration-and-governance/policies>

CLINICAL PRACTICE REQUIREMENTS

The following clinical practice requirements must be obtained to allow you to participate in your clinical experiences. Information on these clinical practice requirements and websites where they can be obtained is listed below. You are required to upload **copies** of these documents to CALIPSO. It is important that you keep the original documents in a secure location. Failure to upload these requirements by the deadline will prevent you from participating in clinic experiences, which may negatively impact the development of your clinical skills and negatively impact your clinic course grade.

Clearances

As a professional you are required to obtain the specific clearances and upload copies of the clearance to CALIPSO prior to any patient contact. Information as to how these clearances are to be obtained are provided below.

1. FBI Fingerprinting for the Department of Education:

- a. Steps:
 - i. Go to <https://uenroll.identogo.com>
 - ii. Enter Service Code: **1KG6RT**
 - iii. Click “Schedule/Manage Appointment”
 - iv. Fill out the additional information
- b. Additional Information:
 - i. An email will be received with the results upon completion of the fingerprints.
 - ii. **THIS EMAIL CAN ONLY BE VIEWED ONCE**, therefore, it is critical you verify the file is saved to your computer, it is able to be viewed, and printed **PRIOR** to exiting.
 - iii. The email may go to your junk mail, so monitor that mailbox as well.
 - iv. The email subject will be “PAsafeCheck status@dev.pasafecheckidentogo.com”.
 - v. If you do not provide the appropriate documentation, you will be required to complete the fingerprinting process a second time.

2. Pennsylvania Criminal Record Check:

- a. Steps:
 - i. Go to <https://epatch.state.pa.us/Home.jsp>
 - ii. Click “Submit a New Record Check”
 - iii. Accept the Terms and Conditions
 - iv. Select “Individual Request” and then “Continue”
 - v. Fill Out the Information
 1. **YOU MUST CHOOSE EMPLOYMENT.**
 2. **DO NOT** choose “volunteer”.
- b. Additional Information:
 - i. This can be printed out immediately.

3. PA Child Abuse History Clearance:

- a. Steps:
 - i. Go to <https://www.compass.state.pa.us/cwis/public/home>
 - ii. Create an individual account
 - iii. Choose the **School Employee Governed by Public School Code**
 - 1. Apply as a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code
 - iv. Pay online (similar to the Pennsylvania Criminal Record Check)
- b. Additional Information:
 - i. Approximately a **week** after you submit the online form and pay, you will be able to access and print the certification from the website.

Mandated Reporter of Child Abuse

Audiologists are designated as mandated reporters of abuse. Prior to any patient contact, you must complete the Mandated Reporter of Child Abuse Training and upload the certificate of completion to CALIPSO.

1. Mandated Reporter Training:

- a. Steps:
 - i. Go to <https://www.reportabusepa.pitt.edu/PublicStudentSignUp.aspx>
 - ii. Fill in the required information and click "Submit"
Complete the Training
- b. Additional Information:
 - i. The certificate can be printed upon completion of the training.

Tuberculosis (TB) Test

You are required to upload a copy of the results of a TB test (one step) to CALIPSO. TB tests generally can be completed at your primary care physician's office.

Cardiopulmonary Resuscitation (CPR) Certification:

You must also obtain CPR certification and upload a copy of the certification to CALIPSO. A 2-year certification for healthcare providers can be obtained from either the American Heart Association or from the American Red Cross.

1. CPR Certification:

- a. A two-year certification for healthcare providers from either the American Heart Association or the American Red Cross is acceptable.
- b. For the American Heart Association, you are to complete **BLS for Healthcare providers- CPR & AED (Adult/Child)**.

Professional Liability Insurance:

You are required to obtain professional liability insurance and upload a copy of the proof of coverage to CALIPSO. This insurance protects you against covered claims arising from real or alleged errors or omissions, including negligence, in the course of your professional duties. Remember, legal defense and settlement costs are paid in addition to your limits of liability. In the event of a lawsuit, your liability insurance policy may include the following:

- Provide you with your own attorney
- Pay all reasonable costs incurred in the defense or investigation of a covered claim
- Pay you for lost wages
- Provide reimbursement if licensing board issues were involved
- Pay court costs and settlements in addition to the limits of liability

The policy **MUST** be a **minimum** of \$1,000,000.00. Below are a few companies that provide the required professional liability insurance.

HPSO Liability Insurance:

https://landing.hpso.com/individuals/?refID=WW2GWi&utm_source=google&utm_medium=cpc&utm_campaign=HC-HPSO-PPC-Brand-Exact-RLSA&utm_term=hpso+liability+insurance&utm_source=google&utm_medium=cpc&utm_campaign=HC-HPSO-PPC-Brand-Exact-RLSA&utm_term=hpso+liability+insurance&gclid=EAIaIQobChMIvcHv3ea18gIVBqblCh1bjAbUEAAYASAAEgLXxfD_BwE&gclsrc=aw.ds

Proliability by Mercer Liability Insurance: <https://www.proliability.com/professional-liability-insurance/speech-language-pathologists.html>

Lockton Affinity Liability Insurance: <https://locktonaffinityhealth.com/other-professions/>

Entering Clearances into CALIPSO

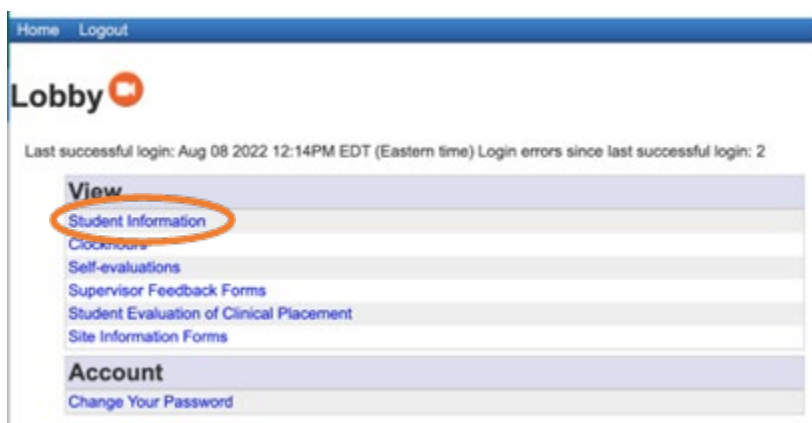
After obtaining clearances, they must be uploaded to CALISPO. Please see the following instructions for uploading clearances and updating dates.

How to Enter Clearances into CALIPSO:

1. Log in to CALIPSO at <https://www.calipsoclient.com/audiology/bloomu/account/login>
2. If you are new to CALIPSO, register under 'Student' with your Bloomsburg issued email address. If you have already registered, login using your Bloomsburg email and the password you created.



3. Once logged in, click on 'Student Information'



4. Click on 'Compliance/Immunizations'

Home Logout

Student Information

Hide all

Doe, Jane

Evaluations Clinical Assignments Documents Clockhours XPRec Cumul. eval. KASA Checklist Contact Info **Compliance / Immunizations** Prof. summary

Authored by: Laurel H. Hays, M.Ed., CCC-SLP and Satyajit P. Phanse, M.S. © 2010 Callisto, LLC

5. Click on 'Edit Compliance/Immunization data'

Compliance/Immunization for Doe, Jane

[Edit Compliance/Immunization data](#)

Session times ending 10/25/21

General

<input type="radio"/>	Citizenship:		<input type="radio"/>	Liability Insurance Start:	
<input type="radio"/>	Criminal Background Check:		<input type="radio"/>	Liability Insurance End:	
<input type="radio"/>	Driver's license:	No	<input type="radio"/>	Liability Insurance Company:	
<input type="radio"/>	Emergency Contact Name:		<input type="radio"/>	Liability Insurance Policy #:	
<input type="radio"/>	Emergency Contact Number:		<input type="radio"/>	Medical insurance:	No
<input type="radio"/>	Essential Functions:		<input type="radio"/>	Physical Examination:	
<input type="radio"/>	Fingerprinting:		<input type="radio"/>	Student notice and information release consent:	Yes

Immunizations

<input type="radio"/>	COVID-19 Vaccine 1:	
<input type="radio"/>	COVID-19 Vaccine 2:	
<input type="radio"/>	COVID-19 Vaccine 3:	
<input type="radio"/>	Hep B1:	
<input type="radio"/>	Hep B2:	
<input type="radio"/>	Hep B3:	
<input type="radio"/>	Hep Titer:	
<input type="radio"/>	Influenza:	
<input type="radio"/>	MenACWY 1 (Meningitis):	
<input type="radio"/>	MenACWY 2 (Meningitis):	
<input type="radio"/>	MenB (Meningitis):	

Trainings

<input type="radio"/>	Bloodborne Pathogen:	Apr 13 2021
<input type="radio"/>	BLS:	
<input type="radio"/>	Child Abuse Recognition:	
<input type="radio"/>	CPR:	
<input type="radio"/>	CPR Training by:	
<input type="radio"/>	COVID:	
<input type="radio"/>	FERPA:	
<input type="radio"/>	HIPAA:	
<input type="radio"/>	Mandatory Reporter:	
<input type="radio"/>	Radiation Safety:	

6. Enter the dates that you completed the required trainings.

Trainings			
<input type="radio"/>	Bloodborne Pathogen:	April 13, 2021	<input type="button" value="Clr"/>
<input type="radio"/>	BLS:		<input type="button" value="Clr"/>
<input type="radio"/>	Child Abuse Recognition:		<input type="button" value="Clr"/>
<input type="radio"/>	CPR:		<input type="button" value="Clr"/>
<input type="radio"/>	CPR Training by:		
<input type="radio"/>	COVID:		<input type="button" value="Clr"/>
<input type="radio"/>	FERPA:	August 23, 2022	<input type="button" value="Clr"/>
<input type="radio"/>	HIPAA:	August 23, 2022	<input type="button" value="Clr"/>
<input type="radio"/>	Mandatory Reporter:		<input type="button" value="Clr"/>
<input type="radio"/>	Radiation Safety:		<input type="button" value="Clr"/>
<input type="radio"/>	Research Ethics:		<input type="button" value="Clr"/>
<input type="radio"/>	Sexual Harassment:		<input type="button" value="Clr"/>
<input type="radio"/>	Suicide Prevention:		<input type="button" value="Clr"/>
<input type="radio"/>	Universal Precautions/OSHA:	April 22, 2021	<input type="button" value="Clr"/>

7. Once you finish entering dates, click 'Save the changes below'

Home Logout Student Information Files **Printable view (PDF)**

Compliance/Immunization for Doe, Jane

[Back to Main Content](#)

Save the changes below

General

<input type="radio"/>	Citizenship:			<input type="button" value="Clr"/>
<input type="radio"/>	Criminal Background Check:			<input type="button" value="Clr"/>
<input type="radio"/>	Driver's license:	<input type="checkbox"/>		
<input type="radio"/>	Emergency Contact Name:			
<input type="radio"/>	Emergency Contact Number:			
<input type="radio"/>	Essential Functions:			<input type="button" value="Clr"/>
<input type="radio"/>	Fingerprinting:			<input type="button" value="Clr"/>
<input type="radio"/>	Liability Insurance Start:			<input type="button" value="Clr"/>
<input type="radio"/>	Liability Insurance End:			<input type="button" value="Clr"/>
<input type="radio"/>	Liability Insurance Company:			
<input type="radio"/>	Liability Insurance Policy #:			
<input type="radio"/>	Medical insurance:	<input type="checkbox"/>		
<input type="radio"/>	Physical Examination:			<input type="button" value="Clr"/>
<input type="radio"/>	Student notice and information release consent:	<input checked="" type="checkbox"/>		

8. Now, click on 'Files' which is located on the blue bar along the top.

Bloomsburg University
Session times out in: 1:24

Home Logout Student Information **Files** Printable view (PDF)

Compliance/Immunization for Doe, Jane

[Back to Edit Compliance/Immunization](#)

Upload file: No file chosen (max. 30MB)

Title (optional):

Access: (Public files are viewable by you, supervisors, and clinical administrators. Private files are viewable by you and clinical administrators only.)

9. Choose supporting files and title it appropriately.

10. Make sure access is set to 'Public' and then upload the document.

CLINICAL EXPERIENCE HOURS

Reporting Final Clock Hours

Recording of all clinical contact hours appropriately are important to verify the acquisition of all skills as determined by the accreditation requirements and to obtain the necessary hours for certification and licensure. For example, when a patient comes to the clinic with a hearing issue, student clinicians may be required to do a complete audiological evaluation, hearing aid performance assessment, and informational counseling. Thus, for this type of patient, a student may be able to record clinical hours in three of the ASHA categories (evaluation, amplification, & treatment). Recording of all clinical hours allows supervisors to determine the experience level of the student clinician and the areas experience is needed. Follow the Clock Hours Documentation Instructions for CALIPSO in the Clinic Operations Manual.

The CAA Definition of clinical experience is much broader. It includes consultation, record keeping, administrative duties, and any relevant activities to service delivery. Students doing programming of hearing aids – electroacoustic checks, report writing, placing orders, record keeping, etc., should be counted as clinical experience hours.

Please document hours using this definition.

Maximum hours available:

First year:

Hours will be limited and expand as students become familiar with equipment, procedures, and technique to meet the needs of the patients seen in the clinic. To err on the side of safety, available hours will be reduced.

Fall semester	15 weeks * 1 hour/week = 15 hours
Spring semester	15 weeks * 2 hours/week = 30 hours
Summer semester	12 weeks * 2 hours/week = <u>24 hours</u>
TOTAL HOURS	69 hours

Second year: 1/2 day per week of clinic

Fall semester	15 weeks * 4 hours/week = 60 hours
Spring semester	15 weeks * 4 hours/week = 60 hours
Summer semester	12 weeks * 4 hours/week = <u>48 hours</u>
TOTAL HOURS	168 hours

Third year: 3 days per week of clinic

Fall semester	15 weeks * 24 hours/week = 360 hours
Spring semester	15 weeks * 24 hours/week = <u>360 hours</u>
TOTAL HOURS	720 hours

Fourth year: 5 days per week of clinic

Summer semester 12 weeks * 40 hours/week = 480 hours

Fall and Spring 36 weeks * 40 hours/week = 1440 hours

TOTAL HOURS	1920 hours
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TOTAL POTENTIAL HOURS = 2877

CAA requires minimum of 12 months' full-time equivalent of supervised clinical.

Commonwealth University – Bloomsburg Au.D. Program Competency Examination

The Competency Examination is a practical examination and is a required element of the Commonwealth University – Bloomsburg Au.D. Program. All Au.D. candidates are required to pass four Competency Examinations to progress to the third year of the Au.D. Program. The candidacy examination will address the following areas.

1. Basic audiologic evaluation skills
2. Hearing aid programming and fitting
3. Electrophysiologic testing
 - a. Neurodiagnostic Auditory Brainstem Response (ABR)
4. Vestibular testing
 - a. Videonystagmography (VNG)

The purpose of the examination is to assess the candidate's ability to proceed to more independent practice, as well as, address more complex cases and procedures in a variety of settings. The practical examination will consist of general principles, concepts, and practical application of clinical skills related to the evaluation and treatment of a patient. Au.D. candidate will have two opportunities to successfully complete the examinations. Failure to successfully complete and earn an unconditional pass on the Candidacy Examination will result in the implementation of a remediation plan to assist the candidate address and resolve deficiencies as early as possible. Competency Examinations 1 and 2 will be conducted during the CSD 611 course during Weeks 4 -6 of the course and Competency Examinations 3 and 4 during the CSD 630 course during Weeks 4-6 of the course. Faculty of record for the course will be responsible for scheduling, grading, and feedback for each Competency Examination.

Grade:

Obtained using the Core Competency Exam Grade Sheet for each of the competency examinations

Grading will follow the CALIPSO Performance Evaluation Rating Scale:

1. Not evident: Skill not evident
2. Emerging: Skill is emerging, but is inconsistent or inadequate.
3. Present: Skill is present and needs further development, refinement or consistency.
4. Adequate: Skill is developed/implemented but needs continued refinement or consistency.
5. Consistent: Skill is consistent and well developed.

Overall Score:

A Score of 4 or better will result in an Unconditional Pass:

The candidate has met and/or exceeded performance requirements and proceeds to the third year clinical experience.

