



COLLEGE OF ARTS AND  
SCIENCES

**DEPARTMENT OF SPEECH,  
LANGUAGE AND HEARING SCIENCES**

Indiana University Bloomington

**Au.D. Student Handbook  
2023-2024**

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 Director if you have any questions.

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## INTRODUCTION

This handbook describes the administrative policies that apply to the Au.D. 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 many 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 21<sup>st</sup> 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. In addition to required graduate coursework for the Au.D. degree, students hoping to achieve the CCC-A certification must document course work completed as an undergraduate in each of the following areas (no credit-hour minimums):

- life sciences (e.g., biology; neuroscience)
- physical sciences (e.g., physics; acoustics)
- behavioral sciences (e.g., psychology; sociology)
- mathematics

**THE AU.D. DEGREE  
TYPICAL COURSE of STUDY**

**YEAR 1**

<u>Fall</u>	<u>Credits</u>	<u>Practicum</u>
S516 Introduction to Audiological Testing	3	
S519 Physiological Assessment of the Ear	3	
S571 Auditory Anatomy and Physiology	3	
S578 Instrumentation and Calibration	2	25 Practicum Hours
S570 Introduction to Audiology Clinic <sup>†</sup>	<u>1</u>	½ day/week at IU Hearing Clinic
<b>Total</b>	<b>12</b>	

**Spring**

S776 <i>Adv. Topics in Rehabilitative Audiology (even yrs)</i> ***	3	
S677 <i>Implantable Auditory Prostheses (odd yrs)</i> **	3	
S573 Lab in Amplification	1	
S576 Amplification	3	
S671 <i>Auditory Evoked Potentials (even yrs)</i> ***	2	
S779 <i>Business Practices (odd yrs)</i> **	2	
S678 Psychoacoustics	3	25 Practicum Hours
S570 Introduction to Audiology Clinic <sup>†</sup>	<u>0</u>	½ day/week at IU Hearing Clinic
<b>Total</b>	<b>12</b>	

**Summer**

S577 Industrial Audiology (4W1)	2	
S506 Counseling in Communication Disorders (6W1)	2	
S570 Clinical Practicum (6W1) <sup>†</sup>	0	
S775 Vestibular Diagnosis & Rehabilitation (8W2)	3	50 Practicum Hours
S570 Clinical Practicum (6W2) <sup>†</sup> Clinic	<u>1</u>	1-1.5 day/week at IU Hearing
<b>Total</b>	<b>8</b>	

**Total Accumulated Credits    32**

\*\*\* (even years) 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 1<sup>st</sup> and 2<sup>nd</sup> year students.

\*\* (odd years) S779 *Business Practices* and S677 *Implantable Auditory Prostheses* are offered in Spring Semesters of odd-numbered years and are combined classes of 1<sup>st</sup> and 2<sup>nd</sup> year students.

<sup>†</sup> S680-Ind. Project may be used to substitute a course in the AuD curriculum with the approval of the AuD Director.

**YEAR 2**

	<b><u>Fall</u></b>	<b><u>Credits</u></b>	<b><u>Practicum</u></b>
S518	Auditory Disorders	3	
S670	Clinical Practicum in Audiology <sup>†</sup>	1	
S579	Pediatric Audiology	3	
S580	Critical Thinking in Comm. Disorders	2	100 Practicum Hours
S777	Applied Topics in Audiology	<u>3</u>	1 day/week on-site; 1 day/week off-site
	<b>Total</b>	<b>12</b>	
	<b><u>Spring</u></b>		
S776	<i>Adv. Topics in Rehabilitative Audiology (even yrs) ***</i>	3	
S677	<i>Implantable Auditory Protheses (odd yrs)**</i>	3	
S676	Advanced Seminar in Amplification	3	
S574	Central Auditory Nervous System	3	
S671	<i>Auditory Evoked Potentials (even yrs)***</i>	2	
S779	<i>Business Practices (odd yrs)**</i>	2	100 Practicum Hours
S670	Clinical Practicum in Audiology <sup>†</sup>	2	1 day/week on-site; 1 day/week off-site
	<b>Total</b>	<b>13</b>	
	<b><u>Summer</u></b>		
S778	Educational Audiology (6W1)	2	
S672	Externship in Audiology (6W1) <sup>†</sup>	2	225 Practicum Hours
S572	Clinical Electrophysiology (8W1)	2	2-3 days/week offsite placement
S672	Externship in Audiology (6W2) <sup>†</sup>	<u>2</u>	
	<b>Total</b>	<b>8</b>	
	<b>Total Accumulated Credits</b>	<b>65</b>	

\*\*\* (even years) 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 1<sup>st</sup> and 2<sup>nd</sup> year students.

\*\* (odd years) S779 Business Practices and S677 Implantable Auditory Protheses are offered in Spring Semesters of odd-numbered years and are combined classes of 1<sup>st</sup> and 2<sup>nd</sup> year students.

<sup>†</sup>S680-Ind. Project may be used to substitute a course in the AuD curriculum with the approval of the AuD Director.

