This Handbook is intended to provide all students in the Au.D. program with basic information about academic degree requirements. This handbook supplements, but does not supersede, the degree requirements found in the Graduate School Bulletin. You should have a copy of the Bulletin which governs your degree program, and you are expected to be familiar with its contents. Read this Handbook and the Graduate School Bulletin carefully and see the Au.D. Program Coordinator if you have any questions.
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INTRODUCTION

This handbook describes the administrative policies that apply to the AuD program, including issues such as clinical progress and probation. The specific protocols that apply to the clinic (not the program) are described in the Au.D. clinical protocol manual.

THE JOB OUTLOOK FOR THE FUTURE

While it is difficult to predict exactly what the job market will be in any profession in years to come, we do know that a number of factors are influencing an increase in the demand for audiologists and hearing professionals. For example, a greater number of children are identified with hearing loss at an earlier age due to the advent of universal newborn hearing screening programs in the U.S. in recent years. Earlier identification has, in turn, led to the need for earlier intervention. This is resulting in the employment of more hearing professionals in a variety of settings serving pediatric populations. Additionally, the increasing population of older Americans in the U.S. with hearing loss frequently requires the services of audiologists. The incidence of hearing impairment is increasing among younger people who are developing hearing loss due to environmental factors, particularly noise abuse. All told, the demand for services provided by audiologists and hearing professionals has been projected to be high through the first quarter of the 21st century.

Preparing for the Profession

The Certificate of Clinical Competence in Audiology (CCC-A), issued by the American Speech-Language-Hearing Association (ASHA), is the only professional credential for audiologists recognized in every state. Effective January 1, 2012, at least 90 post-baccalaureate credit hours in audiology leading to a doctoral degree must be completed. In addition to these credit-hour requirements, students must complete 2000 hours of clinical practicum and pass a national examination. The IU Au.D. program is designed to fulfill those requirements that became effective in 2012. Although certification is a voluntary process, many clinics, hospitals, and other service facilities require their employees to have the CCC-A. Forty-seven states have licensure requirements for audiologists and, in most cases, meeting the requirements for the CCC-A will ensure eligibility for state licensure.

UNDERGRADUATE PREPARATION

It is expected that you will have completed undergraduate course work and received a Bachelor’s degree from an accredited university in any one of several fields, including, but not restricted to, speech and hearing sciences, psychology, biology, or engineering. Depending on your background, your advisor may suggest that you also complete some of the following courses while in the Au.D. program:

- S515/S302 Introduction to Acoustics
- S575/S275 Human Hearing & Communication
- S524/S333 Survey of Children’s Lang. Dev. (or SLHS S433)
- S521/S420 Phonological Development & Disorders in Children
- S547/S436 Language Disorders in Children

If any of these undergraduate courses are taken during the Au.D. program, they may not be counted toward satisfying any of the requirements for the degree, even though graduate credit may have been awarded for the graduate version of the course(s). In addition to required professional course work,
students hoping to achieve the CCC-A must document course work completed as an undergraduate in each of the following areas (no credit-hour minimums):

- life sciences;
- physical sciences;
- behavioral sciences; and
- mathematics.
The Au.D. Degree

TYPICAL COURSE of STUDY

YEAR 1

<table>
<thead>
<tr>
<th>Fall</th>
<th>Credits</th>
<th>Practicum</th>
</tr>
</thead>
<tbody>
<tr>
<td>S516 Introduction to Audiological Testing</td>
<td>3</td>
<td>25 Practicum Hours</td>
</tr>
<tr>
<td>S519 Physiological Assessment of the Ear</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>S571 Auditory Anatomy and Physiology</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>S578 Instrumentation and Calibration</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>S570 Introduction to Audiology Clinic</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spring</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>S776 Adv. Topics in Rehabilitative Audiology (even yrs) ***</td>
<td>3</td>
</tr>
<tr>
<td>S677 Implantable Auditory Prostheses (odd yrs) **</td>
<td>3</td>
</tr>
<tr>
<td>S573 Lab in Amplification</td>
<td>1</td>
</tr>
<tr>
<td>S576 Amplification for the Hearing Impaired</td>
<td>3</td>
</tr>
<tr>
<td>S671 Auditory Evoked Potentials (even yrs) ***</td>
<td>2</td>
</tr>
<tr>
<td>S779 Business Practices (odd yrs) **</td>
<td>2</td>
</tr>
<tr>
<td>S678 Psychoacoustics</td>
<td>3</td>
</tr>
<tr>
<td>S570 Introduction to Audiology Clinic</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
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<table>
<thead>
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<tr>
<td>S577 Industrial Audiology (4W1)</td>
<td>2</td>
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<tr>
<td>S506 Counseling in Communication Disorders (6W1)</td>
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<tr>
<td>S570 Clinical Practicum (6W1)</td>
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<tr>
<td>S775 Vestibular Diagnosis &amp; Rehabilitation (8W2)</td>
<td>3</td>
</tr>
<tr>
<td>S570 Clinical Practicum (6W2)</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
</tr>
<tr>
<td><strong>Total Accumulated Credits</strong></td>
<td><strong>32</strong></td>
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*(even yrs)*** S776 Adv. Topics in Rehabilitative Audiology and S671 Auditory Evoked Potentials are offered in Spring Semesters of even-numbered years and are combined classes of 1st and 2nd year students.*
### YEAR 2

<table>
<thead>
<tr>
<th></th>
<th>Credits</th>
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<td><strong>Fall</strong></td>
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<td></td>
</tr>
<tr>
<td>S518</td>
<td>3</td>
<td>100 Practicum Hours</td>
</tr>
<tr>
<td>S670</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>S579</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>S580</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>S777</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>12</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Credits</th>
<th>Practicum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spring</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S776</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>S677</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>S676</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>S574</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>S671</td>
<td>2</td>
<td>100 Practicum Hours</td>
</tr>
<tr>
<td>S779</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>S670</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>13</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td><strong>Summer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S778</td>
<td>2</td>
<td>225 Practicum Hours</td>
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<tr>
<td>S672</td>
<td>2</td>
<td>14-week local commuting externship</td>
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<tr>
<td>S572</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>S672</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
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</table>

**Total Accumulated Credits** 65

*(odd yrs)***  
*S776 Reading Research in Audiology and S677 Implantable Auditory Prostheses are offered in Spring Semesters of odd-numbered years and are combined classes of 1st and 2nd year students.*
### YEAR 3

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Description</th>
<th>Credits</th>
<th>Practicum</th>
</tr>
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<tbody>
<tr>
<td><strong>Fall</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S673</td>
<td>Advanced Externship in Audiology</td>
<td>5</td>
<td>Yr 3 clinical practicum total</td>
</tr>
<tr>
<td>S771</td>
<td>Diagnostics and Pathologies</td>
<td>3</td>
<td>&gt; 1500 hours</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td><strong>Spring</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S673</td>
<td>Advanced Externship in Audiology</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>S772</td>
<td>Amplification and Rehabilitation</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td><strong>Summer</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S673</td>
<td>Advanced Externship in Audiology (6W1)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>S773</td>
<td>Pediatrics and Special Populations (6W1)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>S673</td>
<td>Advanced Externship in Audiology (6W2)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>S774</td>
<td>Recent Advances in Audiology (6W2)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

**Total Accumulated Credits**: 90

Total clinical practicum > 2000 hours

**Au.D. Curriculum 3-Year Totals:**

**Credit Hours**: 90

**Practicum Hours**: > 2036

A student must complete all assigned clinical practicum experiences successfully and must pass all portions of the Year 2 exam. As revealed by a review of the curriculum on the preceding pages, the overwhelming majority of clinical experience is obtained years 2 and 3 of the program. Students must remain in good standing academically and clinically while acquiring this clinical training. Failure to do so can result in the student being placed on probation or in loss of clinic privileges.