A Score of 3 to 3.99 will result in a Conditional Pass:

A Conditional Pass indicates the candidate's performance identified areas that did not meet minimal requirements and require remediation (See Department Remediation Policy). Upon completion of the remediation, the candidate is required to retake the Competency Examination in its entirety one week prior to the Final examination week. If the candidate is unable to meet the performance expectations and obtain an unconditional pass on the second attempt, a grade of fail will be given and the candidate is required to remediate the deficient areas. An unconditional pass is required on the second attempt to progress to the second and third year of the Au.D. Program.

A score of 2.99 or lower will result in a Fail:

The candidate has not met performance expectations. The candidate is required to remediate the deficient areas and retake the entire Candidacy Examination prior to the end of the subsequent summer semester. The candidate is required to pass the examination unconditionally on the second attempt.

AuD Competency Examination

The Competency Examination is a required element of the Commonwealth University – Bloomsburg Au.D. Program. The purpose of the examination is to assess the candidate's ability to proceed to more independent practice, as well as, address more complex cases and procedures in a variety of settings. The practical examination will consist of general principles, concepts, and practical application of clinical skills related to the evaluation and treatment of a patient. Au.D. candidates are required to pass four Clinical Competency Examinations to progress to the third year of the Au.D. Program. Competency Examinations 1 and 2 will be conducted during the CSD 611 Internship: Clinical Audiology III (summer first year) during Weeks 4 -6 of the course and Competency Examinations 3 and 4 during the CSD 630 Internship: Clinical Audiology VI (summer 2nd year) during Weeks 4 -6 of the course. Faculty of record for the course will be responsible for scheduling and completing the grading and feedback for each Competency Examination. The components of the four examinations can be found below.

- I. Basic Audiologic Evaluation Skills - Traditional and IOM
 - A. Pure tone air/bone/speech evaluation
 - B. Masking of two frequencies
 - C. Tympanometry (1 ear)
 - D. Acoustic Reflexes and Decay (1 ear, ipsi and contra)
 - E. Comprehensive Otoacoustic Emission (1 ear)
 - F. Interpretation of all tests listed above

- II. Hearing Aid- Traditional and IOM
 - A. Identification of hearing aid and earmold parts/features
 - B. Earmold Impression
 - C. Programming
 - D. Troubleshooting/Repair
 - E. S-REM or REM
 - F. Interpretation of S-REM or REM

- III. ABR – Traditional and IOM
 - A. Neurodiagnostic ABR
 - B. Interpretation

- IV. Vestibular – Traditional Track only
 - A. VNG Calibration
 - B. Ocular Motor
 - C. Positional and positioning tests (1 side)
 - D. Calorics (1 set warm)
 - E. Interpretation of all tests listed above

AUDIOLOGY CALIPSO CLINIC PROTOCOL: ON-CAMPUS

Roles & Responsibilities:

- Students – The 1st and 2nd year Au.D. students are responsible for entering patient clock hours in CALIPSO. Students will receive written and or verbal feedback from a clinic supervisor, which will include performance feedback and the appropriate clock hours associated with the patient encounter.

Students will track their weekly patient encounters using the “Patient Data Sheet”. The Patient Data Sheet includes information regarding the type of appointment, patient population, severity of disorders, interprofessional practice, multicultural aspects, linguistic diversity, outcome measures used, specialty testing, and screenings.

- Clinic Supervisors – Clinic supervisors will complete a written student feedback form and provide the student with verbal feedback. This supervisor’s student feedback form includes the tracking of the clock hours, based upon the time spent with the patient. Additionally, clock hours for patient administration and pre-preparation will be entered for approval by the supervisor.
- Faculty – The course instructors will provide classroom instruction for the clinic courses, which are associated with 1st and 2nd year on-campus clinical experience. The faculty member assigned to any of the clinic courses will monitor the students’ progress throughout the course in conjunction with input from the clinical supervisors. This will include providing the students with a final grade and identifying if the KASA objectives have been met during the clinical experience and clinic coursework.
- On-Campus Clinic Director – During monthly meeting with the clinic supervisors, monthly clock hour/student reports will be generated, reviewed, and discussed. If a student deficiency in skills and knowledge is reported or observed a plan for remediation will be initiated.
- Program Coordinator / Department Chair – Provides final review and approval of all course work and clinical clock hours completed.

CALIPSO Clock Hours Tracking Steps:

- 1) Student provided with an on-campus clinical patient encounter
- 2) Supervisors record patient encounter time on feedback form along with provide feedback on clinical performance
- 3) Student inputs clinical clock hours into CALIPSO
- 4) Supervisors have ability to monitor clock hours as needed
- 5) Clinic director runs monthly reports and review students’ clock hours with supervisors at the scheduled monthly meetings
- 6) At the completion of the clinic class, the course instructor (faculty member) will input the final grade and indicate the status of the KASA objective within CALIPSO

- 7) The program coordinator / department chair provides the final review and approval of coursework and completed clock hours in CALIPSO

Remediation:

Remediation is available for students who are deficient in meeting the appropriate skills and knowledge as identified on the KASA and within the coursework.

The need for remediation can be identified by the course instructor, on-campus clinic supervisor, or the student themselves.

Remediation Plan:

Once a deficiency in knowledge and skills has been identified, the course instructor and on-campus clinic supervisor will develop a plan for remediation. The remediation plan should be detailed and explained to the student. This detailed plan for remediations should be recorded in CALIPSO. Reassessment of the questionable knowledge and skills should occur prior to the end of the semester. The outcome of the reassessment and acquisition of questionable skill and knowledge should also be recorded in CALIPSO. The on-campus clinic director and program coordinator should be made aware of the remediation plan and be available should any questions or concerns arise.

SAFETY, SECURITY, AND CONFIDENTIALITY INFORMATION

In order to maintain a safe and protected clinical and department environment for all graduate students in speech-language pathology and audiology, particularly during evening hours, the following procedures and practices must be followed by all students.

At any time, if any unfamiliar person is observed in the clinic, department, or building, ask what can be done to assist the individual locate the appropriate area. During the day, report any suspicious activity to clinical supervisors, clinic director, department faculty, clinic secretary or department secretary. In the evening, notify housekeeping and/or University Police at 570-389-4168 of any questionable activity or persons in the clinic, department, or building. Do not take any chances with your or any other student's safety and security. Do not leave valuable possessions unattended and report all thefts to the clinic director.

Au.D. graduates students have access to the clinic, department, and building 24 hours per day and seven day per week. Graduate students can access the building, department, and clinic with the student ID.

When exiting the building after 9:30PM use the stairwell exit (not the main door). Make sure the door closes and locks behind you. Do not prop doors open.

The last person in the clinic, department, or building who is ready to leave, please adhere to the following safety measures:

- Return all clinic files to the designated holding area.
- Turn off the lights and close/lock the door to ALL clinic and department areas.
- Turn off all electrical appliances (e.g., coffee pot).

It is every student's responsibility to observe and practice security measures in the clinic and department at all times and do his/her part to ensure a secure and safe clinical training environment for everyone.

Student Lockers

Lockers are available to first and second year students to store books, non-perishable foods, jackets, purses, or other personal items. First-year students are given a locker by the second-year students. You may be required to share a locker with a fellow Au.D. student. Students are expected to maintain the security of the items that they store in the lockers. Neither the University nor the Department is responsible for lost/stolen items.

Verification of Student's Identity for Online Courses

To verify identity of the Au.D. students enrolled in online courses, following measures will be implemented

1. To join an online class meeting, students will be required to sign in using their Commonwealth University – Bloomsburg official email ID.
2. Faculty may require students to use a video camera during the class meetings as well as during the exams and assignments.
3. Students may need to present their Commonwealth University – Bloomsburg student ID before the start of the class meeting or the exam.

4. Faculty may use Respondus LockDown Browser along with video proctoring for the assignments and exams.

Photo Identification

Students must obtain photo identification badges to wear during the pre-clinic shadowing experience and all on-campus clinics. Students must be in possession of their University Issued IDs at all times while on campus. Photo IDs are available through Student Life.

Infection Control Workshop

Students must attend a workshop on infection control prior to clinic. Students must practice infection control and preventative measures in all clinical experiences.

Health Insurance Portability and Accountability Act (HIPAA) Workshop

Students must attend a workshop on HIPAA prior to clinic. Students must practice HIPAA measures in all clinical experiences.

Fire and Emergency Evacuation Instructions For Speech, Language & Hearing Clinic

Fire and Emergency Drill Procedures

In the event of a planned fire drill, the clinic administrative assistant will be notified that a drill will be conducted. She will notify all clinic supervisors that a drill is planned.

At the time of the drill:

1. All graduate students who are not seeing clients at the time of the drill will leave the building by way of the stairs. ELEVATORS CANNOT BE USED. Elevators become inoperable when fire alarm is sounded.
2. Graduate students who are with patients will escort their patient (along with their caregivers) to the west stairwell, adjacent to the faculty and staff offices hallway, where clinic supervisors will meet them.
3. Graduate student clinicians and all ambulatory clients and caregivers will exit the building via the stairs.

Note: In the event of a drill, there is no need to have non-ambulatory patients exit the building.

Fire and Emergency Procedures

1. All graduate students who are not seeing clients at the time of the emergency will leave the building by way of the stairs. ELEVATORS CANNOT BE USED. Elevators become inoperable when fire alarm is sounded.

2. Graduate students who are with patients will escort their patient (along with their caregivers) to the west stairwell, adjacent to the faculty and staff offices hallway, where clinic supervisors will meet them.
3. Graduate student clinicians and all ambulatory patients and caregivers should exit the building via the stairs.
4. Supervisors will notify the clinic administrative assistant of the number of non-ambulatory patients who require assistance to evacuate using the stairs.
5. The clinic administrative assistant will call 911 and notify the first responders of the number of non-ambulatory patients who require assistance to evacuate.
6. All staff will exit the building by way of the stairs.
7. First responders will arrive to assist with evacuating patients.

CLINICAL RESIDENCY

Clinical practicum is defined as clinical experience approved by an academic program. It is designed to foster the continued growth and integration of the knowledge and skills outlined in ASHA 2020 Standard III. Therefore, students shall participate in practicum only after it has been determined that they have had sufficient preparation to qualify for such experience. A variety of clinical practicum experiences must be obtained so the student can demonstrate skills across the scope of practice in Audiology. Acceptable clinical practicum experience includes clinical and administrative activities directly related to patient care.

Supervision during clinical experiences must be sufficient to ensure the welfare of the patient and the student in accordance with the ASHA Code of Ethics. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence. The amount of supervision must also be appropriate to the student's level of training, education, experience, and competence. Supervisors must hold a current Audiology license in the appropriate state of practice. Activities supervised shall be limited to those specified in the scope of practice for the professional area in which supervisors are certified.

The supervised clinical training which is carefully integrated with academic experiences at all levels of the Commonwealth University – Bloomsburg Doctorate of Audiology Program is integral to progressing into an independent Audiologist. The purpose of clinical training is to provide the student with supervised experience in the provision of diagnostic and (re)habilitative services to pediatrics through geriatrics presenting with auditory and vestibular disorders. As part of the program, students will accrue experience providing services in a variety of professional environments. Clinical training is available through a rotating residency program in which an attempt is made to provide students with experiences in a variety of settings, which allows students to interact on a professional basis with other disciplines. In the carrying out of all clinical services, it is expected that students will be thoroughly familiar with the underlying theoretical principles. Students are expected to attend all clinical assignments for the entire semester, this includes final examination week. The site supervisor must be kept abreast of any late arrivals, early departures, or absence. Students on clinical assignments are expected to adhere to the site dress code and conduct themselves in professional manner. All students must hold valid liability insurance coverage (See Clinical Practice Requirements), that is active for the entire experience. All students will contact their assigned site (after arrangements have been made by the residency coordinator) to determine the student requirements (CPR, immunizations, etc.) to complete the experience at the site. Any changes in your assignment (day of the week, days off, new site supervisor, new location, etc.) must be discussed with the university coordinator. Although consideration will be given to matters of personal preference and convenience in the planning of graduate clinical training, students are expected to abide by the decisions of the residency coordinator. Failure to carry out any clinical practical assignment according to departmental expectations and professional standards may result in disciplinary action including recommendation for dismissal from the program.

The Residency Coordinator has the right to place a 3rd year student at any site within a two-hour radius of Commonwealth University – Bloomsburg. Further, all students will be placed at

different sites (one each semester) during the 3rd year experience. Students cannot complete more than one semester at any site during the 3rd year residency experience. If a placement site is within two hours of Commonwealth University – Bloomsburg, there will be no changing of the site placement once assigned to the 3rd year student. If students have special requests (general location of placement not specific site request) or needs during the 3rd year experience, a written statement must be provided to the faculty member responsible for 3rd year residencies. The faculty member responsible for the 3rd year residencies will determine whether the request be granted.

If the student plans to live outside the vicinity of Commonwealth University – Bloomsburg, the student must inform the faculty member responsible for the 3rd year residencies of their 3rd year address approximately two weeks after midterm of the 2nd Spring semester. It is strongly recommended to meet with the responsible faculty prior to making the move to determine if there is an appropriate number of placements in that location. In this case, the faculty member has the right to place a 3rd year student at any site within a two-hour radius of the place of residence. While attempts to accommodate the student's residence outside the vicinity of Bloomsburg, given the limited number of 3rd year sites, there are no guarantees that the site placement will not be outside a two-hour radius of the student's residence.

Students must maintain documentation of academic coursework, practicum hours, and practicum supervision verified by the program. This documentation must demonstrate that students possess the knowledge and skills delineated in ASHA 2020 Standard II. This documentation shall be made available upon request. Failure to do so may jeopardize awarding of ASHA certification.

AUDIOLOGY CALIPSO CLINIC PROTOCOL: EXTERNSHIP

Roles & Responsibilities:

- Students – All students in their 3rd or 4th year externship are responsible for keeping track of their daily patient clock hours acquired. They are expected to enter their clock hours weekly into CALIPSO
- Clinic Supervisors – Each week the clinic supervisors will review and approve all clock hours reported for that week
- Externship Coordinators – At the completion of a semester, the externship coordinators will input a grade and review the final clock hours in CALIPSO
- Program Coordinator/Department Chair – Provides final review and approval of all course work and clinical hours completed.

CALIPSO Clock Hours Tracking Steps:

- 1) Student provided with an off-campus externship and primary supervisor
- 2) Students track individual patient encounters and clock hours
- 3) Student must input and record all patient clock hours weekly in CALIPSO
- 4) Externship supervisors will monitor the students' patient clock hours weekly
- 5) Externship coordinators monitor approved hours during the semester and meet at midterm and final to review overall semester clock hours
- 6) The program coordinator / department chair provides the final review and approval of coursework and completed clock hours in CALIPSO

Remediation:

Remediation is available for students who are not meeting any of the appropriate skills and knowledge as identified on the KASA and within the coursework

The need for remediation can be identified by the course instructor, externship supervisors, or the student themselves.

Remediation Plan:

Once a deficiency in knowledge and skills has been identified, the course instructor and externship supervisor will develop a plan for remediation. The remediation plan should be detailed and explained to the student. This detailed plan for remediations should be recorded in CALIPSO. Reassessment of the questionable knowledge and skills should occur prior to the end of the semester. The outcome of the reassessment and acquisition of questionable skill and knowledge should also be recorded in CALIPSO. The program coordinator should be made aware of the remediation plan and be available should any questions or concerns arise.

CALIPSO After Graduation:

Students will have access to CALIPSO for one-year after graduation. It is important to download your records for licensure, certification, and/or employment applications as soon as possible after graduation. Students will **not** have access to CALIPSO after one year.

RESEARCH TRACK: DOCTORAL DISSERTATION PREPARATION GUIDELINES/TIMELINES

The option to complete a dissertation in addition to the required courses is available to students who meet specific academic criteria. More information about the dissertation will be discussed in the Research in Audiology course and can be discussed with the Au.D. Graduate Coordinator/Advisor. Student who enroll in the research track must in enroll in 6 additional credits above the Au.D. program 120 credits. Student enroll in 3 credits during the fall, spring, or summer semester of the Third year to meet Graduate School requirements.

Introduction and Rationale

Students who choose and have been approved to complete an individualized research project must be committed to the pursuit, generation, and dissemination of new knowledge. This philosophy is vital to the ongoing development of the Audiology profession.

The Graduate School provides guidelines for the preparation of the dissertation (Student Thesis Procedures) within the Graduate Student Handbook. This information is available for current graduate students on the School of Graduate Studies website (<https://www.bloomu.edu/documents/thesis-gradschool>). This section of the Au.D. handbook has been developed to provide the student electing to complete a research project as part of their academic requirements with the guidelines and regulations for the development and completion of the research specific to the Department of Communication Sciences and Disorders. Adherence to the guidelines contained within this section will assist the student in completing the project in a timely, organized, and thorough manner within three years. It should help minimize unnecessary anxiety as the end of the third-year approaches, as deadlines are organized on a semester-by-semester basis.

