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Welcome to the Au.D. Program!

Welcome to the Audiology Doctoral (Au.D.) Program and to the Department of Hearing, Speech and Language Sciences!

We realize that it has been a long, difficult, yet exciting journey to get to this point in your education and we applaud your efforts and successes. We look forward to being a part of your continued journey. All faculty and staff are here to assist and support you. Please feel free to contact any of us. If we are not available at the exact time you call or drop by, we will make an appointment to meet with you.

Use this Graduate Student Guide to answer questions and save time in getting concerns addressed. We can all improve, so feel free to suggest changes in content and formatting so that this guide is optimized for your use.

Have a great journey here in HSLS at Gallaudet University!
### HSLS Administration, Faculty and Staff

#### 2014-2015 Academic Year

### HSLS Full-Time Faculty

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<th>Name</th>
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<th>Administrative Role</th>
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<tr>
<td>Matthew H. Bakke, PhD</td>
<td>Audiology</td>
<td>Academic Advisor (2nd Yr)</td>
</tr>
<tr>
<td>Dragana Barac-Cikoja, PhD</td>
<td>Experimental Psychology</td>
<td>PhD Program Director</td>
</tr>
<tr>
<td>Karen Garrido-Nag, PhD</td>
<td>SLP</td>
<td></td>
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<tr>
<td>Kenneth Henry, PhD</td>
<td>Audiology</td>
<td>Director of Clinical Programs Academic Advisor (1st Yr)</td>
</tr>
<tr>
<td>Sanyu Jaiswal, PhD</td>
<td>SLP</td>
<td></td>
</tr>
<tr>
<td>Bomjun Kwon, PhD</td>
<td>Audiology</td>
<td>AuD Research Project Coordinator Academic Advisor (4th Yr)</td>
</tr>
<tr>
<td>Kristen Maul, PhD</td>
<td>SLP</td>
<td></td>
</tr>
<tr>
<td>Larry Medwetsky, PhD</td>
<td>Audiology</td>
<td>Department Chair</td>
</tr>
<tr>
<td>Brenda Seal, PhD</td>
<td>SLP</td>
<td>SLP Program Director</td>
</tr>
<tr>
<td>Chizuko Tamaki, AuD, PhD</td>
<td>Audiology</td>
<td>AuD Program Director Academic Advisor (3rd Yr)</td>
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### HSLS Full-Time Hearing and Speech Center Clinical Educators

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Antoinette Allen, MS</td>
<td>SLP</td>
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<tr>
<td>Claire Buxton, AuD</td>
<td>Audiology</td>
<td>AuD Internship Coordinator</td>
</tr>
<tr>
<td>Gretchen Cronin, MS</td>
<td>SLP</td>
<td></td>
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<tr>
<td>Samantha Evans, AuD</td>
<td>Audiology</td>
<td></td>
</tr>
<tr>
<td>Robin Goffen, M.A.T</td>
<td>SLP</td>
<td>SLP Internship Coordinator SLP Clinical Coordinator</td>
</tr>
<tr>
<td>Lucas Lancaster, AuD</td>
<td>Audiology</td>
<td></td>
</tr>
<tr>
<td>Elizabeth Marcinkus, AuD</td>
<td>Audiology</td>
<td>Audiology Clinical Coordinator AuD Externship Placement Coordinator</td>
</tr>
<tr>
<td>Naheed Saleem, M.Aud</td>
<td>Audiology</td>
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### HSLS Full-Time Administrative Staff

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Daun Duvall</td>
<td>Program Support Specialist for HSLS</td>
</tr>
<tr>
<td>April Jefferson</td>
<td>GUHSC Biller/Coder</td>
</tr>
<tr>
<td>Rachel Pizzonia</td>
<td>GUHSC Manager, Clinical Operations</td>
</tr>
<tr>
<td>Ka Wai-Ng</td>
<td>Research and Clinical Engineer</td>
</tr>
<tr>
<td>Darla Washington</td>
<td>GUHSC Secretary</td>
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### HSLS Adjunct Faculty (not inclusive)