**Combined Au.D./Ph.D. degree**

Finally, some students may be interested in a combined Au.D./Ph.D. degree. Basically, to do so, students must complete the requirements for both degrees, but there is some redundancy among these requirements so that the total time required may be less than that represented by the simple sum of both programs. For example, the Au.D., as noted above, is a three-year model. The average length of time to complete a Ph.D. in our department is about four years. Whereas the simple sum of both programs would represent a total of seven years of study to complete both degrees, it would be possible to complete the
requirements for both degrees in less time than this; probably in 5.5 or 6 years, depending on arrangements made for the final year of the Au.D. program and the dissertation portion of the Ph.D. program. Ultimately, that will be determined by the student’s advisory committee in the Ph.D. program (See the department’s Ph.D. Student Handbook for more details.)

Evaluation of Academic Progress

It is the goal of the department’s faculty that all students make satisfactory progress toward the Au.D. degree. We have found that the transition into graduate school can be very difficult for some students because of the increased demands that accompany graduate classes and clinical assignments, in addition to the accelerated nature of the 3-year program. In an effort to avoid or resolve problems, the faculty formally reviews the progress of each Au.D. student at mid-semester of the first fall and end of the spring. This review is generally conducted by the Au.D. Program Coordinator. Any student who is performing below expectation in two or more areas (e.g., two or more classes; one class and clinic) will be advised that they are in jeopardy of being placed on academic probation at the end of the fall semester if their GPA is below 3.0. A remediation plan will be developed. The remediation plan will be constructed in consultation with Au.D. faculty members, the Au.D. coordinator and the student. Any student working on a remediation plan because of academic probation must successfully complete it by the date specified in the probation letter to continue in the Au.D program.

Graduate students can receive graduate credit for courses in which a grade of C or better is received. Graduate students, however, must maintain at least a 3.0 overall GPA throughout the program. Failure to maintain a 3.0 GPA for any one semester will put the student on academic probation. Students also should not receive more than two grades of "C" in any of the required courses listed in the Au.D. curriculum or they may be placed on academic probation. Only two grades of "C" may be counted toward the 90 credits required for the degree. The following policies apply to academic probation:

1. Students who receive a GPA of less than 3.0 for any given semester will be placed on academic probation. If that student does not receive a cumulative GPA above 3.0 in any subsequent semester, the student will be deemed to be making unsatisfactory progress toward the Au.D degree and the case will be brought before the faculty for review and possible dismissal.

2. Students who receive a grade of B- or lower in their clinical practicum (S570, S670) will be placed on clinical probation. A student placed on clinical probation will meet with a committee of academic and clinical faculty to determine whether clinical assignments should be reduced and what forms of clinical remediation will be needed. If that student does not receive a B or better in any subsequent semester, the student will be deemed to be making unsatisfactory progress toward
3. Students who are placed on either academic or clinical probation after their first semester may have clinical assignments reduced or eliminated during their second semester of graduate enrollment. Changes in clinic privileges will be made to help students focus on their academic work and to increase their GPAs. Decisions about clinic involvement will be made with input from the student, the Au.D. coordinator and the Hearing Clinic Director. Further, a student who has his/her clinical assignment reduced or eliminated in their first or second semester of the program may not be eligible to take the 1st-year Academic Comprehensive Exam or the 1st-year Gateway clinical Exam (see page 10). If clinic privileges are restricted and clinical practicum lost, extended enrollment in the department may be necessary.

4. Students who fail/do not pass any part of the first year exam (see page 10) will be placed on academic probation. Students who re-take the first year exam and fail to pass will be dismissed from the program.

5. Students who are on academic probation may not register for the following semester until grades are received for the probationary semester. A letter will be placed in the student’s file indicating that the student is on probation.

6. Students who are on academic probation and who are receiving Associate Instructor or Research Assistant funding may be in jeopardy of losing this funding. Decisions regarding the continuation of funding will be made by the academic advisor, the Coordinator of the Au.D. Program, the faculty member for whom the student is working, and the Hearing Clinic Director.

Clinical Practicum

Au.D. students are required to participate in practicum every semester during which they are in residence as full-time students, unless clinic privileges have been suspended. Other exceptions may be granted only by the Hearing Clinic Director.

Students participating in on-campus Audiology practicum will be expected to attend group meetings and have a maximum of twelve (12) hours of clinical contact per week. These contact-hour assignments are exclusive of any time spent in preparation, staffing, report writing, etc.

Students at Indiana University who desire certification to practice as audiologists will be provided with the opportunity to obtain the appropriate number and distribution of supervised clinical contact hours. The hours of supervised clinical practicum required by ASHA are, however, to be
Department of Speech, Language and Hearing Sciences Au.D. Student Handbook 2022-2023

regarded as minimum hours. It is the policy of this training program that students should have the maximum possible amount of supervised clinical practicum before leaving the program. For this reason, no student should regard the number of hours required by ASHA as the total number of hours expected. If a student has transferred from other institutions, they should arrange to have any previously obtained practicum hours verified and sent to the Hearing Clinic Director.

Indiana University’s Department of Speech, Language and Hearing Sciences makes every effort to help students obtain sufficient clinical practicum (typically exceeding the minimum hours specified by ASHA) on a timely basis prior to exiting the program. However, if special circumstances arise that cause a student to obtain fewer clinical contact hours than recommended in one or more semesters, that student may need to extend her or his clinical training program to fulfill all of the academic and clinical requirements for the Au.D. degree. Special circumstances may include, but are not limited to, poor academic or clinical performance, requesting an externship placement with limited clinical diversity, as well as situations related to personal necessity, such as pregnancy, extended illness, or emotional difficulties. In some of these special circumstances, documentation from the Office of Student Disability Services or a physician may be required.

Off-Campus Practicum Assignments. All students are required to participate in at least two off-campus clinical placements during the Au.D. program. Students will be assigned by the Audiology Externship Coordinator to off-campus sites as a part of their clinical practicum in Year 3, and most likely, during some portion of Year 2. Off-campus sites are of two types: full-time and part-time.

Part-time assignments. Part-time assignments are made at sites within commuting distance of the campus. Students who are enrolled in classes on campus may also be assigned to one or more off-campus sites for all or part of their practicum assignment for a semester.

Full-time assignments. Full-time assignments may be made in sites where the student will spend a minimum of 6 weeks. Typically, these assignments are made during the latter portion of Year 2 and throughout Year 3 of the Au.D. program and need to be arranged by the student with the Audiology Externship Coordinator. During the final year, students must complete the equivalent of 50 weeks of full-time externship. Students taking leaves of absence for any reason will have their externship extended until the 50 weeks of externship requirement is met.