Documentation

Students should submit copies of all forms to all members of the dissertation committee as well as to the graduate advisor for inclusion in their official student file.

Timeline

The following is a proposed timeline of the requirements for the completion of an Audiology dissertation in the Department of Communication Sciences and Disorders with a summary of the requirements each semester of the program. Students should understand all research requirements must be completed prior to conferral of the degree.

First Year Fall and Spring Semesters

As you are exposed to academic and clinical theories and experiences during the first year of your program, you should consider talking with the Audiology faculty to explore possible research topics and to begin considering who to serve as your committee chair and members. The

dissertation committee consists of at least three members, the majority must be Audiology faculty. Do not forget to consider graduate faculty from other programs in our department or outside of the department as possible committee members. Committee members from outside the area of audiology and the department should have an expertise that is pertinent to your research. Further, the outside committee member(s) must hold or obtain graduate faculty status. The chair of your committee must be an Audiology faculty member within the Department of Communication Sciences and Disorders.

First Year Summer Semester

Enroll in the **Research** course. This class will prepare you for the dissertation process by introducing you to research in Audiology. This course will not only help you to become an informed consumer of research literature but will also help you to develop your own potential research project.

Second Year Fall and Spring Semester

Identify a potential dissertation chairperson for your intended project and other faculty members who may potentially serve as the remaining committee members. Complete the appropriate paperwork to allow the Department Chairperson and the Graduate school to approve the committee (<https://www.bloomu.edu/documents/thesiscommitteeapproval-gradschool>). For timely completion of your project, **the dissertation committee should be approved by the Spring semester of the 2nd year; however, students are encouraged to complete this earlier if possible.**

Second Year Summer/Third Year Fall Semester

Complete the Prospectus/Proposal: The prospectus/proposal is a significant piece of work; it is not an outline or a term paper, rather, it is a formal document that justifies the research being proposed. This document should include the Title Page, Introduction, Literature Review, Methodology, and References, as well as any other required or supporting material. These sections will, with more details, become the first three chapters of the dissertation, so they should be carefully prepared. It is difficult to stipulate a length for the proposal as this will vary depending on the topic selected and the available body of literature to be reviewed as well as the complexity of the project. The proposal should be formatted according to the most recent APA manual.

- **Title Page.** See the Student Thesis Procedures for required format.
- **Introduction:** Provide a brief background on the area of research. This should set the stage for why the topic needs to be studied further. The section should include an introduction, the problem, justification, and statement of hypotheses.
- **Literature Review:** The purpose of the literature review is to inform the reader of what is already known about the topic. What research has been completed on the topic? How does prior work lead into the need for the currently proposed work? What did prior work reveal? What could be further revealed or understood via further study? Are there any issues identified by prior work that the proposed work might address? The literature review should provide a critical evaluation about the information already known, what needs to be further determined, and why. It should conclude with a summary

statement that clearly makes the case of the need for further study and leads into the specific research questions proposed for the thesis. The student is assumed to have extensive knowledge of the topic as a result of intensive literature review and reading; however, the document should be written for readers who will have different levels of knowledge of the particular topic. Therefore, the writing style should provide an introduction, linkage, and conclusions for the reader, in addition to a thorough review of the research pertinent to the topic. The length of the literature review will vary and must adequately cover the topic.

- **Methodology:** The purpose of this section is to provide the reader with the specifics of the project. It should provide sufficient information to allow other individuals to replicate your project, although the specifics will vary depending on the nature of the proposed project. Minimally, it should include participants, design, materials, methods of data collection, and data analysis.
- **References:** All cited work must be referenced in this section. Any information taken from another source or is not your own idea/thought must be referenced. The reference list and in-text references must adhere to the most current edition of the APA manual, and this must remain consistent throughout the document.

Students are encouraged to consider their audience while preparing the proposal and dissertation. A brief introductory paragraph in each chapter, restating information from prior chapters, is helpful should the document be read over a period of several days.

- Determine if the dissertation will utilize Traditional Thesis Format or Journal Format. Both formats include the content stated above. Include the appropriate form with the thesis proposal. Regardless of the format of the document, the project must reflect a high degree of rigor for portions of the project including the literature review, methodology, data analysis, and conclusions. Selection of the Journal Manuscript Thesis format must be approved by both the thesis committee and the department chairperson. A copy of the Journal Manuscript format must be submitted electronically with your final dissertation to the Associate Vice President and Dean of Graduate Studies and Research.
- ***It is very important that the student work closely only with the chosen committee chair. The student should refrain from submitting any part of the document at any stage to committee members without the permission of the chair. The chair is responsible for verifying that the document is at an appropriate stage to be reviewed by other committee members.***
- **Prospectus Meeting:** Upon approval of your dissertation chair, students can initiate the process to schedule a prospectus meeting with their dissertation committee. Prior to setting the prospectus date, the student must verify the availability of all committee members for the proposed date. At that time, the student will contact the department secretary to secure a location for the meeting. Students must provide all dissertation committee members a copy (paper or electronic) of the proposal at least 2 weeks prior to the scheduled meeting, unless other arrangements acceptable to the members of your committee have been agreed upon. At this meeting, the student will present a summary of the background pertinent to the proposed work and outline the proposed research. This forum will also include questions from the committee. The committee will either approve the proposal, approve with minor corrections, or make recommendations for major

changes in the proposal prior to approval. The outcome of the meeting may require rescheduling the prospectus meeting prior to progressing. As the prospectus meeting is an open meeting to the faculty, students, and community of Commonwealth University – Bloomsburg, the date, time, and location of the meeting must be announced at least 2 weeks prior to the meeting. The student is responsible for notifying the department secretary of the prospectus date and time so the announcement can be posted on the University's website.

- Confirmation of dissertation approval will be sent by the dissertation chair to the Assistant Vice President and Dean of Graduate Studies.
- Complete and Institutional Review Board (IRB) application based upon the approved project.
- Submit the IRB application based upon the approved project.

Third Year Fall and Spring Semesters

You must register for Dissertation credits in the 3rd year Fall, Spring, or Summer semester(s) of your choice. A total of 6 credits is required. Discussion with your academic advisor and/or Dissertation chair will assist you in determining the semesters to enroll in the Dissertation credits.

A grade of "R" is assigned while the project is ongoing. A final grade for the dissertation will only be assigned following (a) successful defense of the dissertation, and (b) completion of the signature page by all committee members.

Note that students have six (6) years from their initial matriculation in the Au.D. program to complete all program requirements (Commonwealth University – Bloomsburg PRP 3565).

Data Collection: Collect data and complete statistical analysis. No aspect of the research (participant recruitment, data collection, etcetera) can initiate without IRB approval.

Make necessary revisions and update the introduction, literature review, and methodology as recommended by the dissertation chair and committee to assure the information remains current while actively completing the research.

Results: In this chapter, the basic summary of the project is restated with the results obtained via data analysis. Tables and figures often are included in this section, which must follow the current APA format, unless the journal formatting stipulates a different format.

Tables and figures should be inserted into the document after they have been referenced in the text. Tables and figures that are large may be placed on a separate page or placed in landscape orientation if they do not fit within the standard page setup. All tables and figures must appear in the list of tables and list of figures in the Table of Contents. However, tables and figures should not be a repetition of the material that appears in the written document. The use of tables and figures must add or clarify information presented in the document.

Discussion: This chapter will review the results in the context of the original purpose/introduction of the study. Were the questions answered? What information did the data and analysis provide to contribute to the body of literature in the field? Are there any explanations for the results obtained? Are there variables that need to be examined further?

What directions for further study can be identified?

Third Year Summer

Finalize Results and Discussion chapters of the thesis.

Prepare Abstract, Acknowledgments, Table of Contents, List of Tables, List of Figures, and Appendices, such as a List of Abbreviations, Glossary (if applicable) with corresponding explanation(s) below.

Abstract: This part of the thesis should not exceed 300 words. It provides a summary of the research that provides the reader with sufficient information to determine the main focus of the project and implications.

Acknowledgments: This section is optional. The student has a forum to extend his or her appreciation to individuals who have been instrumental in completion of the project. The acknowledgments are a part of the final formal document and should be written in a style consistent with a formal paper.

Table of Contents: The Table of Contents should permit the reader to easily locate items within the body of the paper while reading. It should include major chapters and headings within each chapter.

List of Tables: Each table must be listed with its title and page number in the text.

List of Figures: Each figure must be listed with its title and page number in the text.

Appendices: Tables and other data, which do not lend themselves to inclusion in the text, may be included in the appendices. Materials important to the research, such as stimulus items, may be included here and must follow APA format.

Schedule and complete the defense.

Upon approval of the committee chair, the final defense date can be scheduled with your committee. A copy (paper or electronic) of the completed dissertation must be provided to the committee 2 weeks prior to the scheduled defense, unless other arrangements acceptable to the members of your committee have been agreed upon.

As the oral defense is an open meeting to the faculty, students, and community of Commonwealth University – Bloomsburg, the date, time, and location of the meeting must be announced at least 2 weeks prior to the meeting. The student will follow the same procedures as the prospectus defense for the scheduling and announcement of the final defense. At the defense, the student shall present the background, methodology, results, and implications of their research. Questions shall be entertained and discussion of the results of the research is required.

The committee has three vote decisions.

1. Approve – The committee will sign the approval document because the research, defense, and writing of the document meets doctoral work. However, there are minimal changes that may need to be approved by the chair of the committee prior to submission to the Graduate Dean for review.
2. Conditional approval – The committee identified significant errors in the research, defense, and/or document and the student may be required to complete another oral defense prior to approval. The committee will sign the approval document. After the committee approval, the student may have correction that may need to be approved by the chair of the committee prior to submission to the Graduate Dean for review.
3. Fail – The research, defense, and/or writing of the document does not meet the expectation of doctoral work.

The day the student passes the oral defense, each committee member will sign the approval/signature sheets. The student must bring the approval/signature sheets (see Student Thesis Procedures) to the defense printed on 100% cotton thesis paper of at least 20 lb. weight. Once signed, the student will take the signature pages to the Office of Graduate Studies. The Administrative Assistant will hold onto the signature pages until the Dean of Graduate Studies has approved the thesis. After the student passes his/her oral defense and has made all appropriate revisions to the satisfaction of the committee and committee chair, the student will electronically send a copy to the Dean of Graduate Studies. The Dean of Graduate Studies will review the dissertation and make suggestions/changes deemed necessary and will relay the changes to the student. The student is required to make the necessary changes and return it to the Dean of Graduate Studies. The Dean of Graduate Studies provides the final approval of the document to the student via email. After final approval, the student will then print the document on 100% cotton thesis paper of at least 20 lb. weight. A minimum of two hard copies must be bound - one copy for the department, one copy for the library. Any additional copies may be purchased at the students' discretion. A fee will be charged for the binding of all dissertations. Final copies will be bound at the student's expense.

Complete finalized version of the thesis in compliance with formatting, paper, and layout requirements listed in the student's thesis procedures (<https://www.bloomu.edu/documents/thesis-gradschool>).

Submit final copies to the department, the Graduate Office, and the library.

Summary of Audiology Doctoral Dissertation Timeline

First Fall, Spring, & Summer

As you are exposed to academic and clinical theories and experiences during the first year of your program, you should consider talking with the Audiology faculty to explore possible research topics and to begin considering who to serve as your committee chair and members.

- ☐ Successfully complete the program Research course
- ☐ Complete appropriate CITI training

Second Fall

- ☐ Identify dissertation chairperson and committee members
- ☐ Submit paperwork to Graduate School for appointment of the committee

Second Spring and Summer

- ☐ Schedule/complete prospectus meeting
- ☐ Submit application to Institutional Review Board for approval

Third Fall & Spring

- ☐ Data collection and analysis
- ☐ Register for thesis credits where appropriate (6 credits required)

Third Year Summer

- ☐ Finish document
- ☐ Schedule/complete defense
- ☐ Submit final copies with required revisions to document, as recommended by the dissertation committee
- ☐ Submit final copies to the Graduate Office for final approval

Submit completed dissertation to the Dean of Graduate Studies for review

Completed signature pages (on the appropriate paper) must be provided to the Graduate office secretary along with a copy of the title page. Dissertations must be submitted electronically for review. The secretary will forward it to the Dean of Graduate Studies once the signature pages are received. Upon completion of the review, the document will be returned to you for any changes/corrections.

If the dissertation does not require any changes/corrections, the Graduate office secretary will inform the student and dissertation chair the Dean has approved the document and to submit the appropriate number of the entire document on the appropriate paper to the Graduate office secretary. The student will be billed for binding by the Registrar's Office.

BLOOMSBURG UNIVERSITY

SCHOOL OF GRADUATE STUDIES

Form for the Appointment of a Thesis Committee

TO: The Associate Vice Provost of Research and Sponsored Programs and Dean of Graduate Studies

FROM: _____
Advisor of Record

for _____ ID#: _____
Name of Student (print)

DATE: _____

The following faculty, having agreed to serve on the Thesis Committee for the above student, are recommended to you for appointment to the committee (a minimum of three faculty are required to form a committee).

(Print) (Sign) Advisor and Chairperson

(Print) (Sign) Committee Member

(Print) (Sign) Committee Member

Approvals:

(Print) (Sign) Program Coordinator

(Print) (Sign) Department Chairperson

(Print) (Sign) Assoc. Vice Provost
and Dean of Graduate Studies

I HAVE READ THE THESIS PROCEDURES AND AGREE TO COMPLY WITH THE TERMS AS SET FORTH THEREIN.

STUDENT SIGNATURE _____ **DATE** _____

ANTICIPATED DATE OF THESIS COMPLETION _____

c: Student

Thesis Advisor

Program Coordinator

Committee Members

Student File

****If Journal Manuscript is selected, a copy of the manuscript guidelines must accompany the final thesis****

**Thesis or Departmental Paper Proposal
Assurance of Compliance with University
Research Requirements**

Date _____

Student's Name (please print) ID# _____

Program of Study _____

I have reviewed the thesis or departmental paper proposal submitted by the above named student and have concluded that:

☐

There is no human subject involvement and no human subject research is required

☐

Human subject research review is required.

☐

There is no animal use involved and no animal use review is required.

☐

Animal use review is required.

Project Advisor

Department Chairperson

A completed copy of this form should be included with the thesis/departmental paper proposal submitted to the Office of Graduate Studies & Research, CEH 212.

THESIS
 SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES
 of
 BLOOMSBURG UNIVERSITY OF PENNSYLVANIA

 IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
 THE DEGREE OF _____
 PROGRAM IN _____
 DEPARTMENT OF _____
 BY _____

 (Type Your Name)

The undersigned thesis committee members hereby certify that they have read and recommend to the School of Graduate Studies for acceptance the thesis entitled:

APPROVED:

_____ Date _____
 Insert Name, Thesis Advisor/Chairperson

_____ Date _____
 Insert Name, Committee Member

_____ Date _____
 Insert Name, Committee Member

Use extra lines for additional members

APPROVED:

_____ Date _____
 Insert Name, Interim Associate Vice Provost for
 Research and Sponsored Programs and
 Dean of Graduate Studies

PROGRAM COMPLAINTS

<https://www.bloomu.edu/student-complaints-grievances>

Procedures for Student Complaint at Commonwealth University – Bloomsburg

In order to provide students with opportunities to express and share concerns, file complaints, or lodge grievances below is a listing of available student resources regarding methods for reporting purposes. If someone is unsure of which process applies to a particular issue, please contact The Office of The Dean of Students by phone at 570-389-4734 or email:

deanofstudents@bloomu.edu

Policies:

- PRP 3592 Academic Grievance Procedure:
<https://www.bloomu.edu/prp-3592-academic-grievance-procedure>
- PRP 4862 - Student Non-Academic Grievance Policy:
<https://www.bloomu.edu/prp-4862-student-non-academic-grievance-policy>
- PRP 2060 - Americans with Disabilities:
<https://www.bloomu.edu/prp-2060-americans-disabilities>
- PRP 4789 - Harassment and Discrimination Policy:
<https://www.bloomu.edu/prp-4789-harassment-and-discrimination-policy>

CSD Departmental Complaint Procedure

A locked complaint box is available to students that is located outside the CSD Department secretary's office. This box is locked, labeled "Suggestions, Comments, Complaints", and students may file a complaint anonymously. The Department secretary checks the box weekly and collects the complaints and forwards them to the Department Chairperson. If there is a complaint against faculty, Program Director, or Graduate Coordinator, it is resolved by the Department Chairperson. In the case of Clinical Supervisors, the complaint will be resolved by the Clinic Director. If no resolution is achieved, it escalates to the Department Chair. If the Department Chairperson cannot reach a resolution on the complaint (against faculty and or clinical supervisors), then the complaint is escalated to the Dean. All complaints are placed in a file and housed in a locked cabinet in the Department Chairperson's office.