**YEAR 3**

	<b><u>Fall</u></b>	<b><u>Credits</u></b>	<b><u>Practicum</u></b>
S673	Advanced Externship in Audiology <sup>†</sup>	5	Full-time clinical externship (52 weeks) >1500 hours
S771	Diagnostics and Pathologies	<u>3</u>	
	<b>Total</b>	<b>8</b>	
	<b><u>Spring</u></b>		
S673	Advanced Externship in Audiology <sup>†</sup>	5	
S772	Amplification and Rehabilitation	<u>3</u>	
	<b>Total</b>	<b>8</b>	
	<b><u>Summer</u></b>		
S673	Advanced Externship in Audiology (6W1) <sup>†</sup>	2	
S773	Pediatrics and Special Populations (6W1)	2	
S673	Advanced Externship in Audiology (6W2) <sup>†</sup>	3	
S774	Recent Advances in Audiology (6W2)	<u>2</u>	
	<b>Total</b>	<b>9</b>	
	<b>Total Accumulated Credits</b>	<b>90</b>	

<sup>†</sup>S680-Ind. Project may be used to substitute a course in the AuD curriculum with the approval of the AuD Director.

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

Credit Hours: 90  
Practicum Hours: > 2000

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; probably in ~6 years, depending on arrangements made for the final year of the Au.D. program and the dissertation portion of the Ph.D. program. Many students will take longer than this timeframe. 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 Director. 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. Program Director. 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 in any given semester will be placed on academic probation. If that student does not receive a GPA at or above 3.0 in the subsequent semester, the student will be deemed to be making unsatisfactory progress toward the AuD 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 a clinical placement (S570, S670, S672, S673) will be placed on academic probation. A student placed on academic 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 the subsequent semester, the student will be deemed to be making unsatisfactory progress toward the AuD degree and the case will be brought before the faculty for review and possible dismissal or lengthening of the program.
3. Students who are placed on academic 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. Program Director 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 1<sup>st</sup>-year Academic Comprehensive Exam or the 1<sup>st</sup>-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 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 Director of the Au.D. Program, the faculty member for whom the student is working, and the Hearing Clinic Director.

**Essential/Core Functions.** Students must meet established academic standards and minimum essential functions, with or without reasonable accommodations, in order to participate in the program. Essential functions are the academic, clinical, and interpersonal aptitudes and abilities that allow students to complete the professional curriculum. See *Appendix X: Essential/Core Functions* for further details.

## 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 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.

Detailed policies and procedures for offsite and clinical externships can be found in the *Offsite and Externship Handbooks*.

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 S570, 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 academic probation with clinical privileges suspended at the Hearing Clinic Director's discretion.

## 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 probation must receive authorization from the Au.D. Program Director 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).

*Students should not share information relating to the comprehensive exams with anyone including other AuD cohorts. Any student giving or receiving help on any part of the examinations is in violation of the IU academic integrity policy (see Appendix III: Student Code of Conduct & Plagiarism) and will fail the exam.*

#### 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 probation must receive authorization from the AuD Program Director 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. See the Appendix for the department's complete Immunization Policy.

### **SLHS Recourse Process**

Procedures for Handling Complaints of Bias, Harassment, Discrimination in SLHS

Date: 8/21/22

Reviewed by Student Grievance Subcommittee Fall 2021

#### **I. Introduction & General Principles and Practices**

The purpose of this document is to provide guidance to both students and personnel in the Department of Speech, Language and Hearing Sciences (SLHS) as to how to address and resolve potential misunderstandings or concerns that may arise as a result of perceived instances of bias by a member of the SLHS community (students, faculty and staff) in a fair and equitable manner. Specifically, the document presents recommended procedures for incidents that pertain mainly to a single non-violent incident where a member of a protected group was made to feel uncomfortable or unwelcome. As such, it provides guidelines for reporting and responding to said incidents within SLHS. This process does not address unlawful harassment, discrimination and/or retaliation for reporting harassment/discrimination against students. Those complaints are handled by the Office of the Dean of Students, Office of Student Conduct, Title IX Office, or other as specifically noted office outlined in the Code of Student Rights, Responsibilities and Conduct <http://studentcode.iu.edu/about/index.html>. Nevertheless, information concerning how to make these reports, as these pertain to bias, harassment and discrimination, are also provided in this document, so that both SLHS students and personnel have the necessary information as to how and where to report these incidents.

This document will be divided in the following manner:

Section II: Definition of terms

Section III: Internal recourse procedures for bias incidents that fall under the purview of this document (Level 1A, as defined in Section II)

Section IV: Procedures for reporting bias incidents that do not fall under the purview of the current document (above Level 1A, as defined in Section II)

Appendices: Available resources at the college and university level

## A. General Principles

The Department of SLHS strives to be mindful of diversity, equity, and inclusion in all departmental policies, practices, programs, classrooms, and interactions, so as to create an inclusive community that supports multiple perspectives and experiences; honors our multifaceted identities; and views our diversity as a strength and resource to our community.

The following principles support our commitment to diversity and inclusion:

- We respect and affirm the dignity of each member of the SLHS Department.
- We assume good faith in our efforts, even when they fall short of our aspirations.
- We take action to address bias or unfair treatment.
- We promote equity and justice through our teaching and daily interactions.
- We review our progress regularly and encourage ongoing education and reflection of all community members (faculty, staff, and students) as individuals and as a collective.
- We continually challenge ourselves, and others, to foster an environment in which all members can thrive personally, socially, and academically.

These principles are consistent with Indiana University's commitment to ensuring a safe, civil, and welcoming community. For further information on Indiana University's Principles of Ethical Conduct please visit: <http://principles.iu.edu/>.