PLEASE NOTE! Times for the school and all other full-time practicum assignments should be projected by the student and his/her advisor by the end Year 1 of the Au.D. program. As soon as that is done, students should see the Audiology Externship Coordinator. Many sites are assigned over a year in advance, so it is imperative that this planning be done early and in collaboration with the Audiology Externship Coordinator.
Practicum Grades. Students should be aware that satisfactory clinical performance is a part of the department's expectation of them. Every graduate student who has completed SS70, or its equivalent, must enroll for clinical practicum in each semester. Only the Hearing Clinic Director can waive this requirement. To have the Department Program Director sign your application for the ASHA Certificate of Clinical Competence, you must complete clinical practicum without having obtained a grade lower than B- for clinical practicum in more than one semester. In addition, should you have one semester with a grade below B-, the practicum hours completed during that semester cannot be counted toward ASHA certification. Without the signature of the Department Program Director on your application, you will be unable to obtain state licensure, clinical certification, or board certification to practice as an audiologist. Finally, students who receive a practicum grade of B- in any clinical assignment will be placed on clinical probation with clinical privileges suspended at the Hearing Clinic Director's discretion (see page 8).

YEAR 1

EXAMINATIONS

The Year 1 examinations consist of an academic and a clinical exam. Together, these exams cover the coursework content and clinical skills from the first year in residence. All students must pass the Year 1 exams as a requirement to proceed into year 2 of the Au.D. program. All students must be enrolled in the program during the semester that the examinations are taken. Students on academic or clinical probation must receive authorization from the Au.D. Program Coordinator before taking these exams. Students who have had his/her clinical assignments reduced or eliminated in the first or second semester of the program will not be eligible to take the first year comprehensive exam (see pages 7 and 8).

Academic Exam

The academic component of the Year 1 examination requires students to provide written responses to a set of questions which require mastery of their year 1 coursework and integration of the content across the year 1 courses. The exam is designed to evaluate knowledge in the following areas: acoustics, psychoacoustics, anatomy and physiology, aural rehabilitation, hearing aids, and auditory assessment. The written exam is completed within the department.

Grading and Outcomes: Academic exam

The outcome of the academic comprehensive exam will be “Pass” (no deficiencies), “Low Pass” (some minor deficiencies) or a “Fail” (major deficiencies). Grades of “Pass” and “Low Pass” are acceptable. A grade of “Low Pass” on the academic comprehensive exam requires remediation of the material and a re-take of the exam with the expectation of earning a grade of "Pass"; students are not placed on academic probation for “Low Pass”. A grade of “Fail” on the academic comprehensive exam requires remediation of the material and a re-take of the exam with the expectation of earning a grade of "Pass". Students will automatically be placed on academic probation after receiving a “Fail” on the academic comprehensive exam. Students receiving a “Fail” on the exam re-take will be dismissed from the program.
Clinical Exam
The clinical portion of the Year 1 examination is a “Clinical Proficiency Exam.” The exam is designed to evaluate clinical proficiency of diagnostic evaluation and hearing aid fitting of adult patients. The exam will include a practical evaluation and an oral evaluation. The practical portion of the exam will include evaluation of the student performing actual test procedures. For the oral portion of the exam, the student will be presented cases and asked to discuss their approach to those cases, hypothetical results for various scenarios, and their interpretations for each scenario.

Grading and Outcomes: Clinical Exam
The outcome of each portion of the exam will be “Meets Expectations”—no deficiencies (Formally “Pass”), “Partially Meets Expectations”—some minor deficiencies (formally “Low Pass”), or a “Does Not Meet Expectations”—major deficiencies (formally “Fail”). Grades of “Meets Expectations” and “Partially Meets Expectations” are acceptable, but the latter grade must be accompanied by a listing of additional activities (reading, self-study, etc.) that must be completed to eliminate the deficiencies identified, a timeline for completion of those additional activities, and means of verification that the deficiencies have been eliminated.

Both portions of the exam may be administered with both clinical and academic faculty present and a confidential vote will follow each exam. The student must pass all aspects of this examination as a requirement for the Au.D. degree. Students who fail/do not pass two portions of the exam will receive a “Fail” for the exam and will be placed on academic probation. These students will be given the opportunity to re-take the exam by the end of Summer II with the expectation of earning a grade of "Pass". Failure of the exam a second time will result in immediate dismissal from the program. Students who fail part of the exams will be given written feedback on their unsatisfactory performance (i.e., which portions were unsatisfactory), and are guaranteed an interview with the evaluator(s).

YEAR 2

The Year 2 examination assesses clinical problem-solving skills in the areas of diagnostic and rehabilitative audiology. All students must pass the Year 2 exams as a requirement for the Au.D. program. Failure of any portion of the exam will result in a remediation plan that is established by the clinical and academic faculty. The remediation plan must be completed by the end of Summer II of the second year in the Au.D. program and prior to beginning the full-time externship. A student who fails to satisfactorily complete the remediation plan before the end of Summer II may be required to postpone the start date of the full-time externship until the student has the appropriate competencies. Note that the remediation plan may require a re-examination to establish competence in the appropriate areas. All students must be enrolled in the program during the semester that the student takes the examination. Students on academic or clinical probation must receive authorization from the AuD Program Coordinator before taking these exams.
CERTIFICATION and LICENSURE

ASHA Certification. Another area of consideration for Au.D. students is clinical certification. If you wish to work as a professional in the field of audiology, you will find it advantageous to obtain and hold the Certificate of Clinical Competence in Audiology (CCC-A) from the American Speech-Language-Hearing Association (ASHA). State licensure is required in all states to practice audiology. (As stated before, if you work in the schools, you will also need to obtain special certification for that setting.) The ASHA requirements for the CCC-A have been duplicated in Appendix I for the student’s convenience. Any student who completes the Au.D. program successfully in the Department of Speech, Language and Hearing Sciences at IU is eligible to apply for ASHA certification (CCC-A).

OTHER IMPORTANT INFORMATION

Immunization for Hepatitis-B

The clinical training programs of the Department observe universal precautions as well as preventive public health measures. A part of these procedures requires that each student in Audiology be immunized against Hepatitis-B. This immunization consists of a series of three inoculations which will begin in the Fall semester and continue for six months from the date of first injection. The injections can be obtained at the Indiana University Student Health Center Immunization Clinic at a nominal cost for the series. The injections may be paid for at the time you receive them, or they may be added to your Bursar’s bill; in either case, they may be reimbursable from your health insurance policy. **NO STUDENT WILL BE ASSIGNED TO AN EXTERNSHIP PLACEMENT UNTIL PROOF OF THE COMPLETED INOCULATION SERIES IS DOCUMENTED WITH THE HEARING CLINIC DIRECTOR.** Other insurance and medical concerns will be discussed with you prior to your externship placement.

Dispute resolution

There are always cases of disagreement between individuals, but if a dispute arises between a faculty member and student, the student may feel uncertain about how to resolve the problem without prejudice. The following policies have been adopted to give students a forum within which issues can be aired and, hopefully, resolved satisfactorily:

- The best hope is that the disagreement can be resolved by a discussion between the two parties. Students should first attempt to resolve the dispute with the party involved.

- If the dispute cannot be resolved between the principal parties for any reason, the student should bring the complaint to the Department Chairperson. The Chairperson will establish a group, including the complainant, to discuss the issue and reach a resolution.
- If the Department Chairperson is unable to resolve the dispute, options remain available to the student. The student is directed to the University’s Code of Student Rights, Responsibilities, and Conduct for additional information.