<table>
<thead>
<tr>
<th>Name</th>
<th>Area</th>
<th>Setting</th>
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<tbody>
<tr>
<td>Amy Blank, LTC, AuD</td>
<td>Audiology</td>
<td>Walter Reed National Military Hospital</td>
</tr>
<tr>
<td>Carmen Brewer, PhD</td>
<td>Audiology</td>
<td>National Institutes of Health</td>
</tr>
<tr>
<td>Kelly King, AuD, PhD</td>
<td>Audiology</td>
<td>National Institutes of Health</td>
</tr>
<tr>
<td>Claire Klossner</td>
<td>Cued Speech</td>
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<tr>
<td>Melissa Koxx-Ryan, AuD</td>
<td>Audiology</td>
<td>Walter Reed / Gallaudet PhD</td>
</tr>
<tr>
<td>Alice Kreisle</td>
<td>Audiology</td>
<td>PG County Schools</td>
</tr>
<tr>
<td>Ashley Zaleski-King, AuD</td>
<td>Audiology</td>
<td>Walter Reed / Gallaudet PhD</td>
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About the HSLS Department

The Department of Hearing, Speech and Language Sciences (HSLS), Graduate School and Professional Programs, has offered graduate level courses since 1957. The master's degree program in Audiology was established in 1965, and the master's degree program in Speech-Language Pathology was established in 1987. In 1998, the Board of Trustees of Gallaudet University approved the Clinical Doctorate Program in Audiology (Au.D.). This program began in Fall, 1998. In 2003, the Board of Trustees approved the creation of a Ph.D. in Audiology. In 2011, the Board of Trustees approved the Ph.D. in Hearing, Speech and Language Sciences. The Clinical programs in the Department are accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association.

The Department offers a comprehensive curriculum of required and elective courses that sets it apart from other graduate programs in the United States. In addition to the full range of speech-language-hearing-balance courses taught in most HSLS programs, we also teach courses in clinical sign language, and we require at least 3 courses in American Sign Language (ASL) or successful demonstration of ASL proficiency before graduating. We require four aural rehabilitation (AR) courses and at least one dedicated practicum in AR. We have three courses in which AuD students are dually enrolled with SLP students and we encourage electives that cross disciplines. We also support the University's bilingual mission and encourage students to become involved in the cultural diversity that is uniquely Gallaudet.

The AuD curriculum also includes a strong clinical program that supports the strong academic program. The Gallaudet University Hearing and Speech Center (GUHSC) provides diagnostic and rehabilitative services to the undergraduate and graduate students, faculty and staff of Gallaudet University and to others throughout Metropolitan D.C. communities. These clinical services form the nucleus of on-campus practica for Audiology and Speech-Language Pathology majors, as well as serving as an important resource for research and evidence-based practices, and an important outreach to the campus and local communities.

A full range of diagnostic audiology services offered across the lifespan and provided by the HSC includes comprehensive hearing and balance evaluations; hearing aid evaluations and fittings; cochlear implant mapping and referrals; site-of-lesion and central auditory testing; assistive listening device (ALD) evaluations and demonstrations; and counseling associated with these and other walk-in services. Aural (re)habilitation services are offered across the life-span to those within and outside the University for improved speech production, speechreading, auditory and auditory-visual skills, improved sign, spoken or written language acquisition skills, improved communication strategies training, and assistive technology training, for individuals, families, and groups.

Speech-language evaluation and intervention services are also provided across the lifespan to individuals, families and groups with communication delays, disorders and differences associated with strokes, dementias, head injuries and other neurogenic disorders; voice, resonance, swallowing, stuttering, articulation, dialect/accent, and other speech sound disorders; written, spoken, signed, augmentative and alternative language, literacy, and learning communication needs; and to special populations including those with pediatric hearing loss, pervasive development disorders, feeding and swallowing disorders, multiple and complex communication needs, and hearing children of ASL families.

The Department's Assistive Devices Center is one of the leading demonstration and evaluation centers for assistive devices in the nation, providing information to professionals, consultations to individual clients, and classes to undergraduate and graduate students, as
The Center houses the most advanced electronic instrumentation for assisting in auditory and visual communication.