Complaints against Graduate Education Programs to CAA

The CAA will address concerns via the complaint process that are clearly related to a program's compliance with accreditation standards. The CAA cannot intervene in disputes between individuals and programs, and cannot affect outcomes such as grade changes, reinstatement to the graduate program, employment, etc., as part of this complaint process.

Before filing a complaint, it is strongly recommended that you read Chapter XIII: Complaints in the Accreditation Handbook (<https://caa.asha.org/siteassets/files/accreditation-handbook.pdf>).

Criteria for Complaints

Complaints about programs must meet all of the following criteria:

- Be against an accredited graduate education program or program in candidacy status in audiology or speech-language pathology
- Relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology in effect at the time that the conduct for the complaint occurred, including the relationship of the complaint to the accreditation standards
- Be clearly described, including the specific nature of the charge and the data to support the charge
- Be within the timelines specified below:
 - If the complaint is being filed by a graduate or former student, or a former faculty or staff member, the complaint must be filed within one year of separation* from the program, even if the conduct occurred more than 4 years prior to the date of filing the complaint
 - If the complaint is being filed by a current student or faculty member, the complaint must be filed as soon as possible, but no longer than 4 years after the date the conduct occurred
 - If the complaint is being filed by other complainants, the conduct must have occurred at least in part within 4 years prior to the date the complaint is filed

**Note: For graduates, former students, or former faculty or staff filing a complaint, the date of separation should be the date on which the individual was no longer considered a student in or employee of the graduate program (i.e., graduation, resignation, official notice of withdrawal or termination), and after any institutional grievance or other review processes have been concluded.*

Complaints must meet the following submission requirements:

- Complaints against a program must be filed in writing using the CAA's official Complaint Form (<https://caa.asha.org/programs/complaints/>). The Complaint Form must be completed in its entirety. The CAA does not accept complaints over the phone.
- The complainant's name, address, and telephone contact information and the complainant's relationship to the program must be included in order for the Accreditation Office staff to verify the source of the information. The CAA does not accept anonymous complaints.
- The complaint must include verification, if the complaint is from a student or faculty/staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA.
- Documented evidence in support of the complaint must be appended, including as appropriate relevant policies/procedures, relevant correspondence (including email), timelines of referenced events, etc. **Do not** enclose entire documents, such as a handbook or catalog; only the specific pages should be included that present content germane to the complaint. Page numbers to these appendices should be referenced in the complaint.

Materials may be returned to the complainant if not properly organized to support the complaint.

- All complaints and supporting evidence must be submitted in English, consistent with the business practices of the CAA.
- The complaint form must be signed and submitted with any relevant appendices via U.S. mail, overnight courier, or hand delivery—not via e-mail or as a facsimile—to:
Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology
American Speech-Language-Hearing Association
2200 Research Boulevard, #310
Rockville, MD 20850

The complainant's burden of proof is a preponderance, or greater weight, of the evidence. It is expected that the complaint includes all relevant documentation at the time of submission.

Copies of the CAA's complaint procedures, relevant Standards for Accreditation, and the Complaint Form are available in paper form by contacting the Accreditation Office at accreditation@asha.org or 800-498-2071. All complaint materials (completed and signed complaint form and relevant appendices) must be typewritten or printed from a computer.

-See more at: <https://caa.asha.org/programs/complaints/>

STUDENT ACADEMY OF AUDIOLOGY (SAA)

SAA was formerly AUDSA, which was previously a chapter of the National Association of Future Doctors of Audiology (NAFDA). The SAA is the national student division of the American Academy of Audiology that serves as a collective voice for students. SAA participates in community outreach and education in relation to hearing and balance needs. In addition, SAA engages in fundraising, planning, and executing the annual white coat ceremony that takes place during the students' second year. Meetings are held once per month, typically during the first week of every month. At the meetings, fundraising as well as upcoming activities will be discussed. All students are encouraged to attend and participate in SAA.

2023-2024 Academic Year Executive Board:

- President:
- Vice President:
- Secretary:
- Treasurer:

For additional information regarding the Student Academy of Audiology or information as to how to join this organization, please contact any of the members of the executive board.

ASHA DOCUMENTS AND INFORMATION

ASHA 2020 STANDARD II: KNOWLEDGE AND SKILLS OUTCOMES

<https://www.asha.org/Certification/2020-Audiology-Certification-Standards/#standardII>

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

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

Standard II-A: Foundations of Practice

Applicant has demonstrated knowledge of:

- A1. Genetics, embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology of hearing and balance over the life span
- A2. Effects of pathogens, and pharmacologic and teratogenic agents, on the auditory and vestibular systems
- A3. Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span
- A4. Principles, methods, and applications of acoustics, psychoacoustics, and speech perception, with a focus on how each is impacted by hearing impairment throughout the life span
- A5. Calibration and use of instrumentation according to manufacturers' specifications and accepted standards
- A6. Standard safety precautions and cleaning/disinfection of equipment in accordance with facility-specific policies and manufacturers' instructions to control for infectious/contagious diseases
- A7. Applications and limitations of specific audiologic assessments and interventions in the context of overall client/patient management
- A8. Implications of cultural and linguistic differences, as well as individual preferences and needs, on clinical practice and on families, caregivers, and other interested parties
- A9. Implications of biopsychosocial factors in the experience of and adjustment to auditory disorders and other chronic health conditions
- A10. Effects of hearing impairment on educational, vocational, social, and psychological function throughout the life span
- A11. Manual and visual communication systems and the use of interpreters/transliterators/translators
- A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication
- A13. Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making
- A14. Assessment of diagnostic efficiency and treatment efficacy through the use of quantitative data (e.g., number of tests, standardized test results) and qualitative data (e.g., standardized outcome measures, client/patient-reported measures)
- A15. Client-centered, behavioral, cognitive, and integrative theories and methods of counseling and their relevance in audiologic rehabilitation
- A16. Principles and practices of client/patient/person/family-centered care, including the role and value of clients'/patients' narratives, clinician empathy, and shared decision making regarding treatment options and goals
- A17. Importance, value, and role of interprofessional communication and practice in patient care
- A18. The role, scope of practice, and responsibilities of audiologists and other related professionals
- A19. Health care, private practice, and educational service delivery systems
- A20. Management and business practices, including but not limited to cost analysis, budgeting, coding, billing and reimbursement, and patient management
- A21. Advocacy for individual patient needs and for legislation beneficial to the profession and the individuals served
- A22. Legal and ethical practices, including standards for professional conduct, patient rights, confidentiality,

credentialing, and legislative and regulatory mandates

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

Standard II-B: Prevention and Screening

Applicant must have the knowledge and skills in:

- B1. Educating the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders
- B2. Establishing relationships with professionals and community groups to promote hearing wellness for all individuals across the life span
- B3. Participating in programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems
- B4. Utilizing instrument(s) (i.e., sound-level meter, dosimeter, etc.) to determine ambient noise levels and providing strategies for reducing noise and reverberation time in educational, occupational, and other settings
- B5. Recognizing a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk to determine a need for hearing screening
- B6. Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements
- B7. Participating in occupational hearing conservation programs
- B8. Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span
- B9. Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation
- B10. Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function
- B11. Screening for comprehension and production of language, including the cognitive and social aspects of communication
- B12. Screening for speech production skills (e.g., articulation, fluency, resonance, and voice characteristics)
- B13. Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate
- B14. Evaluating the success of screening and prevention programs using performance measures (i.e., test sensitivity, specificity, and positive predictive value)

Standard II-C: Audiologic Evaluation

Applicant has demonstrated knowledge of and skills in:

- C1. Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors
- C2. Obtaining a case history and client/patient narrative
- C3. Obtaining client/patient-reported and/or caregiver-reported measures to assess function
- C4. Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system
- C5. Providing assessments of tinnitus severity and its impact on patients' activities of daily living and quality of life
- C6. Providing assessment of tolerance problems to determine the presence of hyperacusis
- C7. Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function
- C8. Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated
- C9. Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSSs); obtaining a performance intensity function with standardized speech materials, when indicated
- C10. Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used
- C11. Selecting, performing, and interpreting physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold

testing, and click stimuli for neural diagnostic purposes

C12. Selecting, performing, and interpreting otoacoustic emissions testing

C13. Selecting, performing, and interpreting tests for nonorganic hearing loss

C14. Selecting, performing, and interpreting vestibular testing, including electronystagmography (ENG)/videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and cervical vestibular-evoked myogenic potential (cVEMP)

C15. Selecting, performing, and interpreting tests to evaluate central auditory processing disorder

Applicant has demonstrated knowledge of:

C16. Electrophysiologic testing, including but not limited to auditory steady-state response, auditory middle latency response, auditory late (long latency) response, and cognitive potentials (e.g., P300 response, mismatch negativity response)

C17. Posturography

C18. Rotary chair tests

C19. Video head impulse testing (vHIT)

Standard II-D: Counseling

Applicant has demonstrated knowledge of and skills in:

D1. Identifying the counseling needs of individuals with hearing impairment based on their narratives and results of client/patient and/or caregiver responses to questionnaires and validation measures

D2. Providing individual, family, and group counseling as needed based on client/patient and clinical population needs

D3. Facilitating and enhancing clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders

D4. Enhancing clients'/patients' acceptance of and adjustment to hearing aids, hearing assistive technologies, and osseointegrated and other implantable devices

D5. Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for the client/patient, family members, and/or caregivers to enhance their well-being and quality of life

D6. Facilitating patients' acquisition of effective communication and coping skills

D7. Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment problems

D8. Enhancing adherence to treatment plans and optimizing treatment outcomes

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

Standard II-E: Audiologic Rehabilitation Across the Life Span

Applicant has demonstrated knowledge of and skills in:

E1. Engaging clients/patients in the identification of their specific communication and adjustment difficulties by eliciting client/patient narratives and interpreting their and/or caregiver-reported measures

E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues

E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship

E4. Providing assessments of family members' perception of and reactions to communication difficulties

E5. Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning

E6. Engaging clients/patients (including, as appropriate, school-aged children/adolescents) and family members in shared decision-making regarding treatment goals and options

E7. Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties

E8. Selecting and fitting appropriate amplification devices and assistive technologies

E9. Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input-output characteristics

E10. Verifying that amplification devices meet quality control and American National Standards Institute (ANSI) standards

E11. Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in

- the environment and (b) verify compression, directionality, and automatic noise management performance
- E12. Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices
- E13. Conducting individual and/or group hearing aid orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately
- E14. Identifying individuals who are candidates for cochlear implantation and other implantable devices
- E15. Counseling cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options
- E16. Providing programming and fitting adjustments; providing post fitting counseling for cochlear implant clients/patients
- E17. Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS) based on clients'/patients' communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit
- E18. Providing HATS for those requiring access in public and private settings or for those requiring necessary accommodation in the work setting, in accordance with federal and state regulations
- E19. Ensuring compatibility of HATS when used in conjunction with hearing aids, cochlear implants, or other devices and in different use environments
- E20. Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)
- E21. Providing auditory, visual, and auditory–visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication
- E22. Counseling clients/patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder
- E23. Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations
- E24. Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances
- E25. Monitoring and assessing the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s)
- E26. Providing canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV)
- E27. Providing intervention for central and peripheral vestibular deficits
- E28. Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome

Standard II-F: Pediatric Audiology (Re)habilitation

Applicant has demonstrated knowledge of and skills in:

- F1. Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment
- F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment
- F3. Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social–emotional development and functioning
- F4. Educating parents regarding optional and optimal modes of communication; educational laws and rights, including 504s, individualized education programs (IEPs), individual family service plans (IFSPs), individual health plans; and so forth
- F5. Selecting age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation
- F6. Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS
- F7. Planning and implementing parent education/support programs concerning the management of hearing impairment and subsequent communication and adjustment difficulties
- F8. Providing for intervention to ensure age/developmentally appropriate speech and language development
- F9. Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome
- F10. Providing ongoing support for children by participating in IEP or IFSP processes
- F11. Counseling the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills
- F12. Evaluating acoustics of classroom settings and providing recommendations for modifications

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

Standard III: Verification of Knowledge and Skills

Applicants for certification must have completed supervised clinical practicum under an experienced ASHA-certified audiologist (1) who has a minimum of 9 months of full-time clinical experience, and (2) who has completed at least 2 hours of professional development in the area of clinical instruction/supervision. The experiences must meet CAA standards for duration and be sufficient to demonstrate the acquisition of the knowledge and skills identified in Standard II.

Implementation: The applicant's doctoral program director or designated signatory must verify that the applicant has acquired and demonstrated all of the knowledge and skills identified in Standard II.

Clinical instructors and supervisors must have:

- current CCC-A certification,
- a minimum of 9 months of full-time clinical experience* of direct patient care after earning the CCC-A, and
- completed at least 2 hours of professional development (2 certification maintenance hours [CMHs], or 0.2 ASHA continuing education units [ASHA CEUs]) in the area of clinical instruction/supervision **after earning the CCC-A.**

Clinical instruction and supervision within a doctoral program must:

- be conducted for a variety of clinical training experiences (i.e., different work settings and with different populations) to validate knowledge and skills across the scope of practice in audiology;
- include oversight of clinical and administrative activities directly related to client/patient care, including direct client/patient contact, consultation, recordkeeping, and administrative duties relevant to audiology service delivery;
- be appropriate to the student's level of training, education, experience, and competence;
- include direct observation, guidance, and feedback to permit the student to (a) monitor, evaluate, and improve performance and (b) develop clinical competence; and
- be provided on site.

Any portion of the applicant's supervised clinical experience that was not completed under an audiologist meeting the requirements above can be completed post-graduation. The applicant's post-graduation clinical instructor/supervisor must also meet the above requirements and will also verify that the applicant has demonstrated and acquired the knowledge and skills for ASHA certification following completion of the required supervised clinical experience.

Applicants who apply for certification without completing a full, supervised clinical experience under a clinical instructor/supervisor who meets the requirement above within their degree program will have 24 months from their application-received date to initiate the remainder of their experience and will have 48 months from the initiation date of their post-graduation supervised clinical experience to complete the experience.

Clinical simulations (CS) are distinct from labs and may include the use of standardized patients and simulation technologies (e.g., virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). These supervised CS experiences under a CCC-A can be synchronous simulations (real-time) or asynchronous (not concurrent in time) simulations. Up to 10% of an applicant's supervised clinical experience for ASHA certification can be obtained through CS. CS experiences for ASHA certification can only count when obtained within the doctoral program. Experience may be acquired through telepractice by the CCC-A audiologist when the audiologist and student are "shoulder to shoulder" *with the patient at a distance*, provided telepractice is permitted by the prevailing regulatory body and the patient consents.

If clinical instruction and supervision are completed post-graduation, they must comply with the requirements above with the exception of on-site clinical instruction and supervision. Remote supervision or telesupervision methods may be used, provided they are permitted by the employer(s) and by local, state, and federal regulations.

The supervised clinical experience should include interprofessional education and interprofessional collaborative practice (IPE/IPP). Under the supervision of their audiologist supervisor, students'/applicants' experience should include experiences with allied health professionals who are appropriately credentialed in their area of practice to enhance the student's knowledge and skills in an interdisciplinary, team-based, comprehensive health care delivery setting.

*Individuals with experience as a clinical educator may count their experience as being "clinical" (1) if they have worked directly with clients/patients, and (2) if they have been the patients' recognized provider and have been ultimately responsible for the care of the clients/patients. Individuals whose experience has been limited to classroom teaching, research/lab work, or working with only clinical simulations, cannot count this experience as clinical.

Standard IV: Examination

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

Implementation: Results of the Praxis Examination in Audiology must be submitted directly to ASHA from ETS. A passing exam score must be earned no earlier than 5 years prior to the submission of the application and no later than 2 years following receipt of the application. If the applicant does not successfully pass the exam and does not report the results of the exam to ASHA within the 2-year application period, then the applicant's certification file will be closed. If the applicant passes or reports the results of the exam at a later date, then the individual will be required to reapply for certification under the standards that are in effect at that time.