**Assistance for Academic, Clinical or Personal Difficulties**

Students should feel free to meet with the Au.D. Program Coordinator if they are having academic and/or personal difficulties. Students who are having problems related to minority issues should feel free to meet with Dr. Raquel Anderson and/or the Au.D. Program Coordinator. Finally, students who are having problems related to clinical assignments should feel free to meet with the Hearing Clinic Director.
Calendar
In general, the clinic begins operation during the first week of classes each academic term (Fall, Spring and both summer sessions). Students are required to be available by 8:00 a.m. of the first day of classes to receive their clinical assignments and/or to attend clinical supervisory meetings.

Disabled Student Services
If you are interested in receiving information or assistance regarding support services and/or accommodations for a disability, please contact Indiana University Disability Services by phone at (812) 855-7578, by e-mail at mjacques@indiana.edu, or on the web @ http://www2.dsa.indiana.edu/dss/. It is the student’s responsibility to contact Disability Services for assistance and to do so at the earliest opportunity.

Further Information
For further information regarding graduate studies at Indiana University, students are encouraged to consult the Graduate Bulletin which is available as a hard copy. An electronic version is available here: https://graduate.indiana.edu/academics-research/bulletin.html
S515 Topical Seminar in Speech Pathology and Audiology (1-6 cr.) Topics of current interest: literature of fundamental behavior related to speech and hearing.

S515 Reading Research in Audiology (2 cr.) Research methods and critical reading and evaluation of primary audiological literature.

S516 Intro to Audiological Testing (3 cr.) Rationale and basic procedures in the evaluation of hearing loss. Laboratory exercises.

S518 Auditory Disorders (3 cr.) Study of auditory pathology and the associated audiological test findings. Focus placed on etiology and the auditory and non-auditory manifestations of the disorder.

S519 Physiological Assessment of the Ear (3 cr) Examination of the theory and practice of clinical assessment of middle ear function. Course will include standard measures of middle ear function, multi-frequency tympanometry, and power reflectance. This course also considers our current understanding of the origin of otoacoustic emissions and their clinical application.

S570 Practicum in Audiology (1-3 cr. - Maximum 4 cr. toward degree) P: Consent of instructor. Supervised clinical work in diagnostic and rehabilitative clinical audiology.

S571 Auditory Anatomy and Physiology (3 cr.) Structure and function of the normal and impaired auditory system.

S572 Clinical Electrophysiology (2 cr.) P: S474, S475, S571. Focuses on current applications of electrophysiologic testing, including auditory evoked potentials, and otoacoustic emissions. Will address role of each of these test procedures in diagnostic audiologic test battery.

S573 Laboratory in Amplification (1 cr.) Laboratory exercises in hearing aid selection, fitting and evaluation, earmold acoustics, hearing aid construction, and electroacoustic evaluation of instruments. To be taken concurrently with S576 instruments.

S574 The Central Auditory Nervous System (3 cr.) Course takes a combined seminar and grand rounds approach to examining an array of topics and matters germane to clinical audiology and the audiologic scope of practice. Attention will be given to theory, administration, and application of various clinical tests and measures used in assessment and treatment of children and adults. Emphasis will also be placed on reading and assimilating the recent literature relevant to such matters.

S576 Amplification for the Hearing Impaired (3 cr.) P: Consent of instructor. Types and components of electroacoustic hearing aids, earmold acoustics, and the procedures for selection and evaluation of hearing aids.

S577 Industrial Audiology (2 cr.) P: Consent of instructor. The role of audiology emphasizing identification audiometry, damage-risk criteria, measurement and control of noise, conservation procedures, and medico-legal problems.
S578 Audiological Instrumentation & Calibration (3 cr.) Fundamentals of acoustics and acoustical measurements including waveform measurements, spectral analysis and noise analysis. Calibration techniques and standards for clinical audiology are also reviewed.

S579 Children with Hearing Loss (3 cr.) P: Consent of instructor. Embryologic and physiologic development of the human auditory system, basic genetics, causes of hearing loss (both genetic and non-genetic), physiological and behavioral assessments of auditory function commonly used with infants and children are discussed, along with assessment procedures related to auditory processing and vestibular function. Educational audiology and case management of children with hearing loss also are covered.

S580 Critical Thinking About Research in Communication Disorders (3 cr.) This course will provide students with the tools and skills to think critically, solve problems, and make ethical and responsible decisions about clinical assessment and treatment. Emphasis will be placed on the role of research in evidence-based practice and the interpretation of scientific literature.

S671 Auditory Evoked Potentials (2 cr.) This course considers the theory and application of Auditory Evoked Potentials, emphasizing Electrocochleography and Brainstem Evoked Response Audiometry.

S674 Advanced Seminar in Audiology (1-3 cr.) P: Consent of instructor. Various topics in clinical or experimental audiology. Content varies each semester.

S675 Assessment of Middle Ear Function (2 cr) Examination of the theory and practice of clinical assessment of middle ear function. Course will include standard measures of middle ear function, multi-frequency tympanometry, and power reflectance.

S676 Advanced Seminar in Amplification (3 cr.) This seminar presents advanced material on conventional amplification, assistive listening devices, and classroom amplification systems. Students will develop models for selection, fitting, evaluation, and management of devices for patients with hearing loss. This includes integrating research content into clinical activities leading to appropriate, defendable rationales for a comprehensive hearing aid program.

S677 Implantable Auditory Prostheses (3 cr.) Implant design and signal processing, biophysics and physiology related to cochlear prostheses, electrophysiological measures, pediatric and adult candidacy requirements and procedures, programming devices, outcomes in children and adults, and current issues in implantable auditory prostheses.

S678 Introduction to Psychoacoustics (3 cr.) Perception of sound including masking, pitch, loudness, and other auditory phenomena.

S679 Otoacoustic Emissions (2 cr.) Otoacoustic emissions provide a noninvasive measure of cochlear mechanical function. This course considers our current understanding of the origin of otoacoustic emissions and their clinical application.
S680 Independent Study (1-6)

S771 Diagnostics and Pathologies (3 cr.) This course will take a combined seminar and grand rounds (i.e., case study) approach to examining an array of topics and matters germane to diagnostic audiology and auditory disorders within the scope of practice of clinical audiology. Attention will be given to theory, administration, and application of various clinical tests and measures used in assessment and treatment of children and adults. Test battery approaches, clinical protocols, clinical decision-making and referral, and outcome measures will be covered within the context of particular topics. Emphasis will be placed on reading and assimilating the recent literature relevant to these matters.

S772 Amplification and Rehabilitation (3 cr.) This course will take a combined seminar and grand rounds (i.e., case study) approach to examining an array of topics within the scope of practice of clinical audiology, with particular emphasis on matters germane to amplification and rehabilitation. Attention will be given to theory, administration, and application of various clinical tests and measures used for both assessment and treatment. Hearing aid features and technologies, fitting and follow-up counseling, rehabilitative training, and outcome measures will be discussed. Emphasis will be placed on reading and assimilating the recent literature relevant to these matters.