A wide range of research activities within the Department adds to the diversity of the learning opportunities available to graduate students. Paid opportunities are often available to students who request to work with full-time and adjunct faculty engaged in scholarly pursuits in hearing, speech, and language sciences. Individual student research can also take the form of a research project, thesis or evidence-based systematic review for those who identify a topic and faculty mentor.

Finally, the Department supports two student organizations: the National Student Speech-Language-Hearing Association (NSSLHA) and the Student Academy of Audiology (SAA). We encourage you to become active in these organizations and others within the University that might advance your stewardship and scholarship.

**Guideline for ASL Communication Within the Department**

In order to maintain an atmosphere of sensitivity, flexibility and cooperation within the Gallaudet community, the use of American Sign Language (ASL) is strongly encouraged in public areas of campus.

Classroom instructors are likely to use spoken and written languages in exclusively hearing classes and ASL and written languages in exclusively deaf classes. Efforts to match the language and communication modalities of the prominent culture may also include simultaneous communication, Cued Speech, speech with fingerspelling support, speech with sign support, sign with speech support, and written forms of communication such as texting.

When in a clinical session, the client's preferred mode of communication should be established, and Department members should use that communication mode to the best of their ability (simultaneous communication, ASL, Cued Speech, speech alone). If there is a discrepancy between the communication skills of those involved and the client's mode of preference, attempts should be made to achieve a compromise in communication style that is comfortable for the client, supervisor and student clinician as appropriate.
HSLS Mission Statement

The mission of the Gallaudet HSLS Department is:

**Educational**
The Hearing, Speech, and Language Sciences Department at Gallaudet University offers three graduate degree programs which prepare the next generation of highly-qualified professionals: a Speech-Language Pathology masters, Audiology clinical doctorate - both accredited by the Council of Academic Affairs of the American Speech-Language-Hearing Association, as well as a Ph.D. in Hearing, Speech, and Language Sciences.

**Clinical**
Provide state-of-the-science speech, language, aural (re)habilitation and hearing services by the Gallaudet University Hearing and Speech Center which serves the Gallaudet community and the surrounding Washington D.C. metropolitan area with emphasis on cultural and linguistic sensitivity and communication accessibility.

**Research**
Conduct research to inform practice and advance knowledge in the field of hearing, speech, and language sciences, with an emphasis on linguistically and culturally diverse populations, with a particular focus on deafness.

**Outreach & Advocacy**
Advocate for communication and cultural sensitivity to hearing, hard of hearing and deaf individuals through education, professional affiliations, clinical service, research, and community outreach.

January 15, 2015
Au.D. Program of Study

Au.D. Program Student Learner Outcomes (SLO’s)

Graduates of the AuD Program should be able to:
1. Communicate in a professional, culturally sensitive, and effective manner; via spoken, written, and sign languages; in advocacy, consultation, education, and administration.
2. Plan, perform, and evaluate programs for prevention and identification of auditory and vestibular disorders.
3. Plan, perform, and evaluate assessment of individuals with suspected disorders of auditory, balance, communication, and related systems.
4. Plan, perform, and evaluate intervention of individuals with suspected disorders of auditory, balance, communication, and related systems.
5. Conduct clinically relevant research to support evidence-based audiological practice, including evaluation and interpretation of the current literature and planning and executing a hypothesis-driven study.

Knowledge and Skills Outcomes Needed for Graduation

Students complete; and advisors, faculty, and clinical educators verify; competence on the Knowledge and Skills Outcomes for Audiology throughout the student’s education. This form assists in tracking the processes by which the above learner outcomes and the knowledge and skills for the Certificate of Clinical Competence in Audiology (CCC-A) are being acquired.