Standard V: Maintenance of Certification

Individuals holding certification must demonstrate (1) continuing professional development, including 1 hour of continuing education in ethics; (2) adherence to the ASHA Code of Ethics; and (3) payment of annual dues and fees.

Implementation: Individuals who hold the CCC in Audiology (CCC-A) must accumulate and report 30 CMHs (or 3.0 ASHA CEUs) of professional development, which must include 1 CMH (or 0.1 ASHA CEU) in ethics during every 3-year certification maintenance interval. Individuals will be subject to random audits of their professional development activities.

Individuals who hold the CCC-A must adhere to the ASHA Code of Ethics ("Code"). Any violation of the Code may result in professional discipline by the ASHA Board of Ethics and/or the CFCC.

Annual payment of certification dues and/or fees is also a requirement of certification maintenance. If certification maintenance requirements are not met, certification status will become Not Current, and then certification will expire. In order to regain certification, individuals must meet the reinstatement requirement that is in effect at the time they submit their reinstatement application. See more at: <https://www.asha.org/Certification/2020-Audiology-Certification-Standards/#standardII>



SCOPE OF PRACTICE IN AUDIOLOGY

Reference this material as: American Speech-Language-Hearing Association. (2018). Scope of Practice in Audiology [Scope of Practice]. Available from www.asha.org/policy/.

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ABOUT THIS DOCUMENT

This scope of practice document is an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the profession of audiology. The Audiology Scope of Practice document has not been updated since 2004. The aim of this document is to reflect the current and evolving clinical practice in audiology. Such changes include, but are not limited to, telehealth, discussion of hearing technologies beyond traditional hearing devices (e.g., over-the-counter [OTC]), and personal sound amplification products (PSAPs). Additional updates in advancements in hearing device implantation, vestibular assessment and rehabilitation, hearing preservation, educational audiology, and interoperative monitoring practice are included.

This document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Audiology. Committee members were Julie Honaker (chair), Robert Beiter, Kathleen Cienkowski, Gregory Mannarelli, Maryrose McInerney, Tena McNamara, Jessica Sullivan, Julie Verhoff, Robert Fifer (board liaison), and Pam Mason (ex officio). This document was approved by the ASHA Board of Directors on August 20, 2018.

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- Definition of Terms
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- Works Cited
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INTRODUCTION

DEFINITION OF TERMS

- **Audiologist:** By virtue of education, training, licensure, and certification, audiologists engage in professional practice in the areas of hearing and balance assessment, nonmedical treatment, and (re)habilitation. Audiologists provide patient-centered care in the prevention, identification, diagnosis, and evidence-based intervention and treatment of hearing, balance, and other related disorders for people of all ages. Hearing, balance, and other related disorders are complex, with medical, psychological, physical, social, educational, and employment implications. Treatment services require audiologists to know existing and emerging technologies, intervention strategies, and interpersonal skills to counsel and guide individuals and their family members through the (re)habilitative process. Audiologists provide professional and

personalized services to minimize the negative impact of these disorders, leading to improved outcomes and quality of life. Audiologists are licensed and/or regulated in all 50 states and in the District of Columbia.

- **Balance:** Includes all aspects of equilibrium, specific to the balance and vestibular systems, both peripheral and central. This includes management of symptoms and signs consistent with both peripheral and central etiologies.
- **Hearing:** Includes all peripheral and central functional components of sound reception and analytic processing. This also includes management of symptoms and sequelae of disorders of the auditory system such as tinnitus, hyperacusis, misophonia, and other auditory perceptual disorders.
- **Hearing, balance, and other related disorders:** Throughout this document, the broad term hearing, balance, and other related disorders is used to reflect all areas of assessment and intervention within the audiology scope of practice.
- **IEP/IFSP/504 Plan:** The Individualized Education Plan (IEP) is a written statement that guides the educational plan for a child, ages 3–21, in accordance with the Individuals with Disabilities Education Act of 2004 (IDEA). The Individual Family Service Plan (IFSP) guides the early intervention services for a child with disabilities and their family. The IEP and IFSP are developed, reviewed, and revised in accordance with federal law. Also, under the IDEA, a student with disabilities is ensured a Free and Appropriate Public Education (FAPE) as well as monitoring the student's progress. The parents/guardians play a central role in the IEP/IFSP progress (IDEA, 2004). A 504 Plan is a plan developed to ensure that a child with a disability receives accommodations for a general education classroom.
- **Individuals:** The term individuals is used throughout the document to refer to students, clients, patients, children, adults, families, and caregivers who are served by the audiologist.
- **Interprofessional collaborative practice (IPP):** This term stems from the World Health Organization's (WHO) framework of looking at a health condition alongside a person's functional ability, social community, and personal goals, in concert with the perspective of other health care providers. Health care professionals must communicate and collaborate with each other and the individual receiving care, along with the individual's family or support system. This is called interprofessional collaborative practice (IPP). The blending of skill sets results in better outcomes, improved quality of life, and greater satisfaction. It also minimizes the cost of care and improves the individual's safety and sense of well-being (Skevington, Lotfy, & O'Connell, 2004).
- **Management:** This refers to the organization and coordination of activities in order to develop and provide relevant audiologic care for individuals. These activities include assessment techniques and treatment/intervention strategies. Appropriate management aids in the achievement of goals and objectives set forth for individuals with hearing and/or vestibular difficulties.
- **Other related disorders:** This term is intended to reflect that audiologists with the appropriate training can use their skills and techniques to contribute to the knowledge, understanding, and overall care of individuals with other disorders outside the hearing and balance system. A few purely illustrative examples of this could include (a) performing a battery of facial nerve function tests on a patient with a facial paresis or (b) performing a battery of auditory tests on a patient with a developmental or cognitive delay. This type of care is increasingly used as a part of an interprofessional collaborative practice team.
- **Person-centered care:** This approach considers the whole person, taking into account more than the physical symptoms of a specific, discreet disorder. It includes psychological, social, cultural, and environmental factors. Optimal outcomes are achieved when working collaboratively—along with input and accountability—with the individual, supportive family members and with fellow professionals.
- **Quality of life:** WHO defines quality of life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. It is a broad-ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships, and relationship to salient features of their environment (Skevington et al., 2004; WHOQOL Group, 1994).
- **Telehealth:** the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.
- **Working at the top of license:** This is the concept that audiologists should engage in patient care activities that require their (i.e., the audiologists') specialized level of expertise and skill. Other less skilled tasks may be delegated to other individuals (e.g., assistants, automated systems, and/or individuals and family

members; Burkhard and Trembath, 2015). This would greatly decrease the cost of achieving outcomes (and also increase family satisfaction by decreasing the inconvenience, cost, and overall burden of care; ASHA, 2013). Working at the top of the license is not meant to imply nor does it prohibit audiologists from completing tasks that are not at the top of the license.

- **Treatment/Intervention:** These terms refer to the application of care given to an individual to directly address hearing and/or vestibular difficulties. Management (defined above) is the overall coordination of activities that address the needs of individuals. Treatment/intervention is one of those direct activities.

Statement of Purpose

The purpose of the *Scope of Practice in Audiology* is as follows:

1. Delineate areas of professional practice.
2. Inform others (e.g., health care providers, educators, consumers, payers, regulators, and the general public) about professional roles and responsibilities of qualified providers.
3. Support audiologists in the provision of high-quality, evidence-based services to individuals with hearing and balance concerns.
4. Support audiologists working at the top of their license.
5. Support audiologists in the conduct and dissemination of research.
6. Guide the educational preparation and professional development of audiologists to provide safe and effective services.
7. Inform members of ASHA, certificate holders, and students of the activities for which certification in audiology is required in accordance with the *ASHA Code of Ethics* (ASHA, 2016). Each practitioner evaluates his or her own experiences with pre-service education, practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. Audiologists should engage in only those aspects of the profession that are within her or his professional competence. ASHA members and ASHA-certified professionals are bound by the *ASHA Code of Ethics* (ASHA, 2016) to provide services that are consistent with the scope of their competence, education, and experience.

By virtue of training and practice, audiology is a unique profession that specializes in and provides comprehensive diagnostic and nonmedical treatment services for hearing and balance disorders, and related impairments. These services are provided to individuals across the entire age span from birth through adulthood; these individuals include persons of different races, genders, religions, national origins, and sexual orientations. This position statement is not intended to be exhaustive; however, the activities described in this document reflect current practice within the profession. Practice activities related to emerging clinical, technological, and scientific developments are not precluded from consideration as part of the scope of practice of an audiologist. If the audiologist can document appropriate training for new and emerging clinical or technological procedures that fall under the heading of auditory, balance and other related disorders, then such innovations and advances may be incorporated into the Audiology Scope of Practice. Audiologists are trained in all areas of clinical service delivery; however, they commonly have one or more specific areas of specialization. ASHA also recognizes that credentialed professionals in related disciplines have knowledge, skills, and experience that could be applied to some areas within the Audiology Scope of Practice. Defining the scope of practice of audiologists is not meant to exclude other appropriately credentialed postgraduate professionals from rendering services in overlapping practice areas. Often, these partially overlapping skill sets can result in excellent opportunities for IPP.

Audiologists must achieve required competencies in ancillary professional areas. These areas are distinct from but contribute to diagnostic and nonmedical treatment activities. They are very important areas in which to maintain high standards of clinical service. Examples include cultural and linguistic competencies, IPP, patient- and family-centered care, supervision, and mentoring and knowledge of federal and state statutes and regulations.

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

The goals of this updated Scope of Practice in Audiology of the American Speech-Language Hearing Association (ASHA) are as follows:

1. Revise the current scope of practice for audiologists based on new and evolving training, skills, technology, and literature within the profession.
2. Align our professional activities with the evolving best practice models in audiology within the overall health care field.
3. Serve as a resource for other agencies, professional organizations, and the general public (e.g., federal, state, nongovernmental organizations, licensing and credentialing bodies, etc.).
4. Provide a language and framework that is applicable for all audiologists, regardless of professional setting.

Audiology Service Delivery Areas

Clinical service delivery areas include all aspects of hearing, balance, and other related disorders that impact hearing and balance, including areas of tinnitus, cognition, and auditory processing for individuals across the lifespan. Audiologists play critical roles in [health literacy](#); in the screening, diagnosis, and treatment of hearing, balance, and other related disorders; and in the use of the *International Classification of Functioning, Disability and Health* (ICF; WHO, 2014) to develop functional goals and collaborative practice. As technology and science advance, the areas of assessment and intervention related to hearing, balance, and other related disorders grow accordingly. Clinicians should stay current with advances in hearing and balance practice by regularly reviewing the research literature; regularly consulting the [Practice Management section of the ASHA website](#), including the [Practice Portal](#); and regularly participating in continuing education to supplement advances in the profession and to provide additional information that can inform the *Scope of Practice in Audiology*.

Diagnostics for Hearing, Balance, and Other Related Disorders

Audiologists are responsible for the assessment of hearing, balance, and other related disorders, including tinnitus and auditory processing, across the lifespan that includes the following:

- Administration and interpretation of clinical case history.
- Administration and interpretation of behavioral, electroacoustic, and electrophysiologic measures of the peripheral and central auditory, balance, and other related systems.
- Administration and interpretation of diagnostic screening that includes measures to detect the presence of hearing, balance, and other related disorders. Additional screening measures of mental health and cognitive impairment should be used to assess, treat, and refer (American Academy of Audiology, 2013; Beck & Clark, 2009; Li et al., 2014; Shen, Anderson, Arehart, & Souza, 2016; Sweetow, 2015; Weinstein, 2017, 2018).

This assessment includes measurement and professional interpretation of sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment.

Diagnostic measures should be modified based on patient age and on cognitive and physical abilities of the individuals being assessed. Case findings of dementia, memory, vision, and balance (falling risk) should be used when difficulty in communication and or change of behavior is evident (Beck & Clark, 2009; Li et al., 2014; Shen et al., 2016; Sweetow, 2015; Weinstein, 2017; Weinstein, 2018). Assessment extends beyond diagnostic evaluation and includes informational counseling, interpretation of results, and intervention.

Assessment is accomplished using quantitative and qualitative measurements—including standardized testing, observations, and procedures and appropriately calibrated instrumentation—and leads to the diagnosis of abnormal audiologic and/or balance function. Interpretation of test results includes diagnostic statements as to the probable locus of impairment and functional ability within the hearing, balance, and other related systems under assessment.

Audiologists collaborate with other professionals and serve on care teams to help reduce the perceived burden of hearing, balance, and other related disorders and maximize quality of life for individuals.

Treatment for Hearing, Balance, and Other Related Disorders

Audiologists provide comprehensive audiologic (re)habilitation services for individuals and their families across the lifespan who are experiencing hearing, balance, or other related disorders (e.g., tinnitus and auditory processing disorder). Intervention encompasses the following:

- Auditory training for sound identification and discrimination
- Cerumen management
- Communication strategies (e.g., environmental manipulation, mode of communication)
- Counseling
- Manual communication
- (Re)habilitation related to auditory disorders
- Self-advocacy for personal needs or systems change
- Speechreading
- Strategies to address other related disorders (tinnitus, misophonia)
- Technology interventions
- Vestibular rehabilitation to include management of benign paroxysmal positional vertigo as well as peripheral and/or central vestibular disorders

In this role, audiologists

- Design, implement, and document delivery of service in accordance with best available practice;
- screen for possible cognitive disorders;
- Case-finding for dementia;
- Provide culturally and linguistically appropriate services;
- Integrate the highest quality available research evidence with practitioner expertise as well as with individual preference and values in establishing treatment goals;
- Utilize treatment data to determine effectiveness of services and guide decisions;
- Deliver the appropriate frequency and intensity of treatment utilizing best available practice;
- Engage in treatment activities that are within the scope of the professional's competence; and
- Collaborate with other professionals in the delivery of services to ensure the highest quality of interventions.

As part of the comprehensive audiologic (re)habilitation program, audiologists evaluate, select, fit, verify, validate, and monitor the performance of a variety of technologies interventions for hearing, balance, and other related disorders. Audiologists provide individual counseling and public education about the benefits and/or limitations of various different classes of devices. Treatment utilizing technology interventions include, but are not limited to, other emerging technologies:

- Auditory brainstem implants (ABIs)
- Assistive listening devices
- Balance-related devices
- Classroom audio distribution systems
- Cochlear implants
- Custom ear impressions and molds for hearing devices, hearing protection, in-ear monitors, swim plugs, communication devices, stenosis stents, and so forth
- Hearing aids
- Hearing assistive technology
- Hearing protection
- Large-area amplification systems
- Middle ear implants
- Over-the-counter (OTC) hearing aids
- Osseointegrated devices (OIDs), bone-anchored devices, and bone conduction devices
- Personal sound amplification products (PSAPs)
- Remote microphone systems
- Tinnitus devices (both stand-alone and integrated with hearing aids)

Treatment for children also includes developmental and educational interventions such as the following:

- Participation in the development and implementation of an IEP/IFSP for school-age children or implementation of an IFSP for children birth to 36 months of age
- Participation in the development and implementation of a 504 plan
- Measurement of noise levels in educational institutions and recommendations for noise reduction modification

Early Hearing Detection and Intervention (EHDI)

Audiologists provide screening, assessment, and treatment services for infants and young children with hearing-related disorders and their families. Services include the following:

- Apply Joint Committee on Infant Hearing (JCIH) protocols for early detection and intervention of infants and children with hearing loss (American Academy of Pediatrics, Joint Committee on Infant Hearing, 2007)
- Establish, manage, and/or review programs following the EHDI protocol
- Provide training and supervision to support personnel
- Monitor the program's outcome measures for quality assurance
- Perform audiological diagnostics to confirm or rule out the presence of a hearing loss
- Provide early intervention treatment for hearing loss to enhance communication and to improve cognitive and social skills
- Upon diagnosis of hearing loss, ensure that the child and family are enrolled in an appropriate early intervention program
- Provide comprehensive information about family support, training, and communication options
- Provide education to community/hospital personnel
- Collaborate with other professionals and with parent groups

Educational Audiology

Audiologists in educational settings provide a full spectrum of hearing services to support academic and social achievement for school-age children, adolescents, young adults, and their families with hearing and related difficulties. Services include the following:

- Perform assessments and interpret the educational implications of the student's auditory needs. This also includes assessing and making appropriate recommendations as an advocate on behalf of students, ensuring least restrictive environments.
- Collect data from classroom assessments and from observations of students in various environments, and assess the impact of audiologic interventions on academic and social performance
- Collect data on classroom acoustics, and assess the impact on auditory perception
- Ensure IPP with members of the school multidisciplinary team who facilitate listening, learning, and communication
- Collaborate with private sector/community-based audiologists and other professionals relative to the student's educational needs
- Provide instructional training for educators and staff for the development of skills needed in servicing students with hearing difficulties, which includes providing evidence and recommending support services and resources
- Provide (re)habilitative activities in collaboration with classroom teachers and other support personnel
- Monitor personal hearing instruments
- Recommend, fit, and manage hearing assistance technology
- Counsel children to promote personal responsibility, self-advocacy, and social awareness
- Counsel parents on management options, and provide resource information
- Assist with transitions between academic and vocational settings
- Manage school programs for the preservation of hearing and the prevention of hearing loss
- Manage and implement hearing screening programs

Hearing Conservation and Preservation

The terms *hearing conservation* and *hearing preservation* are often used interchangeably. Both terms focus on preventing noise-induced hearing loss, whether from occupational or recreational sources. *Hearing conservation*

programs are most often, although not exclusively, associated with occupational noise exposure and with U.S. Occupational Safety and Health Administration (OSHA) regulations (OSHA, 2002). In addition, hearing conservation programs have additional elements not found in hearing preservation programs: engineering controls for reducing environmental noise levels, administrative controls for monitoring hearing sensitivity levels, mandated use of hearing protection devices when needed, employee training about noise, the potential synergistic effects of chemical exposure combined with hazardous noise, and requirements for communication about hazards (e.g., warning signs, posting of signs in required hearing protection environments).