## B. General Practices

The following are general practices to support the Department of SLHS's aspirations to uphold IU's general principles:

- Encouraging and respecting the opinions of others
- Refraining from disparaging SLHS employees or students
- Responding in a collegial fashion to requests from others
- Ensuring that requests made of others are reasonable and respectful of their time constraints and responsibilities
- Recognizing that students, faculty, and staff from marginalized groups may face obstacles to participating fully and/or to requesting support, and being proactive in welcoming participation and offering support

## II. Definitions

Issues that fall within recourse procedures: These issues are biased practices, actions or words that contribute to unfair or poor treatment of a student or students, or faculty/staff. Issues arising from the application of a policy/procedure to a student/faculty/staff specific case are also applicable for the recourse procedure. (Level 1A, to be described below.)

SLHS employee: For the purpose of this document, the phrase SLHS employee is intended to include anyone working or serving in an official capacity and employed by the SLHS Department within the College of Arts and Sciences. Examples include but are not limited to members among the ranks of faculty and staff.

SLHS student: Refers to a student who is enrolled in a course taught within the SLHS

department.

Issues that fall outside the recourse procedures: Issues that have a separate process for resolution (i.e., disciplinary sanctions, FERPA, financial aid, academic grades, discrimination, harassment or bias incidents related to Level 1b, 2, 3, as described below).

Retaliation: Unfavorable action taken, condition created, or other action taken by an SLHS employee for the purpose of intimidation directed towards a student/faculty/staff because they initiated a grievance or participated in an investigation of a grievance.

Bias: A bias incident targets a person based on age, color, religion, disability (physical or mental), race, ethnicity, national origin, sex, gender, gender identity, sexual orientation, marital status, or veteran status. Bias incidents occur when someone is subject to discrimination, harassment, abuse, bullying, stereotyping, hostility, marginalization, or another form of mistreatment because they identify with or are part of a particular group.

Harassment: Harassment is unwelcome conduct that is based on race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information. Harassment becomes unlawful where 1) enduring the offensive conduct becomes a condition of continued employment, or 2) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.

Discrimination: Discrimination is treating or proposing to treat someone unfavorably because of personal characteristics protected either by law or IU policy. Such discrimination often happens because of unfair assumptions about what people with certain personal characteristics can and cannot do

Levels of Bias (adapted from the University of Michigan):

*Level 1A:* A single nonviolent incident in which a member or members of a protected group are made to feel uncomfortable or unwelcome.

Examples: asking where a person is from (if they are American, and it is insinuated that they are foreign)

*Level 1B:* A single nonviolent incident in which a member or members of a protected group is targeted for abuse.

Examples: use of a racial epithet; homophobic graffiti.

*Level 2:* Physical intimidation, threat of physical violence, or multiple bias incidents directed against a member or members of a protected group.

[Protected groups are those identified in the University's Anti-Discrimination Policy]

Examples: verbal threats; multiple racial epithets or incidents of homophobic graffiti

*Level 3:* An act of violence against a member or members of a protected group.

Example: physical attack of a lesbian couple. [Adapted from A Protocol for Addressing Acts of Intolerance and Threats to Community, Stanford University, June 2001, p. 11.]

### III. Internal Recourse Procedures for Level 1A Bias Incidents

#### A. Matters that Fall within Recourse Procedures

An SLHS student, faculty or staff may use this procedure if they believe that a member of the SLHS community has otherwise acted in a manner resulting in unfair treatment of the student(s), faculty or staff member. In addition, other types of complaints may be addressed utilizing this process that infringe upon any individual's right to free expression or unfair treatment in a situation not characterized by the kinds of discrimination under 1A. The SLHS Department emphasizes that we do not condone racial or sexual bias or any other act of discrimination on the basis of race, religion, sex, age, national origin, ability status, sexual orientation, immigration status or socioeconomic status, as well as other categories not exhaustively covered in this list. Specifically, the recourse procedures that are internal to SLHS are those that fall within Level 1A described in Section II above.

#### B. General Steps

The general steps are as follows:

##### 1. Assistance to the individual that was impacted by the behavior

The physical and emotional health of the individual(s) must be carefully considered after any bias incident. It is essential that the affected individual receive support immediately after the incident and be made aware of the resources available to assist with any emotional, mental, and/or physical impact. Procedures that we outline in the following section (Procedures) will recommend appropriate assistance.

##### 2. Incident Review

Each bias incident is unique, and the department and University must assess the particular facts and circumstances of the incident to determine the appropriate response. As mentioned previously, the procedures documented in this section pertain to Level 1A bias incidents.

##### 3. Accountability

The Department is committed to address these instances of real or perceived bias through the procedures that follow.

##### 4. Incident Documentation

It is extremely important that timely and accurate documentation of the incident take place.

#### C. Procedures

If the individual mentioned in the incident is SLHS staff or faculty, the following procedures are employed:

- It is always recommended that the affected individual meet with the student, faculty or staff member involved in the incident. SLHS also recognizes that there are instances

where the individual may not want to engage with said individual (e.g., repeated instances of the behavior that were not resolved via direct communication; perceived differential power relationships).

- Students, faculty, and staff are encouraged to report the incident to a trusted faculty or staff member, or the chair of the department. This can be completed via a variety of mechanisms, including email, and/or personal meeting with the faculty, staff or departmental chair. All communication will be confidential in nature and only those individuals involved will be privy to the details of the incident.
- In addition to reporting the incident to the department, students, faculty or staff should be informed that they can report the incident through the Division of Student Affairs (in cases where students are reporting the incident) and/or to the Office of Diversity and Inclusion, College of Arts and Sciences (for all members of the SLHS community).
- Students, faculty and staff can report the same incident to the Associate Dean of Diversity and Inclusion in the College. (See addendum for links to each mechanism for reporting.)