S773 Pediatrics and Special Populations (3 cr.) This course will take a combined seminar and grand rounds (i.e., case study) approach to examining an array of topics within the scope of practice of clinical audiology, with particular emphasis on matters germane to pediatrics and special test populations. Amplification, business issues, and ethical considerations may also be discussed. Attention will be given to theory, administration, and application of various clinical tests and measures used for both assessment and treatment. Emphasis will be placed on reading and assimilating the recent literature relevant to these matters.

S774 Recent Advances in Audiology (3 cr.) This course will take a combined seminar and grand rounds (i.e., case study) approach to examining an array of topics within the scope of practice of clinical audiology, with particular emphasis on examining the most recent literature from refereed journals. Attention will be given to theory, administration, and application of various clinical tests and measures used for both assessment and treatment.

S775 Vestibular Diagnosis & Rehabilitation (3 cr.) Vestibular system anatomy and physiology are examined. Several clinical tests and measures used to assess balance function are covered, including electronystagmography (ENG), videonystagmography (VNG), rotational chair, and dynamic posturography. Emphasis is on clinical assessment, yet treatment and rehabilitation are also considered.
S776 Advanced Topics in Rehabilitative Audiology (3 cr.) Advanced orientation to audiologic rehabilitation for children and adults. Topics may include speech acoustics, audio-visual speech perception, hearing aids, assistive listening devices, implantable auditory prostheses, cultural issues, and assessment and treatment options for children and adults with hearing loss.

S777 Applied Topics in Audiology (3 cr.) P: Consent of instructor.

S778 Educational Audiology (2 cr.) This course will combine lecture, classroom discussion, literature reviews, and case studies to examine an array of topics within the scope of Educational Audiology. Particular emphasis will be on early intervention, educational law, and auditory access to language for cognitive development.

S779 Business Practices (2 cr.) This course is designed to introduce business and professional concepts to audiology students that can be integrated into future work environments. Topics to include: third party reimbursement, state and federal regulations, interprofessional relationships and responsibilities, cost and fee analysis, marketing and business and professional ethics.
The Council on Professional Standards in Speech-Language Pathology and Audiology (Standards Council) of the American Speech-Language-Hearing Association (ASHA), which was sunset in December 2000, was responsible for developing standards for clinical certification and for monitoring those standards. That is, the Standards Council developed new standards in response to changes in the scope of practice, to protect consumers, and to promote quality services. In January 2001 the Council For Clinical Certification (CFCC) was established and assumed both the standard-setting and implementation functions. After finalization of the standards, the CFCC began the development of the implementation language, which clarifies or interprets the standards.

The Standards Council developed an action plan to identify the "...academic, clinical practicum and other requirements for the acquisition of critical knowledge and skills necessary for entry-level, independent practice of audiology." As a part of that plan, ASHA commissioned the Educational Testing Service to conduct a skills validation study for the profession of audiology.

Following a review of the data provided by the skills validation study, practice-specific literature, feasibility studies and other pertinent information, the Standards Council published proposed standards for widespread peer review in October 1996.

Standards Council considered all comments submitted in response to the call. The Council proposed significant changes and distributed a revised document for widespread peer review in July 1997. The standards were modified on the basis of the second round of peer review and were adopted by the Standards Council in September 1997, to be implemented in 2007.

The 2007 Standards for the Certificate of Clinical Competence in Audiology are intended to make the scope and level of professional education in audiology consistent with the scope of practice of the profession. The standards address the significant discrepancies between the level of preparation and requirements for practice that were identified in the skills validation study.

Effective January 1, 2020, the Council for Clinical Certification in Audiology and Speech-Language Pathology of the American-Speech-Language-Hearing Association has revised the standards for the Certificate of Clinical Competence in Audiology as follows:

- Applicants will have to have or show equivalency to an AuD degree earned from a CAA-accredited program.
- Clinical supervisors will have to have a minimum of
  - Nine months practice experience post-certification before serving as a supervisor.
  - Two hours of professional development in the area of supervision post-certification.
The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) will no longer prescribe a specific number of hours of supervised clinical practicum. Applicants and their programs will have to ensure that their experience meets CAA standards for duration, and for depth and breadth of knowledge.

Applicants are encouraged to include interprofessional education and interprofessional practice into their clinical supervised experience.

Applicants who did not complete their entire supervised clinical experience under an ASHA-certified supervisor can make up the remainder of their experience post-graduation to meet ASHA certification standards.

The knowledge and skills for certification have been updated and reordered in accordance with the practice analysis study results.

Beginning with the 2020–2022 certification maintenance interval, certificate holders will have to earn one of their 30 required certification maintenance hours (CMHs) in Ethics.

Read the 2020 Audiology Certification Standards and view the Audiology Standards Crosswalk [PDF] for more information.
Standard I: Degree
Applicants for certification must have a doctoral degree. The course of study must address the knowledge and skills necessary to independently practice in the profession of audiology.
Implementation:
Verification of the graduate degree is required of the applicant before the certificate is awarded. Degree verification is accomplished by submitting (a) an application signed by the director of the graduate program, indicating the degree date, and (b) an official transcript showing that the degree has been awarded, or a letter from the university registrar verifying completion of requirements for the degree.
Individuals educated outside the United States or its territories must submit official transcripts and evaluations of their degrees and courses to verify equivalency. These evaluations are typically conducted by credential evaluation services agencies recognized by the National Association of Credential Evaluation Services (NACES). Information that must be provided is (a) confirmation that the degree earned is equivalent to a U.S. doctoral degree, (b) translation of academic coursework into the American semester hour system, and (c) indication as to which courses were completed at the graduate level.
The CFCC has the authority to determine eligibility of all applicants for certification.

Standard II: Education Program
The graduate degree must be granted by a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).
Implementation:
Applicants whose graduate degree was awarded by a U.S. institution of higher education must have graduated from a program holding CAA accreditation in audiology.
Satisfactory completion of academic course work, clinical practicum, and knowledge and skills requirements must be verified by the signature of the program director or official designee of a CAA-accredited program or a program admitted to CAA candidacy.

Standard III: Program of Study
Applicants for certification must complete a program of study that includes academic course work and a minimum of 1820 hours of supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes stipulated in Standard IV. The supervision must be provided by individuals who hold the ASHA Certificate of Clinical Competence (CCC) in Audiology.
Implementation:
The program of study must address the knowledge and skills pertinent to the field of audiology. Clinical practicum must be approved by the academic program from which the student intends to
graduate. The student must maintain documentation of time spent in supervised practicum, verified by the academic program in accordance with Standard IV. Students shall participate in practicum only after they have had sufficient preparation to qualify for such experience. Students must obtain a variety of clinical practicum experiences in different work settings and with different populations so that they can demonstrate skills across the scope of practice in audiology. Acceptable clinical practicum experience includes clinical and administrative activities directly related to patient care. Clinical practicum is defined as direct patient/client contact, consultation, record keeping, and administrative duties relevant to audiology service delivery. Time spent in clinical practicum experiences should occur throughout the graduate program. Supervision 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 ASHA CCC in the appropriate area of practice. The supervised activities must be within the scope of practice of audiology to count toward certification.

Standard IV: Knowledge and Skills Outcomes

Applicants for certification must have acquired knowledge and developed skills in six areas: foundations of practice, prevention/identification, assessment, (re)habilitation, advocacy/consultation, and education/research/administration.