Hearing preservation programs focus on non-occupational settings and are most often intended to prevent hearing loss from occurring in individuals who enter the program with normal hearing sensitivity. Examples of hearing preservation programs may include (a) monitoring of auditory function for patients receiving chemotherapy or radiation therapy of the head or neck (University Health Network, 2018) or (b) providing education to students and young adults on the effects of recreational noise and methods to prevent hearing loss (see the Save Your Hearing Foundation at www.earpeacefoundation.org). Audiologists are uniquely qualified through education and training to design, establish, implement, and supervise hearing conservation programs for individuals of all ages in schools, in industry, and for the general public (Lipscomb, 1988).

Audiologists who engage in occupational hearing conservation must monitor current OSHA regulations (OSHA, 2002) regarding the impact of noise levels on hearing sensitivity. This extends to the distribution of, and instructions related to the use of, hearing protection devices.

Audiologists test hearing levels, determine functional hearing ability, measure noise levels, and assess the risk of incurring hearing loss from noise exposure from any source, including non-occupational and recreational noise (Franks, Stephenson, & Merry, 1996a, 1996b, 1996c).

Audiologists implement and manage all aspects of hearing conservation activities—including education, testing, and the determination of program effectiveness—and serve as the supervisor for OSHA and other U.S. government-mandated hearing conservation programs (Suter, 2003).

Audiologists educate the public and other professionals on how to recognize hazardous noise, ways of preventing noise-induced hearing loss, and the risks associated with reduced audibility when exposed to high-level sound.

Telehealth

Telehealth, for audiology, is an alternative method of service delivery that encompasses both diagnostics and intervention services. Diagnostic services are provided using either synchronous or asynchronous protocols (i.e., *store and forward*, whereby data are collected, stored within a computer, and forwarded at a later time). Audiologists provide services using an evidence-based standard of care (American Telemedicine Association, 2017). When practicing via telehealth, audiologists provide care consistent with jurisdictional regulatory, licensing, credentialing and privileging, malpractice and insurance laws, and rules for their profession in both the jurisdiction in which they are practicing as well as the jurisdiction in which the patient is receiving care. The audiologists providing the service shall ensure compliance as required by appropriate regulatory and accrediting agencies (American Telemedicine Association, 2017).

Areas in which telehealth is a viable option include the following:

- Aural/auditory (re)habilitation
- Auditory evoked potentials
- Hearing aid and cochlear implant fitting/programming
- Hearing screening
- Otoacoustic emissions
- Otoscopy
- Pure-tone audiometry and speech recognition in noise
- Supervision of electrophysiology services (e.g., intraoperative monitoring and diagnostic examinations)
- Supervision of vestibular services (e.g., vestibular diagnostic examinations)
- Tympanometry
- Vestibular rehabilitation

Counseling

Audiologists counsel by providing information, education, guidance, and support to individuals and their families. Counseling includes discussion of assessment results and treatment options. Counseling facilitates decision making regarding intervention, management, educational environment, and mode of communication. The role of the audiologist in the counseling process includes interactions related to emotions, thoughts, feelings, and behaviors that result from living with hearing, balance, and other related disorders.

Audiologists engage in the following activities when counseling individuals and their families:

- Providing informational counseling regarding interpretation of assessment outcomes and treatment options
- Empowering individuals and their families to make informed decisions related to their plan of care
- Educating the individual, the family, and relevant community members
- Providing support and/or access to peer-to-peer groups for individuals and their families
- Providing individuals and their families with skills that enable them to become self-advocates
- Providing adjustment counseling related to the psychosocial impact on the individual
- Referring individuals to other professionals when counseling needs fall outside those related to auditory, balance, and other related disorders.

Additional Areas of Audiology Practice

Audiology is a dynamic profession, and the fact that the audiology scope of practice overlaps with those of other professionals is a reality in rapidly changing health care, education, industrial, and other environments. Hence, audiologists in various settings work collaboratively with other academic and/or health care professionals to make appropriate decisions for the benefit of individuals with hearing, balance, and other related disorders. This is known as *interprofessional collaborative practice (IPP)* and is defined as “members or students of two or more professions associated with health or social care, engaged in learning with, from and about each other” (Craddock, O'Halloran, Borthwick, & McPherson, 2006, p. 237). Similarly, “interprofessional education [often referred to as “IPE”] provides an ability to share skills and knowledge between professions and allows for a better understanding, shared values, and respect for the roles of other healthcare professionals” (Bridges, Davidson, Soule Odegard, Maki, & Tomkowiak, 2011, para. 5). The advantage of using IPP/IPE is that it broadens the care teams' depth of knowledge and understanding of the individual being evaluated and/or treated. This type of collaboration improves outcomes, efficiency, and safety through person-centered care.

Research

Audiologists conduct and participate in basic and applied/translational research related to auditory, balance, and other related disorders. This research is undertaken as a facility-specific effort or is coordinated across multiple settings. Audiologists engage in activities to ensure compliance with Institutional Review Boards, federal regulations, and international laws pertaining to research. Audiologists also collaborate with other researchers and pursue research funding through grants.

Administration and Leadership

Audiologists administer programs in education, higher education, schools, health care, private practice, and other settings. In this capacity, they are responsible for making administrative decisions related to fiscal and personnel management, leadership, program design, program growth and innovation, professional development, compliance with laws and regulations, and cooperation with outside agencies in education and health care. Their administrative roles are not limited to audiology, as they engage in program administration across departments and at different levels within an institution. In addition, audiologists promote effective and manageable workloads in school settings, provide appropriate services under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), and engage in program design and development.

Education

Audiologists serve as educators, teaching students in academic institutions and teaching professionals through continuing education in professional development formats. This more formal teaching is in addition to the education that audiologists provide to individuals, families, caregivers, decision makers, and policy makers, which is described in other domains. In this role, audiologists

- serve as faculty at institutions of higher education, teaching courses at the undergraduate, graduate, and postgraduate levels;
- mentor students who are completing academic programs at all levels;
- provide academic training to students in related disciplines and students who are training to become audiology assistants; and
- provide continuing professional education to audiologists and to professionals in related disciplines.

Advocacy and Outreach

Audiologists focus on upholding person-centered care in our complex health care and educational systems.

Audiologists advocate for hearing, balance, and other related disorders needs of the individuals and families whom they serve.

Audiologists advocate for the profession and for individuals through a variety of mechanisms, including community awareness, prevention activities, health literacy, academic literacy, education, political action, and training programs. Advocacy promotes and facilitates access to communication, including the reduction of societal, cultural, and linguistic barriers. Audiologists perform a variety of activities related to advocacy and outreach, including the following:

- Advising regulatory and legislative agencies about the continuum of care for hearing, balance, and other related disorders
- Engaging decision makers at the local, state, and national levels for improved administrative and governmental policies affecting access to services for the diagnosis and treatment of hearing, balance, and other related disorders
- Advocating at the local, state, and national levels for funding for services, education, and research
- Participating in associations and organizations to advance the audiology profession
- Promoting and marketing professional services
- Consulting with industry in the development of products and instrumentation related to hearing, balance, and other related disorders
- Helping to recruit and retain audiologists with diverse backgrounds and interests
- Collaborating on advocacy objectives with other professionals/colleagues regarding mutual goals
- Serving as expert witnesses, when appropriate
- Educating individuals about communication; development; disorders pertaining to auditory, balance, and other related systems; and audiology services
- Advocating for fair and equitable services, including accessibility for all individuals, especially the most vulnerable
- Providing case management and serving as a liaison for individuals and their families in order to meet educational and vocational programming needs
- Consulting with individuals, their families, professionals, public and private agencies, and governmental bodies on technology intervention, hearing assistive technology, interpreting services, and other relevant assistive technology needed to enhance communication
- Consulting with state education agencies, local school districts, and interdisciplinary teams on direct service and IFSP, IEP, and 504 plan development
- Advocating for appropriate reimbursement of services

Cultural Competency

Audiologists serve diverse populations, and this includes persons of different races, ages, genders, religions, national origins, and sexual orientations. Audiologists' caseloads include individuals from diverse ethnic, cultural, and linguistic backgrounds as well as persons with disabilities. Culturally based family and community dynamics should be included in the development of an appropriate treatment plan that includes consideration of diversity and evidence-based practice guidelines.

Clinical Supervision/Precepting

Supervision is broadly defined as overseeing and directing the work of others. The terms *clinical supervisor* and *clinical supervision* are often used in reference to the training and education of student clinicians, recognizing that supervision is part of the training and education process. However, clinical supervisors do more than oversee the

work of the student clinician. They teach specific skills, clarify concepts, assist with critical thinking, conduct performance evaluations, mentor, advise, and model professional behavior (Council on Academic Programs in Communication Sciences and Disorders [CAPCSD], 2013). Supervision is a distinct area of practice; is the responsibility of audiologists; and crosses clinical, administrative, and technical spheres. Audiologists are responsible for supervising clinical externs/trainees, audiology assistants, credentialed technical staff, and other professional and administrative support personnel. Audiologists also supervise colleagues and peers. Audiologists acknowledge that supervision is integral in the delivery of hearing, balance, and other related services and that supervision advances the profession. Supervision involves education, mentorship, encouragement, counseling, and support across all supervisory roles. In this role, audiologists

- possess service delivery and professional practice skills necessary to guide the supervisee;
- apply the art and science of supervision to all stakeholders (i.e., those supervising and being supervised), recognizing that supervision contributes to workplace efficiency;
- seek advanced knowledge in the practice of effective supervision;
- establish supervisory relationships that are collegial in nature; and
- establish supervisory relationships that promote growth and independence while providing support and guidance.

Interprofessional Education and Interprofessional Practice (IPE/IPP)

According to ASHA's definition, *interprofessional education* (IPE) is an activity that occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve outcomes for individuals and families whom we serve (ASHA, n.d.-b). Similarly, *interprofessional collaborative practice* (IPP) occurs when multiple service providers from different professional backgrounds jointly provide comprehensive health care or educational services by working with individuals and their families, caregivers, and communities to deliver the highest quality of care across settings. When both IPE and IPP are used, we refer to this combined term as *IPE/IPP*.

Business Management

Audiology is a service profession to which principles of business must be applied for success in educational, health care, and industrial settings. For a business entity (profit or nonprofit) to be successful, good business practices are essential. Providing high-quality services that are consistent in type and amount with a person's needs and with professional and ethical standards is good business practice. It is important that revenues collected for services cover and exceed all expenses (e.g., salary, benefits, overhead). Audiologists must understand their individual responsibility for adhering to practice standards that financially support their organization. Each audiologist's daily decisions (clinical and nonclinical) affect the financial viability of his or her organization. Audiologists must remain compliant and current on policy changes related to billing and coding.

Legal/Professional Consulting

Audiologists may be called upon to provide expertise to other professionals, business, industry, courts, attorneys, public and private agencies, and/or individuals in all areas related to the profession of audiology. Consulting services include, but are not limited to

- recommendations for occupational and recreational hearing preservation and conservation, education, and advocacy for policy development;
- quality assessment and improvement; and
- expert witness testimony or second opinion and/or independent evaluation for educational, health, worker's compensation, or other legal purposes.



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

CODE OF ETHICS

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PREAMBLE

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “the Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This code has been modified and adapted to reflect the current state of practice and to address evolving issues within the professions.

The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-to-day decision making related to professional conduct.

The Code of Ethics is obligatory and disciplinary as well as aspirational and descriptive in that it defines the professional’s role. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is [applicable to the following individuals](#):

- a member of ASHA holding the Certificate of Clinical Competence
- a member of ASHA not holding the Certificate of Clinical Competence
- a nonmember of ASHA holding the Certificate of Clinical Competence
- an applicant for ASHA certification or for ASHA membership and certification

ASHA members who provide clinical services must hold the Certificate of Clinical Competence and must abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application for such, all individuals are [subject to the jurisdiction](#) of the ASHA Board of Ethics for ethics complaint adjudication.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to © Copyright 2023 American Speech-Language-Hearing Association. All rights reserved. 2 ASHA Code of Ethics research participants; (II) responsibility for one’s professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable

professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

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

PRINCIPLE OF ETHICS I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.

RULES OF ETHICS

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran status.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the audiologist or speech-language pathologist.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research, including humane treatment of animals involved in research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- M. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.

- N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is legally authorized or required by law.
- P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.
- Q. Individuals shall maintain timely records; shall accurately record and bill for services provided and products dispensed; and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.
- T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

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

RULES OF ETHICS

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. ASHA members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- D. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III

In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.

RULES OF ETHICS

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.
- C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.
- D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.
- E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLES OF ETHICS IV

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

RULES OF ETHICS

- A. Individuals shall work collaboratively with members of their own profession and/or members of other professions, when appropriate, to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative directive, referral source, or prescription prevents them from keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, products, or research results shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, deceit, or misrepresentation.
- F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.
- G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
- H. Individuals shall not engage in any form of harassment or power abuse.
- I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.
- J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- K. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- L. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.

- N. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- O. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- P. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- Q. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- S. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.
- T. Individuals who have been convicted of, been found guilty of, or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another or (2) any felony shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.
- U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

TERMINOLOGY

The purpose of the following Terminology section is to provide additional clarification for terms not defined within the Principles of Ethics and Rules of Ethics sections.

- **ASHA Ethics Office** – The ASHA Ethics Office assists the Board of Ethics with the confidential administration and processing of self-reports from and ethics complaints against individuals (as defined below). All complaints and self-reports should be sent to this office. The mailing address for the ASHA Ethics Office is American Speech-Language-Hearing Association, attn: Ethics Office, 2200 Research Blvd., #309, Rockville, MD 20850. The email address is ethics@asha.org.
- **Advertising** – Any form of communication with the public regarding services, therapies, research, products, or publications.
- **Diminished Decision-Making Ability** – The inability to comprehend, retain, or apply information necessary to determine a reasonable course of action.
- **Individuals** – Within the Code of Ethics, this term refers to ASHA members and/or certificate holders and applicants for ASHA certification.
- **Informed Consent** – An agreement by persons served, those with legal authority for persons served, or research participants that constitutes authorization of a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks. Such an agreement may be verbal or written, as required by applicable law or policy.
- **May vs. Shall** – *May* denotes an allowance for discretion; *shall* denotes something that is required.
- **Misrepresentation** – Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false, erroneous, or misleading (i.e., not in accordance with the facts).
- **Negligence** – Failing to exercise a standard of care toward others that a reasonable or prudent person would use in the circumstances, or taking actions that a reasonable person would not.
- **Nolo Contendere** – A plea made by a defendant stating that they will not contest a criminal charge.