Specific procedures for reporting incidents that fall within the purview of this document (Level 1A bias incident):

1. Once the department is notified of the complaint, the complainant or the person receiving the complaint notifies the Chair. It is recommended that the report be written, with dates when said incident occurred and a summary of the incident.
2. The Chair initiates a conversation with the individual mentioned in the incident regarding the complaint. The individual has a right to request the presence of an advocate at any of these meetings with the Chair.  
Note: if there are two Level 1A complaints already filed for the individual over the past five years, the Chair could choose to enact the procedures for Level 1B (see below) upon receipt of a third complaint. It is also at the Chair's discretion to discuss with the College any Level 1A complaint.
3. The Chair keeps a written record of the complaint and the essential substance of the conversation (including date and time). The information is stored in a private file by the Chair. This is necessary to track multiple 1A complaints. All participants in the conversation will have the opportunity to read the note/minutes and make any additions to these.
4. If the complaint involves the departmental Chair, a report should be filed, by either the complainant or person reporting, or both (if different individuals), with the College of Arts and Sciences, Office of Diversity, Equity, Inclusion and Social Justice.

#### D. Actions

1. A single Level 1A complaint involves a conversation with the chair and the individual mentioned in the complaint. No further actions are necessary.
2. Multiple Level 1A complaints may be addressed by the department, with guidance from the College.

Possible means to address multiple complaints may include:

- A recommendation of resources (e.g., counseling, bias training, College DEI office resources).



- Development of an action plan with the individual to create change as well as benchmarks to track progress.
- If a supervisor or advisor is the individual mentioned in the complaint, it may be appropriate to place the student with another supervisor or advisor.
- If complaint is related to the classroom environment, a faculty observer comes to class or an independent study is assigned.
- If a faculty member, class and clinic assignments may be changed.
- Faculty may be removed from administrative/leadership responsibilities within the department
- Other mechanisms deemed appropriate by the Chair and the College specific to the situation.

#### IV. Procedures for Reporting Bias Incidents Above Level 1A

The procedures mentioned above pertain to bias incidents that fall under Level 1A, as defined in section II. All other bias incidents should be reported to the Associate Dean of Diversity and Inclusion in the College. These incidents are dealt at the College and/or University level or handled by law enforcement, as appropriate.

##### A. Steps

- The affected individual can pursue the incident by reporting in one or two ways: (1) they can report the incident to a trusted faculty or staff; or (2) they can complete a bias incident report via one of the mechanisms identified in Appendix 1 of this document. These include the Office for Diversity & Inclusion, College of Arts and Sciences, The Office of Institutional Equity, and the Office of Student Affairs.
- If the affected individual reports the incident to a trusted faculty or staff, the faculty or staff should make a formal report via one of the mechanisms mentioned above, and will inform the affected individual that they will complete a bias incident report via one of these mechanisms.

Note: Due process procedures established by the entities involved in responding to bias incident reports above 1B apply in these cases, and student, faculty and staff are encouraged to visit these entities' webpages to obtain, or request from the entities, information about said procedures as these apply to their particular case.

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

Students should feel free to meet with the Au.D. Program Director 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 Director. 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**

Indiana University is dedicated to ensuring that students with disabilities (e.g., chronic health, neurodevelopmental, neurological, sensory, psychological & emotional, including mental health, etc.) have the support services and reasonable accommodations needed to provide equal access to academic programs. To request an accommodation, you must establish your eligibility by working with Disability Services for Students ([iubdss@indiana.edu](mailto:iubdss@indiana.edu) or 812-855-7578). Additional information can be found at [accessibility.iu.edu](http://accessibility.iu.edu). Note that services are confidential, may take time to put into place, and are not retroactive; captions and alternate media for print materials may take three or more weeks to get produced. Please contact your campus office as soon as possible if accommodations are needed.

### **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>

## COURSE DESCRIPTIONS

- 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 (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 Pediatric Audiology (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.

**S680 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, defensible 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.

## Appendix I: ASHA CCC-A Audiology Standards

**Effective Date: January 1, 2020**

### Introduction

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association. The charges to the CFCC are: to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and to administer the certification maintenance program.

A [Practice and Curriculum Analysis of the Profession of Audiology](#) was conducted in 2016 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2020 standards and implementation procedures for the Certificate of Clinical Competence in Audiology (CCC-A) went into effect on January 1, 2020. View the [Audiology Standards Crosswalk](#) [PDF] for more specific information on how the standards have changed.

**Revisions: August 2022**

**Standard I** was revised to better define qualifying degrees and coursework.

**Revisions: September 2021—Effective January 1, 2022**

**Standard II** was updated to reflect current terminology.

**Standard III** was updated to only require 50% of supervised clinical practicum be completed in person.

**Standard V** was updated to require that at least 2 of the 30 required Professional Development Hours (PDHs)—formerly known as Certification Maintenance Hours or CMHs—be earned each maintenance interval in the areas of cultural competency, cultural humility, culturally responsive practice, and/or diversity, equity, and inclusion.

View the [Audiology Standards Crosswalk with 2022 Updates](#) [PDF] for further information.

### Terminology

*Cultural competence:* The knowledge and skill needed to address language and culture; this knowledge and skill evolves over time and spans lifelong learning.

*Cultural humility:* A lifelong commitment to engaging in self-evaluation and self-critique and to remedying the power imbalance implicit to clinical interactions.

*Culturally responsive practice:* Responding to and serving individuals within the context of their cultural background—and the ability to learn from and relate respectfully with people of other cultures.

*Professional interactions:* Refers to not only service delivery but to interactions with colleagues, students, audiology externs, interprofessional practice providers, and so forth.