Click here for CCC-A Standard on Knowledge and Skills Outcomes
Semester By Semester Program of Study

Year I – Fall semester
HSL 814 Instrumentation Lab (1)
HSL 815 Acoustics and Psychoacoustics (3)
HSL 817 Anatomy and Physiology of Audition (3)
HSL 834 Diagnostic Audiology (4)
HSL 846 Clinical Applications of Sign Communication I (1)
DST 795 Language and Cultures Colloquium
PST ___ American Sign Language (3)

Year I – Spring semester
HSL 784 Research Methodology in Audiology and Speech-Language Pathology (3)
HSL 818 Acoustic Phonetics (3)
HSL 840 Introduction to Practicum (1)
HSL 847 Clinical Applications of Sign Communication II (1)
HSL 850 Amplification I (3)
HSL 861 Pediatric & Educational Audiology (3)
___ ___ Elective (2-3)
PST ___ American Sign Language (3)

Year I – Summer semester
HSL 895 Neuroanatomy (3)
HSL 821 Informational Counseling and Interviewing Skills for Audiologists and Speech-Language Pathologists (3)

Total credits for Year I: 32 - 35

Year II – Fall semester
HSL 824 Adult Aural Rehabilitation (3)
HSL 841 Clinical Practicum: Diagnostic (2)
HSL 842 Clinical Practicum: Aural Rehabilitation (1)
HSL 852 Amplification II (3)
HSL 866 Electrophysiological Measures in Audiology (3)
HSL 883 Research Project in Audiology (1)
PST ___ American Sign Language (3)

Year II – Spring semester
HSL 826 Pediatric Aural Rehabilitation (3)
HSL 835 Vestibular Assessment & Management (3)
HSL 841 Clinical Practicum: Diagnostic (2)
HSL 842 Clinical Practicum: Aural Rehabilitation (1)
HSL 858 Cochlear Implants (3)
HSL 883 Research Project in Audiology (1)
___ ___ Elective (2-3)
PST ___ American Sign Language (3)

CANDIDACY EXAM

Year II – Summer session

Total credits for Year II: 30-33

Year III – Fall semester
HSL 862 Central Auditory Processing (3)
HSL 863 Community and Industrial Audiology (2)
HSL 873 Private Practice/Clinic Management (3)
HSL 880 Internship (4)
HSL 883 Research Project in Audiology (1)

Year III – Spring semester

Year III – Summer Session
HSL 890 Externship (2-6)

Total credits for Year III: 24

Year IV – Fall, Spring, and Summer semesters
HSL 890 Externship (6 credits Fall, 6 credits Spring, 1 credit Summer) (13)

Total credits: 102 – 104 Approved by CGE May 2011
Additional Requirements:

- Students must take a minimum of two electives following the first semester of the program.
- Following the third semester of the program, students must register for HSL 883 (Research Project in Audiology) for each semester until the research project is formally completed. A thesis option may serve to satisfy this requirement.
- Students must successfully complete candidacy and comprehensive exams.
- Students must complete all academic and practicum requirements for the ASHA Certificate of Clinical Competency in Audiology (CCC-A).
- Students must adhere to the provision of the ASHA and AAA code of ethics.
- Students must successfully complete ASL III at Gallaudet (or equivalent) and demonstrate ability to effectively communicate with deaf and hard of hearing clients.

^ Additional elective requirements for students in the PEAE Option.

**Au.D. Clinical Experiences**

**Diagnostics Practica (On-Campus)**

Au.D. students traditionally complete their first two years of clinical practica within the GU Hearing and Speech Center. The first year of the Au.D. program is designed with an emphasis on academic preparation and introduction to clinical skills. During the second year of the program, there is more even distribution between the academic and clinic load. Clinical assignments will build upon academic coursework and should provide varied experiences within the scope of practice. Assignments will include training modules and an emphasis on the use of sign language in a clinical setting.

**Specialty Area Practica (On-Campus)**

In addition to diagnostic practica (HSL 841), second year Au.D. students will also register for Specialty Area practicum (HSL 842) during the Fall and Spring semesters. At least one semester will be devoted to aural rehabilitation (AR). Approximately fifteen hours of client contact within a semester constitutes one AR clinical experience. Clinical assignments can be for either individual or group sessions and include experiences such as hearing aid/cochlear implant orientation and use; auditory training, speechreading, and communication strategies. The other semester will be devoted to rotation through other specialty areas, such as cochlear implants, vestibular, auditory processing, tinnitus, and electrophysiology testing.