Implementation:
This standard distinguishes between acquisition of knowledge for Standards IV-A.1–21 and IV-C.1, and the acquisition of knowledge and skills for Standards IV-A.22–29, IV-B, IV-C.2–11, IV-D, IV-E, and IV-F. The applicant must submit a completed application for certification signed by the academic program director verifying successful completion of all knowledge and skills in all six areas of Standard IV. The applicant must maintain copies of transcripts, and documentation of academic course work and clinical practicum.

Standard IV-A: Foundations of Practice

The applicant must have knowledge of:
A1. Embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology
A2. Genetics and associated syndromes related to hearing and balance
A3. Normal aspects of auditory physiology and behavior over the life span
A4. Normal development of speech and language
A5. Language and speech characteristics and their development across the life span
A6. Phonologic, morphologic, syntactic, and pragmatic aspects of human communication associated with hearing impairment
A7. Effects of hearing loss on communication and educational, vocational, social, and psychological functioning
A8. Effects of pharmacologic and teratogenic agents on the auditory and vestibular systems
A9. Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services
A10. Pathologies related to hearing and balance and their medical diagnosis and treatment
A11. Principles, methods, and applications of psychometrics
A12. Principles, methods, and applications of psychoacoustics
A13. Instrumentation and bioelectrical hazards
A14. Physical characteristics and measurement of electric and other nonacoustic stimuli
A15. Assistive technology
A16. Effects of cultural diversity and family systems on professional practice
A17. American Sign Language and other visual communication systems
A18. Principles and practices of research, including experimental design, statistical methods, and application to clinical populations
A19. Legal and ethical practices (e.g., standards for professional conduct, patient rights, credentialing, and legislative and regulatory mandates)
A20. Health care and educational delivery systems
A21. Universal precautions and infectious/contagious diseases
The applicant must have knowledge and skills in:
A22. Oral and written forms of communication
A23. Principles, methods, and applications of acoustics (e.g., basic parameters of sound, principles of acoustics as related to speech sounds, sound/noise measurement and analysis, and calibration of audiometric equipment), as applicable to:
a. occupational and industrial environments
b. community noise
c. classroom and other educational environments
d. workplace environments
A24. The use of instrumentation according to manufacturer’s specifications and recommendations
A25. Determining whether instrumentation is in calibration according to accepted standards
A26. Principles and applications of counseling
A27. Use of interpreters and translators for both spoken and visual communication
A28. Management and business practices, including but not limited to cost analysis, budgeting, coding and reimbursement, and patient management
A29. Consultation with professionals in related and/or allied service areas

Standard IV-B: Prevention and Identification
The applicant must have the knowledge and skills necessary to:
B1. Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems
B2. Promote hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating universal newborn hearing screening, school screening, community hearing, and occupational conservation and identification programs
B3. Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive, and age- and site-specific screening measures
B4. Screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate, culturally sensitive, and age- and site-specific screening measures
B5. Educate individuals on potential causes and effects of vestibular loss
B6. Identify individuals at risk for balance problems and falls who require further vestibular assessment and/or treatment or referral for other professional services

Standard IV-C: Assessment
The applicant must have knowledge of:
C1. Measuring and interpreting sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment

The applicant must have knowledge and skills in:
C2. Assessing individuals with suspected disorders of hearing, communication, balance, and related systems
C3. Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning
C4. Performing otoscopy for appropriate audiological assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral
C5. Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function
C6. Conducting and interpreting behavioral and/or electrophysiologic methods to assess balance and related systems
C7. Conducting and interpreting otoacoustic emissions and acoustic impedance (reflexes)
C8. Evaluating auditory-related processing disorders
C9. Evaluating functional use of hearing
C10. Preparing a report, including interpreting data, summarizing findings, generating recommendations, and developing an audiologic treatment/management plan
C11. Referring to other professions, agencies, and/or consumer organizations

Standard IV-D: Intervention (Treatment)
The applicant must have knowledge and skills in:
D1. The provision of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication
D2. Development of a culturally appropriate, audiologic rehabilitative management plan that includes, when appropriate, the following:
a. Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning devices, and educating the consumer and family/caregivers in the use of and adjustment to such technology
b. Determination of candidacy of persons with hearing loss for cochlear implants and other implantable sensory devices and provision of fitting, mapping, and audiologic rehabilitation to optimize device use

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

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

D3. Determination of candidacy for vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments

D4. Treatment and audiologic management of tinnitus

D5. Provision of treatment services for infants and children with hearing loss; collaboration/consultation with early interventionists, school based professionals, and other service providers regarding development of intervention plans (i.e., individualized education programs and/or individualized family service plans)

D6. Management of the selection, purchase, installation, and evaluation of large-area amplification systems

D7. Evaluation of the efficacy of intervention (treatment) services

Standard IV-E: Advocacy/Consultation

The applicant must have knowledge and skills in:

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

E2. Consulting about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services

E3. Identifying underserved populations and promoting access to care

Standard IV-F: Education/Research/Administration

The applicant must have knowledge and skills in:

F1. Measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services

F2. Applying research findings in the provision of patient care (evidence-based practice)

F3. Critically evaluating and appropriately implementing new techniques and technologies supported by research-based evidence

F4. Administering clinical programs and providing supervision of professionals as well as support personnel

F5. Identifying internal programmatic needs and developing new programs

F6. Maintaining or establishing links with external programs, including but not limited to education programs, government programs, and philanthropic agencies
Standard V: Assessment
Applicants for certification must demonstrate successful achievement of the knowledge and skills delineated in Standard IV by means of both formative and summative assessments.

Standard V-A: Formative Assessment
The applicant must meet the education program’s requirements for demonstrating satisfactory performance through ongoing formative assessment of knowledge and skills.
Implementation:
Applicants and program faculties should use the ongoing assessment to help the applicant achieve requisite knowledge and skills. Thus, assessments should be followed by implementation strategies for acquisition of knowledge and skills.

Standard V-B: Summative Assessment
The applicant must pass the national examination adopted by ASHA for purposes of certification in audiology.
Implementation:
Evidence of a passing score on the ASHA-approved national examination in audiology must be submitted to the ASHA National Office by the testing agency administering the examination. Acceptable exam results are those submitted for initial certification in audiology that have been obtained no more than 5 years prior to the submission of the certification application, and no more than 2 years after the application for certification is received by the Certification Unit of the ASHA National Office.

Standard VI: Maintenance of Certification
Demonstration of continued professional development is mandated for maintenance of the Certificate of Clinical Competence (CCC) in Audiology. The renewal period will be three (3) years. This standard will apply to all certificate holders, regardless of the date of initial certification.
Implementation:
Once certification is awarded, maintenance of that certification is dependent upon accumulation of the requisite professional development hours every three years. Payment of annual dues and/or certification fees is also a requirement of certification maintenance. A certificate holder whose dues and/or fees are in arrears on August 31, will have allowed their certification to expire on that date. Individuals who hold the CCC in Audiology must accumulate 30 contact hours of professional development over the 3-year period and must submit a compliance form in order to meet this standard. Individuals will be subject to random review of their professional development activities. If certification maintenance requirements are not met, certification will lapse. Reinstatement of certification will be required, and certification reinstatement standards in effect at the time of submission of the reinstatement application must be met.
PREAMBLE

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

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

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

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

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

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

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


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

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

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

**diminished decision-making ability** – Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

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

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

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

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

**jurisdiction** – The “personal jurisdiction” and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual’s geographic location.