### Citation

Cite as: Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2018). *2020 Standards for the Certificate*

*of Clinical Competence in Audiology*. Retrieved from [www.asha.org/certification/2020-Audiology-Certification-Standards/](http://www.asha.org/certification/2020-Audiology-Certification-Standards/)

The Standards for the CCC-A are shown in bold. The CFCC implementation procedures follow each standard.

[Standard I—Academic Qualifications](#)

[Standard II—Knowledge and Skills Outcomes](#)

[Standard III—Verification of Knowledge and Skills](#)

[Standard IV—Examination](#)

[Standard V—Maintenance of Certification](#)

## Standard I: Academic Qualifications

**Applicants for certification must hold a doctoral degree in audiology from a program accredited by the CAA, a program in CAA candidacy status, or equivalent.**

Implementation: Verification of the graduate degree is accomplished by submitting (a) an official transcript showing that the degree has been awarded or (b) a letter from the university registrar verifying completion of requirements for the degree. Applicants must have graduated from a program holding CAA accreditation or candidacy status in audiology throughout the period of enrollment.

Applicants who hold a doctoral degree (e.g., AuD, PhD, MD, etc.) from a non-CAA-accredited program will have their transcripts evaluated by the CFCC to confirm that their doctoral post-graduate coursework covers the same content as a CAA-accredited clinical audiology doctoral degree program. See the [AuD coursework outline](#) for further details.

[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 must be conducted by [credential evaluation services agencies](#) recognized by the National Association of Credential Evaluation Services (NACES). Evaluations must (a) confirm that the degree earned is equivalent to a U.S. clinical doctoral degree, (b) show that the coursework is equivalent to a CAA-accredited clinical doctoral program, (c) include a translation of academic coursework into the American semester-hour system, and (d) indicate which courses were completed at the graduate level.

## Standard II: Knowledge and Skills Outcomes

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

Implementation: The knowledge and skills identified in this standard, although separated into areas of practice, are not independent of each other. The competent practice of audiology requires that an audiologist be able to integrate across all areas of practice. Therefore, assessments used to verify knowledge and skills acquisition must require that the candidate for certification demonstrate integration of the knowledge and skills found in Standards II-A through II-F below. Refer to the list of [acceptable coursework](#) for further details.

### Standard II-A: Foundations of Practice

**Applicant has demonstrated knowledge of:**

**A1. Genetics, embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology of hearing and balance over the life span**

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



**A23. Principles and practices of effective clinical education and mentoring of students, other professionals, and support personnel**

## **Standard II-B: Prevention and Screening**

**Applicant has demonstrated knowledge of and skills in:**

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

## **Standard II-C: Audiologic Evaluation**

**Applicant has demonstrated knowledge of and skills in:**

- C1. Reviewing and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors**
- C2. Completing a case history and client/patient narrative**
- C3. Obtaining client/patient-reported and/or caregiver-reported measures to assess function**
- C4. Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system**
- C5. Providing assessments of tinnitus severity and its impact on clients'/patients' activities of daily living and quality of life**
- C6. Providing assessment of tolerance problems to determine the presence of hyperacusis**

- C7. Selecting, performing, and interpreting a complete immittance test battery based on client/patient need, medical necessity, and other findings; tests to be considered include single-probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function
  - C8. Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated
  - C9. Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSs); obtaining a performance intensity function with standardized speech materials, when indicated
  - C10. Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used
  - C11. Selecting, performing, and interpreting physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold testing, and click stimuli for neural diagnostic purposes
  - C12. Selecting, performing, and interpreting otoacoustic emissions testing
  - C13. Selecting, performing, and interpreting tests for nonorganic hearing loss
  - C14. Selecting, performing, and interpreting vestibular testing, including electronystagmography (ENG)/videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and cervical vestibular-evoked myogenic potential (cVEMP)
  - C15. Selecting, performing, and interpreting tests to evaluate central auditory processing disorder
- Applicant has demonstrated knowledge of:
- C16. Electrophysiologic testing, including but not limited to auditory steady-state response, auditory middle latency response, auditory late (long latency) response, and cognitive potentials (e.g., P300 response, mismatch negativity response)
  - C17. Posturography
  - C18. Rotary chair tests
  - C19. Video head impulse testing (vHIT)

## Standard II-D: Counseling

Applicant has demonstrated knowledge of and skills in:

- D1. Identifying the counseling needs of individuals who are deaf or hard of hearing based on the narratives and results of client/patient and/or caregiver responses to questionnaires and validation measures
- D2. Providing individual, family, and group counseling as needed based on client/patient and clinical population needs
- D3. Facilitating and enhancing clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders
- D4. Enhancing clients'/patients' acceptance of and adjustment to hearing aids, hearing assistive technologies, and osseointegrated and other implantable devices
- D5. Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing loss for the client/patient, family members, and/or caregivers to enhance their well-being and quality of life
- D6. Facilitating clients'/patients' acquisition of effective communication tools and techniques of coping skills

- D7. Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment disorders
- D8. Enhancing adherence to treatment plans and optimizing treatment outcomes
- D9. Monitoring and evaluating client/patient progress and modifying counseling goals and approaches, as needed

## Standard II-E: Audiologic Rehabilitation Across the Life Span

Applicant has demonstrated knowledge of and skills in:

- E1. Engaging clients/patients in the identification of their specific communication difficulties and adjustment to them by eliciting client/patient narratives and interpreting self-reported and/or caregiver-reported measures
- E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues
- E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship with sensitivity to differences in culture, identity, and language
- E4. Providing assessments of family members' perception of and reactions to communication difficulties
- E5. Identifying the effects of hearing loss and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning
- E6. Engaging clients/patients (including, as appropriate, school-aged children and adolescents) and family members in shared decision-making regarding treatment goals and options
- E7. Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties
- E8. Selecting and fitting appropriate amplification devices (i.e., standard, bone, osseointegrated, and implantable devices) and assistive technologies
- E9. Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound pressure level, and input-output characteristics
- E10. Verifying that amplification devices meet quality control and American National Standards Institute (ANSI) and U.S. Food and Drug Administration (FDA) standards
- E11. Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance
- E12. Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices
- E13. Conducting individual and/or group hearing aid and wireless technology orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately
- E14. Identifying individuals who are candidates for cochlear implantation and other implantable devices

E15. Counseling cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options

E16. Providing programming and fitting adjustments; providing post-fitting counseling for cochlear implant clients/patients

E17. Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS) based on clients' /patients' communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit

E18. Providing HATS for those requiring access in public and private settings or for those requiring necessary accommodation in the work setting, in accordance with federal and state regulations

E19. Ensuring compatibility of HATS when used (a) in conjunction with hearing aids, cochlear implants, or other devices and (b) in different-use environments

E20. Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)

E21. Providing auditory, visual, and auditory–visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication

E22. Counseling clients/patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder

E23. Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations

E24. Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances

E25. Monitoring and assessing the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s)

E26. Providing canalith repositioning for clients/patients diagnosed with benign paroxysmal positional vertigo (BPPV)

E27. Providing intervention for central and peripheral vestibular deficits

E28. Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome

## Standard II-F: Pediatric Audiologic (Re)habilitation

Applicant has demonstrated knowledge of and skills in:

F1. Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing loss

F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for deaf and hard of hearing children with sensitivity to differences in culture, identity, and language

F3. Educating parents regarding the potential effects of hearing loss on speech-language, cognitive, and social-emotional development and functioning

F4. Educating parents regarding (a) optional and optimal modes of communication and (b) educational laws and rights, including 504 plans, individualized education programs (IEPs), individual family service plans (IFSPs), and individual health plans

F5. Selecting age- and developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation

F6. Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices, implanted devices, and HATS

F7. Planning and implementing parent education/support programs concerning the management of hearing loss and subsequent communication and adjustment difficulties

F8. Providing for intervention to ensure age- and developmentally appropriate speech and language development

F9. Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome

F10. Providing ongoing support for children by participating in IEP or IFSP processes

F11. Counseling the deaf or hard of hearing child regarding peer pressure, stigma, self-identity, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills, with sensitivity to differences in culture and language

F12. Evaluating acoustics of classroom settings and providing recommendations for universal design and accommodations

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

## Standard III: Verification of Knowledge and Skills

Applicants for certification must have completed supervised clinical practicum under an ASHA-certified audiologist who (1) has a minimum of 9 months of full-time clinical experience (or its part-time equivalent) and (2) has completed at least 2 hours of professional development in the area of clinical instruction/supervision.

The applicant's clinical experiences must meet CAA standards for duration and be sufficient to demonstrate the acquisition of the knowledge and skills identified in Standard II.

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

Clinical instructors and supervisors must

have earned, and kept current, their CCC-A certification;

have completed, at minimum, 9 months of full-time clinical experience (or its part-time equivalent)\* of direct client/patient care after earning the CCC-A; and

have [completed at least 2 professional development hours](#) (PDHs)—formerly known as certification maintenance hours (CMHs)—or 0.2 ASHA continuing education units (ASHA CEUs) in clinical instruction/education/supervision **after earning the CCC-A**.

The knowledge and skills outcomes listed in Standard II require that at least 50% of the supervised clinical practicum be acquired on site and in person where the clinical instructors, supervisors, and clients/patients are present. Telepractice may be used for up to 40% and clinical simulation (CS) may be used for up to 10% of the supervised clinical practicum. Telepractice (client/patient is at a distance) is only acceptable when the

prevailing regulatory body permits/bodies permit telepractice and the client/patient consents. Telesupervision is separate from telepractice and only accepted in limited circumstances.

The supervised clinical practicum within a doctoral program must include a variety of on-site and in-person clinical practicum to validate knowledge and skills across the scope of practice in audiology, including clinical and administrative duties; be appropriate to the student's level of training, education, experience, and competence; and include at least 50% direct on-site and in-person observations, guidance, and feedback.

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

The supervised clinical practicum within a doctoral program may permit the following: Telesupervision of graduate students, provided that the prevailing regulatory body permits/bodies permit it and the client/patient consents to it.

Up to two applicants/students participating in the same session and counting the full experience/time of the session, provided that they are actively engaged in the session.

An applicant obtaining up to 10% of their supervised clinical experience for ASHA certification through CS in accordance with the [guidelines for audiology CS experiences](#). An applicant can count their CS experiences for ASHA certification only when obtained within the doctoral program.

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

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

\*Individuals with experience as a clinical educator may count their experience as being "clinical" if they (a) have worked directly with clients/patients who have a hearing or balance disorder and (b) have been the clients'/patients' recognized provider and have been ultimately responsible for their assessment and management. Individuals whose experience has been limited to classroom teaching, research/lab work, or working with only CS cannot count this experience as clinical unless it meets the criteria in (a) and (b).