**Internships (Off-Campus)**

Beginning the summer of the 2nd year and throughout the 3rd year, students are assigned to off-campus internship sites for more intensive training. At internship sites students typically spend three full days per week (or five full days per week in
the summer) in a hospital, clinic, or school. With the exception of the Kendall Demonstration Elementary School and the Model Secondary School for the Deaf, all sites are off-campus. Each facility has been approved by the HSLS Department and employs experienced clinical supervisors. Most supervisors hold the Certificate of Clinical Competence in Audiology from ASHA. The facilities will differ in patient population (pediatric and adult) as well as services provided (diagnostic, rehabilitative, or educational). Internship supervisors receive no remuneration from Gallaudet University; they offer their services on a voluntary basis as a contribution to the profession and to our Department. It may be necessary for a security background check and finger-printing to be conducted for many clinical placements.

Students are placed in internship sites by the Internship Coordinators. Prior to assignments, the internship coordinators meet with students to describe and discuss various internship options. The following criteria are used in making internship assignments:

1. Type of placement.

It is the philosophy of the HSLS Department that students should be trained to function in a variety of clinical settings. Therefore, attempts are made to provide each student with a broad range of experiences, including exposure to pediatric and adult populations. Students are discouraged from performing two internships serving essentially the same population.

2. Student interests and needs.

3. Internship supervisor preferences concerning interests of students and type and amount of previous practicum.

4. Transportation needs. Some of the internship sites are not available by public transportation. If a student does not have access to a car, the choice of placement may be limited.

5. Supervision profile. Although all internship sites meet minimal supervisor requirements, some internships provide more direct supervision than others; at any given time, students vary in their need and ability to work independently. Coordinators attempt to match the supervision needs of students with what is available at the various facilities.

At the internships, students receive direct supervision from on-site supervisors. Once or twice during the semester, internship coordinators from the HSLS Department may visit each site to discuss the student's progress with the supervisor. Internship grades are recommended by the internship supervisor but are actually given by the Department internship coordinator. Students are encouraged at all times to discuss their internship experiences with their on-site supervisors and the Department coordinators.

Fourth Year Externship (off-campus)

Audiology students will be eligible for their Fourth Year Externship, or clinical externship, at the conclusion of the third year of study. The goal of the externship is to provide each student with a breadth and depth of supervised, full-time clinical experiences that will lead to the competent and autonomous practice of Audiology.
The externship is a full time commitment and may take place at a local or distant location. The provision of training stipends is at the discretion of the site and is not guaranteed. Additional academic responsibilities are associated with the externship, such as regular communication with the Externship Coordinator, on-line discussions, written reports, etc.

Decisions relative to selection of externship site(s) are made by the Department with input from the student and the externship site. In cooperation with the externship site(s), careful monitoring of student progress will continue through the Fourth Year. Upon successful completion of the externship, each student will have met all academic and clinical requirements for the Certificate of Clinical Competence in Audiology or a Certification through American Board of Audiology.

In order for a student to begin the externship, several requirements must be met, including (1) passage of the Comprehensive Examinations, (2) completion of the AuD Research Project, (3) an overall record of good to excellent performance in clinical internships. It is also required that students take the national Praxis Exam prior to beginning the Externship.

Through the externship, a student should increase his or her level of competence, comfort, independence and fluency in many of the above areas, but the exact extent of the areas refined will very much depend on the nature and characteristics of the fourth year placement. Regardless of the specific placement, however, each student will have developed a very clear approach to case management, and comfort with basic and advanced testing procedures so that he or she will enter the profession as a competent audiologist.

Procedure for Applying to Externship Sites

Before the application process begins, each student must meet with the Externship Placement Coordinator to discuss externship/career goals and to verify that the student has met the milestones discussed above.