- **Plagiarism** – Representation of another person’s idea, research, presentation, result, or product as one’s own through irresponsible citation, attribution, or paraphrasing.
- **Publicly Disciplined** – A formal disciplinary action of public record.
- **Reasonable or Reasonably** – Being supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.
- **Self-Report** – A professional obligation of self-disclosure that requires (a) notifying the ASHA Ethics Office in writing and (b) sending a copy of the required documentation to the ASHA Ethics Office (see definition of “written” below).
- **Shall vs. May** - *Shall* denotes something that is required; *may* denotes an allowance for discretion.
- **Telepractice** – Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient/student or by linking clinician to clinician for assessment, intervention, consultation, or supervision. The quality of the service should be equivalent to that of in-person service. For more information, see Telepractice on the ASHA Practice Portal.
- **Written** – Encompasses both electronic and hard-copy writings or communications.

Commonwealth University – Bloomsburg Policies and Procedures

PRP #3512 - Academic Integrity Policy

Effective Date: Fall 2006

<https://www.bloomu.edu/prp-3512-academic-integrity-policy>

What is Academic Integrity?

Academic integrity refers to the adherence to agreed upon moral and ethical principles when engaging in academic or scholarly pursuits. The university's academic integrity policy is part of an effort to nurture a community where trust, honesty, and personal integrity guide all of our dealings with one another. Personal integrity is vital to our pursuit of educating and becoming educated. This student academic integrity policy is only part of, not the entirety of, efforts to foster a community of trust; trust is built first on our actions toward each other. The responsibility to be honest, fair and forthright with others is a responsibility that each member of the Commonwealth University – Bloomsburg community must accept. The conditions of an academic integrity policy spell out the nature of the expectations we have of one another, and explain the sanctions that follow the failure to live up to these expectations. The following policy sets a standard for all of us to live up to and exceed.

What is Academic Dishonesty?

The following types of behaviors are examples of academic dishonesty. This list is not, and cannot be, exhaustive. Students who are unsure if an act is academically dishonest have a duty to consult their professor before engaging in the act.

1. Cheating: (a) Using notes, study aids, or information on an examination which are not approved by faculty; (b) Altering graded work after it has been returned and submitting the work for regrading; (c) Allowing another person to do one's work and submitting that work under one's own name; (d) Submitting identical or similar papers for credit in more than one course without prior permission from the course instructors.
2. Plagiarism: Submitting material that in part or whole is not one's own work without attributing those same portions to their correct source.
3. Fabrication: (a) Falsifying or inventing any information, data, or citation; (b) Presenting data that were not gathered in accordance with standard guidelines that defined the appropriate methods for collecting or generating data and failing to include an accurate account of the method by which the data were gathered or collected.
4. Misrepresenting Circumstances: (a) Lying; (b) Presenting a professor (verbally or in writing) with false or incomplete information.
5. Impersonation: (a) Representing oneself as another student in an examination; (b) Signing another's name on an attendance roster; (c) In general doing the work required of another student and/or allowing another to do your work.
6. Obtaining an Unfair Advantage:
 - (a) Stealing, reproducing, circulating or otherwise gaining access to examination material prior to the time authorized by the instructor; (b) Stealing, destroying, defacing or concealing library materials with the purpose of depriving others of their use; (c) Unauthorized collaborating on an academic assignment; (d) Retaining, processing, using or circulating previously given examination materials, where those materials are to be returned to the instructor at the conclusion of the examination; (e) Intentionally obstructing or interfering with another student's academic work; or (f) Otherwise undertaking activity with the purpose of creating or obtaining an unfair academic advantage over other students' academic work.
7. Aiding and Abetting Academic Dishonesty: (a) Providing material, information, or other assistance to another person with knowledge that such aid could be used in any of the violations stated above; or (b) Providing false information in connection with any inquiry regarding academic integrity.
8. Falsification of Records and Official Documents: (a) Altering documents affecting academic records; (b) Forging signatures of authorization or falsifying information on an official academic document, grade report, letter of permission, petition, drop/add form, ID card, or any other official University document.
9. Unauthorized Access to Computerized Academic or Administrative Records or Systems: (a) Altering computer records; (b) Modifying computer programs or systems; (c) Releasing or dispensing information gained via unauthorized access; or (d) Interfering with the use or availability of computer systems of information.

How can faculty encourage Academic Integrity?

It is necessary for the administration and faculty to do all that is possible to encourage high standards of academic integrity. Steps that could be taken include:

1. Course Requirements: Have the syllabus clearly state what is and is not acceptable in the course. This may include a statement of an individual or department's policy on what constitutes plagiarism, the scope of permitted collaboration, testing behaviors, policy on recycling assignments and papers, and missed assignments or exams.
2. University Policy: Briefly review the university Academic Integrity Policy on the first day of class, orally or by reference to a syllabus.
3. Examination Security: Safeguard examinations. In no event should the student be given access to, custody of, or any responsibility over examinations prior to their administration.
4. Examination Environment: Consider preventive techniques, such as alternate seating or alternate exam formats, and reasonable proctorial activities.
5. Availability of Past Examinations and Assignments: Establish individual and/or departmental policies for returning examinations for students to keep, collecting and securing examinations, and/or placing copies of old examinations on reserve in the library.
6. Student Responsibility: Faculty are encouraged to state in all syllabi that students who are unsure if an act is academically dishonest have a duty to consult their professor before engaging in the act.

What happens when a student is suspected of Academic Dishonesty?

The first step in any alleged case of academic dishonesty will be for the faculty member to inform the student that dishonesty is suspected and that steps will be taken to resolve the issue. If the faculty member would like to resolve the issue informally and if the student accepts the charges and the penalty, then the faculty member chooses between Options I and II. Option III is required when the student does not accept the charges or the penalty, or the faculty member believes that a penalty greater than failing the course is appropriate. If dishonesty is discovered at or after the end of the semester, the faculty will not enter a grade for that student; thus, the student will receive an "X" grade. The faculty member will either contact the student directly to set up the initial meeting or contact the Office of Academic Affairs who will notify the student of the need for such a meeting.

Option I: Informal Confidential Resolution

The faculty member may resolve the charge confidentially with the student, discussing the alleged offense and explaining any penalty that might follow; students who dispute the fairness of the charge or penalty may elect to have the matter arbitrated by the Academic Grievance Board. The professor has a range of sanctions within the boundaries of the course in which the dishonesty occurred. Possible sanctions include verbal and written reprimand, an appropriate additional assignment, and lowering the grade on the assignment on which the dishonesty occurred. If the professor wishes to impose more severe sanctions, including lowering the course grade, he or she must file an Academic Integrity Policy Violation Report Form with the Director of Student Standards. The faculty member is strongly encouraged to have this agreement in writing, and to keep that document and any evidence in a secure location.

Option II: Informal Resolution with a Filed Report

The faculty member may follow the guidelines given in Option I, Informal Confidential Resolution, and, in addition, file an Academic Integrity Policy Violation Report Form with the Director of Student Standards. The Report Form explains the offense and penalty and includes an acknowledgment by the student of the offense and penalty. The penalty agreed to on the Academic Integrity Policy Violation Report Form will be void if the student has a record of a previous offense. A second or repeat offense requires resolution by the Academic Grievance Board.

Option III: Formal Resolution by the Academic Grievance Board

If the student accepts the charges (1) but does not accept the penalty or (2) has had a previous offense, the sanction will be determined by the Provost (or his/her designee) in consultation with the Director of Student Standards. If the student does not accept the charges, the case will be arbitrated by the Academic Grievance Board. The faculty member should fill out the Academic Integrity Formal Resolution Notification Form. Once it is determined that a case will be heard by the Academic Grievance Board, the Director of Student Standards will notify all involved parties of the need to convene the Board. The Office of Academic Affairs will provide the student with written notification of the time and place of the hearing and with a copy of any written charges. The hearing will be recorded, and a recommendation made to the Provost as to whether a policy violation occurred. The Provost will make the final determination as to whether academic dishonesty occurred. If the student is cleared of the charges, the initial report form will be destroyed, and the student's record will be totally clear of the event. If it is determined that a violation did occur, the Provost will determine the appropriate sanction in consultation with the Director of Student Standards. The decision of the Provost will be final.

PRP #3565 – Graduate Academic Progress, Probation, and Dismissal

Effective Date: June 3, 1997

<https://www.bloomu.edu/prp-3565-graduate-academic-progress-probation-and-dismissal>

Procedures:

1. Satisfactory Progress

Satisfactory academic progress at the graduate level is evaluated on the basis of several criteria

- b. a graduate student's ability to earn the minimum of credit hours necessary to the degree program with a minimum quality point average of 3.0. A grade of less than C (Q.P. less than 2.0) must be repeated.
- c. a second grade less than C (Q.P. less than 2.0) will result in automatic academic dismissal.
- d. a graduate student's ability to successfully meet the requirements at the appropriate time of all comprehensive examinations of the degree program with acceptable grades.
- e. a graduate student's ability to complete the thesis requirement of the degree program with a passing grade.

Non-degree students (Category 510), except for those in Supervisory Certificate Programs, are excluded from consideration for satisfactory progress.

2. Academic Probation

a. A graduate student who is not maintaining an overall quality point average of 3.0 in one of the following student categories may request to attend on academic probation for one additional grading period (semester or summer):

- 1) regular graduate students (Category 540)
- 2) degree candidates (Category 550)
- 3) non-degree students (Category 510) in Supervisory Certificate Programs

Enrollment is limited to a maximum of nine semester hours for the grading period in probationary status. A student on academic probation is not eligible to hold a graduate assistantship. To be removed from academic probation, a graduate student with a quality point average deficiency must attain the minimum overall quality point average of 3.0 as required by the School of Graduate Studies for regular graduate students and degree candidates. A student who attains a 3.0 QPA or higher for the first grading period in academic probationary status, but does not attain the overall QPA as required, may be recommended by his/her academic advisor, the graduate program coordinator, and the department chairperson to the Assistant Vice President for Graduate Studies and Research for continuation on probation for one additional grading period.

b. A graduate student who receives a failing or unacceptable grade, as defined in advance by the department administering the graduate program, in any Comprehensive Examination will be placed on academic probation. Students will be allowed a maximum of two reexaminations unless the program requirements are more restrictive, in which case the maximum permitted by the program will prevail. Prior to re-examination, the student must meet with his/her examination committee or its representatives to discuss deficiencies and steps to be taken to correct them. Reexamination normally would be only once during a term or semester unless the student requests expedited reexamination in order to meet a graduation deadline. A student who passes a reexamination is automatically removed from probationary status.

c. Graduate students who submit a master's thesis which receives a failing grade may not attend on academic probation.

3. Duration Of Degree Work

Full-time graduate students are expected to complete their programs of study within two calendar years of continuous enrollment. However, all requirements for a master's degree, including any courses accepted by transfer, must be completed within six calendar years. A student who is unable to complete degree requirements within six

calendar years may be dismissed upon recommendation to the Assistant Vice President for Graduate Studies and Research by the academic advisor, program coordinator, and department chairperson. Students who fail to register for any courses over a two-year period will automatically be placed in an inactive category and must reapply to the graduate program. The period for completion of a master's degree may be extended for sufficient reason. Written application for extension must be made to the Assistant Vice President for Graduate Studies and Research prior to the end of the six-year period.

4. Academic Dismissal

A graduate student not maintaining satisfactory progress, who is not permitted to enroll in probationary status, is excluded from registration and his/her academic record is marked "academic dismissal." Dismissal is automatic if the overall QPA is below the minimum after two grading periods in probationary status or after failing to pass the Comprehensive Examination two times while in probationary status. A graduate student under academic dismissal is not eligible to attend courses offered in the School of Graduate Studies for a period of at least one calendar year. A dismissed graduate student may, after a period of one year, reapply to the School of Graduate Studies in order to undertake studies in a new degree program or to further his/her studies in a non-degree status. A dismissed graduate student is not permitted to register for any courses offered by the program from which he/she was dismissed. Under exceptional circumstances and with the approval of the Assistant Vice President for Graduate Studies and Research, a program may readmit a dismissed student. In the latter instance, the normal six-year limitation for expired courses shall be applied.

5. Procedures

Graduate students who fail to meet the minimal standards for satisfactory progress will be notified by the Registrar's Office and/or the Assistant Vice President for Graduate Studies and Research. Failure to request academic probation will result in academic dismissal (see above). Such students may submit a request in writing to their academic advisors to attend on academic probation. Upon recommendation of the academic advisor, graduate program coordinator, department chairperson, and approval by the Assistant Vice President for Graduate Studies and Research, probationary status will be granted. Exceptions to these procedures under extraordinary circumstances will be by written request to the Assistant Vice President for Graduate Studies and Research.

6. Appeals

Graduate students dismissed for academic reasons may appeal their dismissal within one year, in writing, to the Graduate Council. The decision of the Council is final.

PRP# 3408 - Student Use of University Assigned Email Accounts

Effective Date: Fall 2006

<https://www.bloomu.edu/prp-3408-student-use-university-assigned-email-accounts>

The University assigned student email account shall be the primary means of official communication with all students at Commonwealth University – Bloomsburg. Students are responsible for all messages and attachments sent to them via their university assigned email account or posted to course websites and/or course management systems such as BOLT. Students will not be able to forward their university assigned account to an alternate email account. This policy does not preclude departments or offices from using traditional, non-electronic modes of communication at their discretion.

Students are required to continue to use their Commonwealth University – Bloomsburg email account through all residency experiences. Faculty and staff will not use any other email account.

PRP # 4789: Harassment and Discrimination Policy

Effective Date: October 27, 2016

Emergency Updates: 8/14/2020 due to May 2020 Title IX Federal Regulations

<https://www.bloomu.edu/prp-4789-harassment-and-discrimination-policy>

Rationale and Purpose

Central to the mission of Commonwealth University of Pennsylvania is the establishment and maintenance of an environment in which the dignity and worth of all individuals within the institutional community are respected. Therefore, it is the responsibility of each person on campus to respect the personal dignity of others and to demonstrate a basic spirit that precludes unlawful harassment and discrimination. The University has established this policy to promote an educational and work environment that is free from all forms of harassment and discrimination, whether because of race, color, religion, sex, sexual orientation, gender identity, age, national origin, ancestry, disability, or veteran status or any other characteristic protected by law. The University is committed to freedom of thought, discourse, and speech and the attainment of the highest quality of educational and academic pursuits. Nothing in this policy is meant to infringe upon the First Amendment or other constitutional rights of any individual. Unlawful harassment or discrimination in any context is unacceptable but of particular concern to an academic community in which students, faculty and staff must rely on bonds of intellectual trust and dependence. Therefore, unlawful harassment or discrimination will not be tolerated. Those inflicting such behavior on others are subject to the full range of institutional disciplinary actions, up to and including separation from the University, also in addition to any legal action that may accompany such acts.

Students, faculty, staff and third-party vendors are permitted to file complaints under this policy against non-students. All complaints of discrimination and harassment against students should be filed with the Dean of Students Office and are subject to PRP 4790 Student Sexual Misconduct Policy and PRP 4802 the Student Code of Conduct. Refer to Part IV.D.b. of this policy on how to file a complaint.

This policy is available on the Commonwealth University website (<https://www.bloomu.edu/prp-4789-harassment-and-discrimination-policy>) and at: The Office of Diversity, Equity, and Inclusion.

II. Statement of Non-Discrimination

Commonwealth University does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, age, national origin, ancestry, disability, or veteran status in its programs and activities as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and University policies. Questions regarding the University's obligations and policies should be directed to the Office of Diversity, Equity, and Inclusion. Questions specific to Title IX may be referred to the Title IX Coordinator in Elwell Hall, ORL, 054, (570) 389-4808, or to the Office of Civil Rights, United States Department of Education, 100 Penn Square East, Suite 515, Philadelphia, PA 19107, (215) 656-8541.

PRP #2060 - Americans with Disabilities

<https://www.bloomu.edu/prp-2060-americans-disabilities>

Introduction

Commonwealth University of Pennsylvania is committed to academic excellence, equal opportunity and freedom from discrimination for all individuals. In keeping with these commitments, and in accordance with the Americans with Disabilities Act of 1990, as amended, and the Rehabilitation Act of 1973, the University will make every reasonable effort to provide equality of opportunity and freedom from discrimination for all members of the University community and visitors to the University, regardless of any disability an individual may have. Accordingly, the University has taken positive steps to make University facilities accessible to individuals with disabilities and has established procedures to provide reasonable accommodations to allow individuals with disabilities to participate in University programs.

An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

The University is committed to the goal of fairly balancing the provision of reasonable accommodations with the academic integrity and rigor demanded of institutions of higher learning.

Reasonable accommodations or modifications may include the provision of auxiliary aids and services for individuals with disabilities, unless the provision of such would fundamentally alter the nature of the course, services, facilities, program or activity the University offers, or would result in an undue financial or administrative burden on the institution. The University is aware of the complexities related to the definition of reasonable accommodation in the postsecondary environment and will actively consult with students, faculty, staff and administration as a matter of course.