## Standard IV: Examination

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

Implementation: Results of the [Praxis Examination in Audiology](#) must be submitted directly to ASHA from ETS. A passing exam score must be earned no earlier than 5 years prior to the

submission of the application and no later than 2 years following receipt of the application. If the applicant does not successfully pass the exam and does not report the results of the exam to ASHA within the 2-year application period, then the applicant's certification file will be closed. If the applicant passes or reports the results of the exam at a later date, then the individual will be required to reapply for certification under the standards that are in effect at that time.

## Standard V: Maintenance of Certification

**Individuals holding certification must demonstrate (a) continuing professional development hours (PDH) including 1 PDH in ethics; (b) 2 PDHs in cultural competency, cultural humility, culturally responsive practice, or diversity, equity, and inclusion; (c) adherence to the ASHA Code of Ethics; and (d) payment of annual dues and fees.**

Implementation: Individuals who hold the Certificate of Clinical Competence in Audiology (CCC-A) must accumulate and report 30 professional development hours (PDHs) (formerly CMHs) or 3.0 ASHA CEUs during every [3-year certification maintenance interval](#). Beginning with the 2023–2025 interval, the 30 PDHs (or 3.0 ASHA CEUs) must include a minimum of 1 PDH in ethics and 2 PDHs in cultural competency, cultural humility, culturally responsive practice, or diversity, equity, and inclusion. Individuals will be subject to [random audits](#) of their professional development activities.

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

Annual payment of certification dues and/or fees is also a requirement of certification maintenance. If [certification maintenance requirements](#) are not met within the 3-year interval, then certification will expire. Individuals who wish to regain certification must submit a reinstatement application and meet the certification standards that are in effect at that time.

## Appendix II: ASHA Code of Ethics

### ASHA Code of Ethics (Effective March 1, 2016)

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**A pdf version of the Code of Ethics may be found at:**

<https://inte.asha.org/siteassets/publications/et2016-00342.pdf>

### 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

### ASHA Standards and Ethics

The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

### 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/](http://www.asha.org/certification/AudCertification/) and [www.asha.org/certification/SLPCertification/](http://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). For more information, read the Issues in Ethics Statements on [Audiology Assistants](#) and/or [Speech-Language Pathology Assistants](#).

**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. For more information, [see the telepractice section](#) on the ASHA Practice Portal.

**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

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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.
- 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.

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- 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

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- 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.

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- 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 other persons' 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 Ethics within 30 days of self-reporting.
- 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.

## Appendix III: Student Code of Conduct & Plagiarism

**Student Code of Conduct:** <https://studentaffairs.indiana.edu/student-conduct/policies/index.html>

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 Student Code of Conduct 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*

### **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**

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 Au.D. 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)
2. Test of English Proficiency for International Associate Instructor Candidates (score of C2 or C1).

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: Department Strategic Plan

The mission of Indiana University is to 'provide broad access to undergraduate and graduate education for students throughout Indiana, the United States, and the world, as well as outstanding academic and cultural program and student services.' In alignment with the mission of the Indiana University, the mission of the College of Arts and Sciences is to equip students 'with skills needed to question crucially, think logically, communicate clearly, act creatively, and live ethically.' The College of Arts and Sciences is dedicated to investing in innovation and providing substantial and profound education to 'help students land a first job after college,' and prepare students for 'lifelong success in a world of complexity, uncertainty, and change.'

### Vision

The SLHS at Indiana University is a multi-faceted program with focus on research, clinical and undergraduate education, and service to a diverse community. We conduct research in the areas of basic and applied science, while training students in both the liberal arts and the clinical professions. The vision of SLHS is to:

- Enhance research
- Provide diverse educational opportunities to our students
- Collaborate within the department
- Increase departmental diversity

### Mission

The mission of SLHS is to serve our growing diverse 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.

### Strategic Plan

The department's 5 year strategic plan has the following goals:

1. Increase the total number of academic faculty with a focus on faculty in hearing science / audiology. A special emphasis will be on recruiting people from minoritized backgrounds to increase the department's diversity.
2. Expand diversity initiatives in the department, with a focus on a) attracting more students and faculty from minoritized backgrounds, b) train current faculty on issues regarding serving students with diverse needs, and c) support students from minoritized backgrounds within our programs
3. Increase external funding for faculty research and PhD student support.
4. Increase collaboration within the department and with other health science programs.

## Appendix VIII: Changes to the Audiology Certification Standards (2022)

<https://www.asha.org/siteassets/certification/2020-aud-crosswalk-with-2022-updates.pdf>

### Appendix IX: SLHS Clinic Immunization Policy

**History:** Speech, Language and Hearing Sciences (SLHS) clinical students have historically been required to upload proof of immunization to CALIPSO. CALIPSO is a web-based application that manages aspects of clinical and academic education including upload and verification of immunizations and student training certificates. SLHS pays for student access to CALIPSO, which is retained for two-years post-graduation. Students sign and upload a disclaimer when creating a CALIPSO account releasing their information for the “sole purpose of certification and eligibility verification with potential internship and clinical sites.” First year students are required by Indiana University to provide proof of vaccinations using MedProctor (see , IU Management of Infectious and Communicable Disease Policy PS-EHS-03). SLHS does not have access to these records, thus students must also provide proof via CALIPSO.

**Purpose:** Proof of vaccination through SLHS is necessary in order to 1) demonstrate compliance with immunizations to protect medically compromised clinical populations seen in the clinic 2) Document proof of required externship site vaccinations 3) Appropriately counsel clinical students who may not meet requirements of off-site placements 4) Provide proof for some externship contact affirmations that must be signed by the Externship Coordinator.