**know, known, or knowingly** – Having or reflecting knowledge.

**may vs. shall** – May denotes an allowance for discretion; shall denotes no discretion.

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

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

**nolo contendere** – No contest.

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

**publicly sanctioned** – A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.
reasonable or reasonably – Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

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

shall vs. may – Shall denotes no discretion; may denotes an allowance for discretion.

support personnel – Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders).

telepractice, teletherapy – Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service.

written – Encompasses both electronic and hard-copy writings or communications.

PRINCIPLE OF ETHICS I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

RULES OF ETHICS

A. Individuals shall provide all clinical services and scientific activities competently.

B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.

I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.

J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.

K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.

M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.

O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

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P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

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

RULES OF ETHICS

A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.

D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member’s certification status, competence, education, training, and experience.

F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member’s independent and objective professional judgment.

G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.

H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

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

### RULES OF ETHICS

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.

B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.

C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.

D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.

E. Individuals’ statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

F. Individuals’ statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.

G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

### PRINCIPLE OF ETHICS IV

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

### RULES OF ETHICS

A. Individuals shall work collaboratively, when appropriate, with members of one’s own profession and/or members of other professions to deliver the highest quality of care.

B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

C. Individuals’ statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual’s fitness to serve persons professionally.

E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.

G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.

H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.

I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

K. Individuals shall reference the source when using others’ ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.

L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.

N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.

Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.

S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and
T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.
Indiana University has policies, detailed in the Academic Handbook and the Code of Student Rights, Responsibilities, and Conduct, that describe what constitutes plagiarism and the penalties associated with this offense. We are confident that our students are interested in maintaining ethical conduct. To aid you in that endeavor, we are outlining some of the statements from the Academic Handbook that pertain to plagiarism.

A university is devoted to the discovery and communication of knowledge. In this endeavor, intellectual integrity is of the utmost importance, and correspondingly, its absence is taken very seriously. By enrolling at Indiana University, students commit themselves to its ideals and must expect to find these ideals actively fostered and defended (p. 72).

**Plagiarism**

Honesty requires that any ideas or materials taken from another source for either written or oral use must be fully acknowledged. Offering the work of someone else as one’s own is plagiarism. The language or ideas thus taken from another may range from isolated formulas, sentences, or paragraphs to entire articles copied from books, periodicals, speeches, or the writings of other students. The offering of materials assembled or collected by others in the form of projects or collections without acknowledgment also is considered plagiarism. Any student who fails to give credit for ideas or materials taken from another source is guilty of plagiarism. (Source: Faculty Council, May 2, 1961; University Faculty Council, March 11, 1975; Board of Trustees, July 11, 1975)

Due process shall be followed. However,

If the faculty member finds the student guilty, he/she will assess a penalty within the class and shall promptly report the case in writing to the department chairperson and the academic head of his/her school or division. The penalty shall be in accordance with the Actions section of Academic Due Process. (Source: University Faculty Council, March 11, 1975; Board of Trustees, July 11, 1975)

**Actions for academic due process** (summary from academic handbook)

1. A student’s grade in the course will be lowered.

2. An incomplete may be given until the case is resolved.

3. By a two-thirds vote, the All-Campus Review Board may recommend to the chief administrative officer of a campus that the student be disenrolled from the academic or professional school in which the student is enrolled. (Source: University Faculty Council, March 11, 1975; Board of Trustees, July 11, 1975).
APPENDIX IV
Expected Language Proficiency

International applicants wishing to complete an AuD at Indiana University must have a TOEFL score that meets or exceeds the following:

Internet-based: 100
Computer-based: 250
Paper-based: 600

In addition to the achieving the above minimum TOEFL score, international students pursuing the clinical degree must have sufficient spoken language skills to work with clients in the clinic. The Department requires that international students first be admitted into a non-clinical MA until they have received satisfactory scores on the following two tests, which can be completed upon arrival to Indiana University:

1. Indiana English Proficiency Examination (pass/fail scoring)

In addition, International students who have completed an undergraduate degree at a university in the U.S. are still required to take the TOEFL if their native language is not English.

APPENDIX V
Non-discrimination policy

The Department of Speech, Language and Hearing Sciences does not discriminate in the delivery of services for any reason including race, color, ethnicity, sex, age, gender identity/gender expression, religion, creed, national origin, sexual orientation, veteran status, disability, culture, language or dialect.

APPENDIX VI
Mission Statement for the Department of Speech, Language and Hearing Sciences

The mission of the Indiana University Department of Speech, Language and Hearing Sciences is to serve the community by advancing innovative basic and applied research in communication sciences and disorders for the purpose of knowledge acquisition, student education, professional training and clinical practice. We strive for excellence in interdisciplinary research and teaching through our collaborations with Cognitive Sciences, Psychological and Brain Sciences, Neuroscience, Linguistics, Latino Studies, and Kinesiology.

Our faculty members foster student education by offering opportunities to participate in research, undertake diverse course-offerings, and deliver clinical services in speech-language and hearing. The department is committed to increasing the diversity of our field through our summer research internship (TRACCS) and bilingual speech-language training grant (STEPS).

Our clinics offer state-of-the-art diagnostic and treatment facilities for people with communication disorders and serve as a referral source for many health-providers. The IU Department of Speech, Language and Hearing Sciences is proud to serve the educational and clinical needs of Indiana and beyond. For more information about the department and its plans for the future, please contact the department chairperson, Dr. Jennifer Lentz.
APPENDIX VII
Departmental Strategic Plan

Vision
The full Speech, Language and Hearing Sciences (SLHS) vision statement is included in the document SLHS_vision.docx. SLHS at Indiana University is a multi-faceted program with focus on research, clinical and undergraduate education, and service to the professional community. We conduct research in the areas of basic and applied science, while training students in both the liberal arts and the clinical professions. In summary, the

1. Enhance research;
2. Provide a diverse educational view to our students;
3. Collaborate within the department
4. Increase departmental diversity

Mission
The mission of SLHS is to serve the community by advancing innovative basic and applied research in communication sciences and disorders for the purpose of knowledge acquisition, student education, professional training and clinical practice.

Envisioned Future
In 2027, we envision that SLHS will be a leader in basic and applied research in the auditory, speech, and language sciences. The MA in SLP and the AuD programs will provide more diverse training to students, including diversity in both clinical disorders and in the populations served by our clinic. Collaborations at the new Bloomington hospital will occur between the scientists, clinicians, and professional educators in other programs such as nursing, social work, and the education.

Goals
The goals of our programs are multi-fold:

To advance basic, clinical, and translational research
To educate students about the speech, language, and auditory systems, the disorders associated with these systems, and the clinical tools used to treat these disorders.
To educate students to apply critical thinking, evidence-based practice, and foundational knowledge in their clinical or scientific practice.
To serve the community through the provision of clinical services, expertise, and outreach.

Focus Area
SLHS is under a number of threats that affect the research and educational missions of the department. SLHS will address the threats to research productivity and the educational focus of the department. Each of these focus areas relate directly to specific areas of the departmental mission including research, clinical training, and service to the community.