Contacts and Resources

Commonwealth University seeks to provide students, employees and campus visitors with disabilities reasonable and effective accommodations to ensure equal access to the University's learning and work environments, and sponsored events. University Disability Services operates as a centralized service for addressing the needs of students with disabilities and as a resource center for students, faculty, and staff.

How to Request an Accommodation for Current Students

Students: To request an accommodation in the University learning environment, students with a disability must submit appropriate documentation and meet with a staff member in University Disability Services to discuss the needs and requested accommodation(s). The staff member will review and evaluate the documentation provided by the student. The staff member may further solicit the input of faculty members and department chairs/program directors/deans regarding the potential accommodation(s) considered. Depending on the accommodation requested, the determination of reasonableness may necessitate a continuing dialogue between the student, the academic program dean and/or faculty members, and University Disability Services. Descriptions of the process, necessary lead time and required documentation may be accessed online at <http://bloomu.edu/disabilities> or by calling 570-389-4265/5205, Warren Student Services Center, #043, Monday through Friday, 8:00 am to 4:30 pm. Students attending one of Commonwealth University's additional locations off campus should follow this same process.

How to Access Resources for Campus Visitors

Prospective Students or Employees, Spectators for an Event or Other Campus Visitors: Questions regarding accessibility and/or accommodations may be addressed by contacting University Disability Services, Warren Student Services Center, #043, Monday through Friday, 8:00 am to 4:30 pm, 570-389-4265/5205. As an additional resource, there is a Commonwealth University of Pennsylvania map (<https://www.bloomu.edu/documents/campus-map>) for locating and accessing campus buildings.

Seeking Resolution in the Event of a Complaint

Individuals who wish to register a University complaint under PRP #2060, ADA Policy, may elect to begin the process with either informal complaint resolution or the formal complaint resolution.

Informal Resolution Process:

The purpose of the informal resolution process is to encourage the reporting of complaints concerning ADA matters by students, faculty, staff, and/or other parties and to facilitate satisfactory resolution of the complaint as quickly as possible.

The ADA Coordinator will facilitate a discussion between the complainant and the other individual(s) in order to resolve the complaint. If the complaint is resolved, the complainant and other individual(s) will receive a short memorandum setting forth the agreed upon solution. The ADA Coordinator will follow-up with the parties, typically three to four weeks after the agreement is reached, to assess whether the agreement is working. If the complainant is not satisfied with the informal resolution process or outcome, or no longer wants to participate in informal resolution, or if the other individual(s) declines to participate in the informal resolution process, the complainant may file a formal complaint at any time.

Formal Resolution Process:

Students, faculty, staff or visitors wishing to officially register a University complaint under PRP #2060, ADA Policy, may do so by submitting a statement to the ADA Coordinator. The complaint should be filed within 45 days of the alleged violation and must include the issue(s), the complainant's name, telephone number, address, date the complaint is submitted to the ADA Coordinator, and the date of the alleged violation. The ADA Coordinator will initiate the following action:

Investigation Process:

Within 45 calendar days of receiving the complaint, the ADA Coordinator will conduct an investigation and submit the investigation report to the appropriate Vice President. The ADA Coordinator will then assist the Vice President in implementing the agreed upon resolution.

Appeal Process:

An individual shall be entitled to one written appeal of any decision rendered by the appropriate Vice President. Appeals must be based only on new evidence that was not considered during the investigation, evidence of an inappropriate or unfair investigation, or evidence of a denial of due process rights. Appeals shall be filed in writing with the ADA Coordinator no later than ten days after the date the decision was received.

The appeal will be reviewed by the University ADA Complaint Committee which consists of a Dean of Students Office representative, the Assistant Vice Provost for Academic Programs, Policies and Collaborations and Dean of Undergraduate Education, a representative from the Center for Professional Development and Career Experience, the Director of Human Resources and Labor Relations and a faculty representative. The ADA Complaint Committee will make a recommendation and forward the recommendation to the President. The President will rule on all appeals and all rulings are final. All parties will be notified in writing of the decision.

The ADA Coordinator may extend for a reasonable period of time any of the deadlines specified in this section in order to conduct an investigation according to this policy and ADA guidelines.

Informal or Formal Resolution:

In the event that a conflict of interest exists in pursuing the complaint with the ADA Coordinator, or in the event that the complaint is against the ADA Coordinator, the complainant should bring the complaint to the Director of Human Resources.

In the event that a conflict of interest exists in pursuing the investigation report with the appropriate Vice President, or in the event that the complaint is against the Vice President, the ADA Coordinator will conduct the investigation and forward the investigation report to the President for review and final determination.

Individuals are encouraged to use these complaint procedures but are not required to do so and may also choose to pursue complaints in other forums. In addition to or in place of the University's procedures, complainants may choose to file a complaint with federal or state agencies such as the Pennsylvania Human Relations Commission, 333 Market St., 8th Floor, Harrisburg, PA 17101-2210, (717) 787-9780, the U.S. Equal Employment Opportunity Commission, 801 Market Street, Suite 1300, Philadelphia, PA 19107-3127, (800) 669-4000, or the Office of Civil Rights of the U.S. Department of Education, 100 Penn Square East, Suite 515, Philadelphia, PA 19107, (215) 656-8541.

This policy is not intended to interfere with any rights an employee may have under an applicable collective bargaining agreement. Unionized individuals may also choose to pursue a complaint through the appropriate Collective Bargaining Agreement grievance procedures.

Confidentiality

During this process, the University will make every effort to assure confidentiality and protect the rights of the complainant and other individual(s). To the extent possible, the information reported and disclosed in a complaint and related proceedings will be shared only with individuals responsible for addressing the complaint. The University will maintain an appropriate record in the confidential files of the ADA Coordinator. All documents related to the proceedings will be subject to confidentiality protections provided by law, including the Family Educational Rights and Privacy Act (FERPA).

Statement of Non-Discrimination

Commonwealth University does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, age, national origin, ancestry, disability, or veteran status in its programs and activities as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and University policies.

For information regarding civil rights or grievance procedures and for inquiries concerning the application of Title IX and its implementing regulation, contact: Title IX Coordinator, Commonwealth University of Pennsylvania, Elwell Residency Hall, 400 East Second Street, Bloomsburg, PA 17815; Phone: (570) 389-4529; Email: titleixcoord@bloomu.edu.

Additionally, inquiries concerning Title IX and its implementing regulation can be made to the U.S. Department of Education, Office of Civil Rights, Region III, The Wanamaker Building, 100 Penn Square East - Suite 505, Philadelphia, PA 19107; Phone: (215) 656-6010; Fax: (215) 656-6020.

CERTIFICATION AND LICENSURE INFORMATION

PRAXIS INFORMATION

Test Name	Code	Agency
National Certifying Exam	RA2646	Commonwealth University – Bloomsburg (general)
	R5031	American Speech-Language-Hearing Association (if you are unable to find it under that code, type ASHA under the name section)
	R8053	State Board of Examiners for SLP/Audiology (for PA licensure)
	RA0253	Commonwealth University – Bloomsburg Speech and Hearing Clinic
	List D	Licensure in other states

***Don't forget to have your National Certifying Exam scores sent to both Commonwealth University – Bloomsburg and the Commonwealth University – Bloomsburg Clinic! It is very important that the University has these scores on file!**

*If you are seeking out-of-state certification, you should check the requirements for that state. Some states may accept tests of different names to meet requirements that are similar to Pennsylvania's requirements. You may need to make some phone calls to verify this information.

Helpful Reminders

-Register online at <http://www.ets.org/praxis>

-Do not get confused when registering for the National Certification Exam. It is not listed in the Registration Bulletin under Required Tests for Pennsylvania. That is because it is not required for audiologists.

-If registering by mail, remember that you will need a separate form (found inside the registration bulletin) for each date you register to take tests.

-Again, **register early!**

-Do not forget the required identification and your admission ticket, which is sent to you by mail after you register for any test.

Commonwealth of Pennsylvania
Pennsylvania Code

Title 49. Professional & Vocational Standards

Departments of State

Chapter 45. State Board of Examiners in
Speech-Language and Hearing



For additional pamphlet information contact

Department of State, Bureau of
Professional & Occupational Affairs,
States Board of Examiners in
Speech-Language and hearing
P.O. Box 2649
Harrisburg, PA 17105-2649

[https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter45/cha
p45toc.html&d=reduce](https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter45/cha
p45toc.html&d=reduce)

SUMMARY OFFENSES, MISDEMEANORS, FELONIES

How State Licensure is Affected

Under Pennsylvania law (Act 238 of 1984), the Licensure Board may refuse to issue or revoke a license for:

1. Fraud, misrepresentation, or concealment of information in obtaining a license
2. Aiding or abetting any person in the violation of the act or noncompliance
3. Being convicted of a felony or misdemeanor in any state within ten years prior to the date of application for license
4. Unprofessional conduct as defined by the Board.

EXAMPLES OF OFFENSES

1. Drugs	2. Driving under the influence	3. Assault
4. Underage drinking	5. Provision of Alcohol to minors	6. Shoplifting
7. Drug paraphernalia		

Repeat offenses are filed at a higher level

LICENSURE APPLICATION PROCEDURES

<http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter45/subchapter45Btoc.html&d=reduce>

- The applicant for licensure shall submit to the Board, along with required fees as provided by § 45.1 (relating to fees), a completed, signed and dated application and applicable documentation.
- An applicant for licensure as an audiologist shall provide evidence of holding a doctoral degree in audiology from an academic program approved by an accrediting agency approved by the Board and the United States Department of Education or the Council for Higher Education Accreditation. The Board will make available a list of approved accrediting agencies on its website.
- Passed an examination approved by the Board.
- Demonstrated that the applicant is of good moral character.

Certification To Utilize Neurophysiologic Intraoperative Monitoring

- Prior to utilizing neurophysiologic intraoperative monitoring, an audiologist shall obtain certification from the Board.
- Applicants shall be granted certification by the Board upon submission of documentation evidencing one of the following:
 - Current certification from the American Board of Neurophysiologic Monitoring, the American Audiology Board of Intraoperative Monitoring or another National certifying organization approved by the Board.
 - Completion of the doctoral level coursework, including neuroanatomy, neurophysiology and other neurophysiologic intraoperative monitoring, from an accredited doctoral audiology program and clinical instruction in neurophysiologic intraoperative monitoring that meets the requirements of section 8.1(2) of the act (63 P.S. § 1708.1(2)). The applicant has the affirmative burden of proving that these requirements are met.
- The Board will make available a list of approved certifying organizations on its web site.

Provisional Licenses

- Applicants for licensure who have completed the requirements in § 45.12(b)(2). A provisional license granted under this subparagraph will be valid for 6 months from the date the application for licensure is submitted to the Board.
- Post-doctoral graduates completing additional post-graduate professional experience. A provisional license granted under this subparagraph will be valid for 18 months and may be renewed one time under section 7(d) of the act.
- An applicant seeking a provisional license shall submit all of the following:
 - An application for a provisional license and the fee in § 45.1(4) (relating to fees)
 - In addition to meeting the requirements of subsection (b)(1), an applicant for a provisional license under subsection (a)(1)(ii) or (2)(ii) shall also submit:

- A letter describing the applicant's plans for completing the professional experience
- A transcript: transcripts must evidence completion of didactic and clinical education.
- More information is available at:
<http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter45/subchapBtoc.html&d=reduce>

Renewal of license; inactive status of license; required continuing education

- Unless renewed for the upcoming biennium, licenses issued under this subchapter expire at the end of the current biennium.
- Licenses, provisional licenses, certifications, and documentation from the Board will be sent to the address provided to the Board by the licensee. Whenever the licensee changes an address of record, the licensee shall notify the Board in writing within 10 days after making the address change.
- The licensee shall renew his license in the manner prescribed by the Board and pay the required fee, as provided by § 45.1 (relating to fees). Unless a licensee requests that a license be placed on inactive status, at the end of a biennial period it will be marked expired until it is renewed or reactivated.
- When a license is renewed after the expiration date, a late fee, as provided for by section 225 of the Bureau of Professional and Occupational Affairs Fee Act (63 P.S. § 1401-225), will be charged for each month or part of a month that the licensee has engaged in practice beyond the expiration date. A licensee who practices under an expired license may be subject to criminal prosecution under section 18 of the act (63 P.S. § 1718).
- A license that is not renewed at the end of a biennium will be marked expired unless a licensee who does not intend to practice in this Commonwealth requested that the license be placed on inactive status.
- A licensee who fails to renew a license or who requests to be placed on inactive status will not be sent Board notifications until the license is renewed or reactivated.
- An application for renewal of a license will not be granted unless the licensee has certified that the licensee has completed the required continuing education hours under § 45.501 (relating to credit hour requirements). If requested by the Board, an application for renewal shall also include the documentation required under § 45.504 (relating to reporting completion of continuing education).
- An application for reactivation of an inactive or lapsed license shall also include the documentation required under § 45.504 for the preceding biennial period.

Continuing Education for Licensure Renewal

Twenty clock hours of continuing education per biennial renewal period.

Board Oversight

Department of State, Bureau of Professional & Occupational Affairs, State Board of Examiners in Speech-Language Pathology & Audiology

Resources

The information contained herein was collected and summarized annually. For detailed information on state licensure requirements, contact the state board and visit this website: <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Speech-Language%20Pathology%20and%20Audiology/Pages/Board-Laws-and-Regulations.aspx>

APPLICATION FOR ASHA MEMBERSHIP AND CERTIFICATION PROCEDURES AND APPLICATION

Students interested in becoming a member or certified by ASHA membership and are recommended to obtain the appropriate materials prior to initiating the residency.

Because you have attended an ASHA certified program, you are eligible for automatic approval of your application by ASHA providing that (1) the program director verifies that all coursework and practicum requirements have been met, and (2) the application of the Certificate of Clinical Competence must be received by the national office no later than 3 years after the degree has been awarded. We suggest that you complete the certification application prior to graduation. **The application must be completed to the satisfaction of the program director before he/she will sign off on it. In the event that the application is incomplete or in error, it will be sent back to the applicant for correction prior to signing.**

NSSLHA-to-ASHA Conversion Program Discount

<https://www.asha.org/members/gift-to-the-grad/>

The NSSLHA-to-ASHA Conversion Discount is a one-time discount of \$225 off the initial dues and fees of \$511 for ASHA membership and certification. The Conversion Discount is a benefit from ASHA exclusively for National NSSLHA members.

Requirements: To qualify for the Conversion Discount, a student must be a National NSSLHA member for the last 2 years of their master's or doctoral program.

Application: The Conversion Discount is applied when a student submits an application for ASHA membership and certification.

Deadline: The application for ASHA membership and certification must arrive in the national office before August 31 (up to the year after graduation) to receive the Conversion Discount.

Confirmation of Eligibility: Contact the Action Center at 800-498-2071 and speak with an Action Center Specialist, Monday–Friday, 8:30 a.m.–5:00 p.m. to confirm eligibility for the Conversion Discount.

Tips to Qualify for the Conversion Discount

- Apply for National NSSLHA membership.
- Renew National NSSLHA membership for the last 2 years of your master's or doctoral program.
- Maintain current degree information in the NSSLHA/ASHA database.
- Maintain current e-mail and postal mailing addresses in the NSSLHA/ASHA database.
- Do not wait to complete a clinical fellowship or externship before applying for ASHA membership and certification.

NSSLHA Introductory Membership Package (Discontinued): The NSSLHA Introductory Membership Package was a pilot program for undergraduate NSSLHA applicants with no prior NSSLHA affiliation. The program did not achieve its objectives and has been discontinued. This membership did not count toward a person's NSSLHA-to-ASHA Conversion discount.

Recent Graduate Discount: Graduates who do not meet the criteria for the NSSLHA-to-ASHA Conversion Discount may qualify for the Recent Graduate Discount. The Recent Graduate Discount is \$50 off the initial dues and fees of \$511 for ASHA membership and certification. The application for ASHA membership and certification must be received in the national office within 12 months of graduation to receive this discount.

Gift to the Grad: The Gift to the Grad is available to National NSSLHA members, as well as non-members. The Gift to the Grad extends ASHA membership for up to 18 months in the first year of ASHA membership and certification. The application for ASHA membership and certification must be received in the national office between May 1 and August 31 annually to receive this incentive.

See more at: <https://www.asha.org/members/gift-to-the-grad/>