**Information Sources:** IU Health Externship Contract, MCCSC HR, IU School of Optometry, Graham McKeen, IU Director of Public and Environmental Health, IU Management of Infectious and Communicable Disease Policy PS-EHS-03, IU School of Medicine

#### SLHS Clinic Vaccination Policy

1. Procedures
  - a. Incoming admitted SLHS clinical students are sent a letter with instructions to activate their CALIPSO account and upload proof of vaccinations in June/July with a deadline of the start of orientation week.
    - i. Inaugural year policy deadline – October 1, 2022
  - b. SLHS Clinic Director(s) and Externship Coordinator(s) verify all vaccination records via CALIPSO prior to the first day of clinic.
  - c. Students with missing records or out-of-date vaccinations are notified via email and directed to the IU Health Center or their medical provider to obtain the necessary vaccinations, titer or to the IU University Student Services & Systems for exemption procedures.
  - d. Failure to comply by the first day of clinic will result in suspension of clinical privileges until compliance requirements are met. Students will be sent an email informing them of the suspension of clinical privileges and a copy placed in their student folder
  - e. When student provided the missing proof of vaccination or exemption, the records will be reviewed, verified and the student notified when they may begin clinical services. A copy of the return to clinic will be put in their student file.
2. SLHS Clinic required immunizations (\* required by Indiana University)
  - a. \*COVID-19 Vaccine (One of the following: 1 J&J; 2 Moderna; 2 Pfizer) or proof of exemption (some facilities do not allow exemption)
  - b. \*MMR1 & \*MMR2 – requires two immunizations (covers measles, mumps/rubeola, rubella)
  - c. dTap (DTaP/DT babies and children <7)

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- d. \*Tdap – requires one dose in the last 10 years to be compliant
  - e. \*Varicella (2 immunizations) or titer
  - f. \*Meningitis - requires one dose MenACW (MCV4) on or after 16<sup>th</sup> birthday if aged 21 years or younger
  - g. Hep B series of 3 vaccinations
    - i. Student must have started the series by the start of clinic and completed the series by the time they are scheduled for externships
  - h. Annual influenza (October of each year)
  - i. Negative TB blood test or a chest x-ray indicating that they are not infected with TB (must be administered yearly)
3. Financial Responsibility
    - a. SLHS students are financially responsible for any costs associated with obtaining the required vaccinations, titers or testing
  4. Off-Site Rotations and Externships
    - a. All SLHS Clinical students completing educational rotations or assignments off-premises are obligated to follow the host facilities' rules and practices. Host facilities' rules and practices may differ from the required immunizations listed above. Learner compliance with host facility rules and health and safety regulations and requirements is a fundamental expectation. Failure to comply jeopardizes placement, progression, graduation, and even employment (where applicable).
    - b. If an IU learner does not meet the requirements of the host facility, then they cannot be (or continue to be) assigned there. While IU will make a reasonable effort to find alternative placement, it cannot guarantee it. Failure to meet host facility rules could result in significant delays or failure to meet SLHS program requirements or meeting them in a timeframe required by the IU unit and can result in discharge or dismissal from the host facility and a delay or inability to complete SLHS requirements.

### Additional Resources

#### [IU Student Central Common Vaccine Packages](#)

[MMR](#) – This vaccine qualifies a student for compliancy for mumps, rubella, and one dose of measles.

[TDaP](#) – Booster vaccine for diphtheria, tetanus, and pertussis (whooping cough). Usually given at age 11 or 12. This vaccine is required to be compliant.

[DTaP](#) – Diphtheria, tetanus, and pertussis (whooping cough). Given prior to age seven. The DTaP vaccine *does not* make a student compliant.

Visit the [CDC website](#) for common abbreviations used on vaccination records.

**Policy effective date: 08/29/2022**

## Appendix X: Essential/Core Functions



A Guide for Future Practitioners in Audiology and  
Speech-Language Pathology: Core Functions

<https://growthzonesitesprod.azureedge.net/wp-content/uploads/sites/1023/2023/04/Core-Functions-for-AUD-and-SLP-Approved-4-3-23-rev-4-25-23.pdf>

### Overview

Students must meet established academic standards and minimum essential functions, with or without reasonable accommodations, in order to participate in the program. Essential functions are the academic, clinical, and interpersonal aptitudes and abilities that allow students to complete the professional curriculum. Students must be able to perform these essential functions during classroom, laboratory and experiential learning activities (including but not limited to participation in one-on-one interactions, small group discussions and presentations, large-group lectures, and patient/client interaction) in both the academic and clinical settings.

### Communication

Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.

### Motor

Statements in this section acknowledge that clinical practice by audiologists and speech-language pathologists involves a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.

### Sensory

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

### **Intellectual/Cognitive**

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

### **Interpersonal**

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

### **Cultural Responsiveness**

Statements in this section acknowledge that audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

## **Glossary**

- **Cultural responsivity** involves “understanding and respecting the unique cultural and linguistic differences that clients bring to the clinical interaction” (ASHA, 2017) and includes “incorporating knowledge of and sensitivity to cultural and linguistic differences into clinical and educational practices”.
- **Evidence-based practice** involves “integrating the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (*Evidence-Based Practice in Psychology*, n.d.).

American Speech-Language-Hearing Association. (n.d.). *Cultural responsiveness* [Practice Portal <https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Responsiveness/>]

*Evidence-Based Practice in Psychology*. (n.d.). <https://www.apa.org>. Retrieved March 3, 2023, from <https://www.apa.org/practice/resources/evidence>

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