Focus area: Research.
Focus area: Education
Focus area: Collaboration
Department of Speech, Language and Hearing Sciences Au.D. Student Handbook 2022-2023

Issues

Focus area 1: Research

Issue: Enhancing the culture for securing and applying for research grant funding is necessary to maintain the high-quality research for which SLHS at Indiana university is known.

Baseline Data: Research productivity for our department is good, but there is considerable room for improvement. In 2016, 3 faculty had active federal research grants, while 11 of 12 faculty published or submitted at least one article in a peer-reviewed journal. The median number of articles published by faculty was two, but three faculty submitted or published eight or more.

Outcome: Increased number of publications, and increase publications in high-impact, non-trade journals.

Increased number of faculty holding federal research grants .

Indicators of success: 1) greater number of publications. 2) more citations per publication. 3) more publications in high profile journals. 4) higher numbers of faculty who submit grants. 5) higher number of faculty who hold grants.

Strategy: By the end of academic year 2018, academic faculty will meet as a group to discuss barriers to publication. A plan will be developed to enhance the research productivity of those professors who publish less than two articles per year. This plan will include strategies to facilitate greater number of impactful publications, which will lead to better positioning of faculty to apply for funding. Strategies will include departmental initiative as well as individual level. Over the next year, all faculty will develop an individual plan with a mentor of their choosing. In this plan, they will formalize a strategy to increase their own research productivity. A report of the plan will be given to the chair and will be evaluated by faculty mentors during the faculty member’s review, typically at least once four years.

Focus area 2: Education

Issue: Providing ample coverage of courses across all SLHS programs is needed in order to give students in undergraduate and graduate programs access to different perspectives, evidence-based practice, and a broad and diverse educational experience.

Baseline data: SLHS has lost 4 academic faculty lines since 2012, with this year being the first that we have been approved for an academic faculty hire since that time. Loss of faculty has led to three undergraduate courses now being taught by PhD students. Further, a limited number of academic faculty teaching the required courses within the MA-SLP program and few MA and UG electives and PhD courses can be offered.

Outcome: Increase the total number of academic faculty. Increase the number of academic faculty teaching in the MA and PhD programs.

Indicators of success: 1) More SLHS academic faculty. 2) More academic faculty teaching in the clinical MA program. 3) More academic faculty teaching in the undergraduate and PhD programs. 3) More electives offered each year.

Strategy: During 2018 academic year, faculty will discuss mechanisms to incorporate all academic faculty into clinical teaching programs and how the MA curriculum might be modified to increasing the number of electives. The strategy will be formalized in writing and given to the chair for implementation during course assignments. Evaluation of class sizes and number of courses offered will be conducted by the chair during annual budgeting periods and an evaluation report will be shared with the faculty. Faculty teaching allocations will also be assessed, and faculty who do not teach in individual programs will be expected to develop a plan, in conjunction with the chair, about how they can contribute to the teaching mission of those programs.

Until we are approved for at least one additional faculty hire, annual meetings with the Dean will stress the need for more academic faculty hires.
Focus area 3: Collaboration within SLHS

Issue: Teaching collaborations within SLHS between academic faculty in the clinical programs provides multiple perspectives to students and facilitates teaching of evidence-based practice in both clinical and classroom environments.

Baseline data: Few courses are co-taught by clinical faculty, who provide clinical supervision and training to students, and academic faculty who conduct research on specific clinical populations and disorders. Exit surveys from some students mention a disconnect between some classes and clinical practice.

Outcome: Increase the number of courses that involve clinical and academic faculty interactions and implement regular meetings between academic and clinical faculty to discuss best clinical practices.

Indicators of success: 1) More courses with two instructors of record. 2) Examples of collaborative efforts presented in faculty meetings. 3) Documentation of faculty meetings in which collaborative initiatives are discussed, developed, and implemented.

Strategy: A team of faculty was formed in Sept. of 2017 tasked with the goal of improving collaboration in teaching within SLHS. In the spring of 2018, this team will meet with the chair of the department and the program director to formalize a plan to implement these collaborations. The approach will be discussed with the faculty with the intention of piloting some of the ideas in the fall 2018 semester. Once the pilot program is completed, an evaluation process will occur to determine the most effective strategies and discussed with the faculty.

Focus area 4: Diversity

Issue: A diverse student body better prepares students to serve the community through clinical practice.

Baseline data: in 2016, 7 students in the MA program were from under-represented groups within the discipline, and all of these students were participants in the bilingual training program. No students in the AuD program were from under-represented groups.

Outcome: A greater number of students from under-represented populations attending our clinical programs. A greater number of men attending our programs.

Indicators of success: Within the MA program, a larger representation of under-represented groups in the clinical program who are not in the bilingual training program. Within the AuD program, more students from under-represented backgrounds in attendance.

Strategy: Over the next two years, SLHS will develop a strategy for recruiting students from under-represented backgrounds to the field and to the department. This strategy will also include attempting to hire faculty with diverse backgrounds, who can serve as role models for our students.
APPENDIX VIII

Changes Coming to the Audiology Certification Standards

Applicants of the CCC-A will be able to apply under the 2012 audiology standards until December 31, 2019. However, beginning January 1, 2020, applicants for the CCC-A will only be able to apply under the 2020 standards.

### Key Differences Between 2012 and 2020

<table>
<thead>
<tr>
<th>2012 Standards</th>
<th>2020 Standards</th>
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<tbody>
<tr>
<td>Applicants must have a doctoral degree in which the course of study addresses the knowledge and skills necessary to independently practice in the profession of audiology. The degree must have been earned at a CAA-accredited program.</td>
<td>Applicants must have or show equivalency to an Au.D. degree earned at a CAA-accredited program.</td>
</tr>
<tr>
<td>Applicants must have a doctoral degree in which the course of study addresses the knowledge and skills necessary to independently practice in the profession of audiology. The degree must have been earned at a CAA-accredited program.</td>
<td>Applicants must have or show equivalency to an Au.D. degree earned at a CAA-accredited program.</td>
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<tr>
<td>Applicants must complete a program of study that includes academic coursework and a minimum of 1,820 hours of supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes stipulated in Standard IV.</td>
<td>The CFCC will no longer prescribe a specific number of hours of supervised clinical practicum. Applicants and their programs must ensure that their experience meets CAA standards for duration, depth, and breadth of knowledge.</td>
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<td>There was no statement regarding the use of IPP/IPE.</td>
<td>Applicants are encouraged to include IPP/IPE into their supervised clinical experience.</td>
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<td>There was no requirement apart from a requirement that all supervisors hold a current CCC-A.</td>
<td>Clinical supervisors must have nine months of experience post-certification and two hours of professional development in the area of supervision before serving as a clinical supervisor.</td>
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<tr>
<td>To be eligible for certification, all 1,820 hours must have been completed under the supervision of a CCC-A prior to earning the doctoral degree.</td>
<td>Applicants who did not complete their entire supervised clinical experience under a CCC-A prior to graduation can complete the remaining hours post-graduation to meet ASHA certification standards.</td>
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<tr>
<td>All certified members must complete 30 certification maintenance hours (CMHs) within their 3 year intervals.</td>
<td>Beginning with the 2020-2022 certification maintenance interval, all certificate holders will have to earn one of their 30 required certification maintenance hours (CHMs) in Ethics.</td>
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