Some sites have made exclusive arrangements to take students from specific universities, whereas others accept applications from students nationwide. Each site has different application procedures. Some prefer to be contacted directly by the student; some prefer that the Externship Placement Coordinator make the initial contact. Regardless of the site’s procedures, the HSLS Department requires that each student obtain permission from the Externship Placement Coordinator before contacting any site.

Each year, students will be provided with a list of approved Fourth Year Externship sites. This list will be available on Gallaudet’s Blackboard site, in an organization called “AuD Student Info.” When available, information describing the application procedures for each site will be listed or provided as a link.

It may be possible for a student to be placed at a site that is not on the list, providing a process is followed whereby the Department contacts the site to determine whether it meets the Departmental training guidelines. If so, then formal affiliation agreement between that site and the University must be set up before the
Site Qualification

To qualify as an externship placement, each site must be able to provide the clinical opportunities necessary to ensure that, by the end of the externship, a student’s clinical experience will meet or exceed ASHA’s current standards for the Clinical Certification. In addition, the site should provide each student with the opportunity to increase his or her level of competence, comfort, independence, and fluency in many of the area addressed above. However, the exact extent of the areas to be refined will very much depend upon the nature and characteristics of the externship placement.

It is recommended that each student become familiar with the current ASHA certification requirements, since these form the minimum requirements for the 4th year Externship. These requirements can be found in the Audiology Student Guide or on the ASHA website at: http://www.asha.org/Certification/2012-Audiology-Certification-Standards/.

According to these guidelines, acceptable clinical practicum experience includes clinical and administrative activities directly related to patient care. Clinical practicum is defined as direct patient/client contact, consultation, record keeping, and administrative duties relevant to audiology service delivery. Time spent in clinical practicum experiences should occur throughout the graduate program and be under the supervision of an ASHA-certified audiologist. Specific procedures for monitoring progress will be put into place for each student. This will include regular communication between the student, the site supervisor(s), and the Externship Placement Coordinator. In addition, the site supervisor(s) must be willing to abide by the Department’s grading policies.

Au.D. Research Experiences

Au.D. students may choose from several research options including a) research project, b) thesis, and c) systematic evidence-based review. All students take HSL 883 beginning in the Fall semester of their second year. They may decide which experience they want during that semester.

Au.D. Research Project

The student will identify an area of study and research committee membership as part of the HSLS 883 Research Project in Audiology course during the Fall semester of the second year. Final research committee membership and all student research projects will be approved by the AuD committee. When human subjects are involved, IRB approval will precede data collection. The final project will be presented as a poster during Spring semester of the third academic year with a written manuscript in the current APA submission style due on the date of the presentation.

Au.D. Systematic Evidence-Based Practice (EBP) Review
This option allows the student to explore in depth a topic of interest. This may take the form of an unusual or newly discovered auditory pathology or a new technological innovation. The student would research the available literature on the topic (agreed upon by a committee and/or research advisor), review that literature extensively, and present a poster including all pertinent test procedures and outcomes during Spring semester of the third academic year with a written manuscript in the current APA submission style due on the date of the presentation.

**Au.D. Thesis**

Students who are considering the PhD program at Gallaudet or at another university should give consideration to the thesis option. This may be a requirement for entry into some PhD programs. The option is offered to students interested in conducting research and who exhibit outstanding abilities in clinical and academic areas during their first year. Not all students will be selected to conduct a thesis and not all selected will choose to follow this track. Moreover, conduct of a thesis will depend to a large extent on the topic chosen, the availability and willingness of faculty and staff to participate, and the resources needed to conduct the proposed work.

**Procedures for Completing the Research Project and EBP Review**

I. Courses, Procedures, and Program Requirements

A. Students must successfully complete HSLS 784 (Research Methodology in Audiology and Speech-Language Pathology).

B. Credit for the research project and EBP review will be obtained by taking HSLS 883 (Research Project in Audiology). This course will be taken for one credit each semester beginning Fall Semester Year Two until the project is completed (target: Fall Semester Year Three).

C. Before initiating the research project, the student must form a research committee comprised of the advisor and at least one additional member. It is the student’s responsibility to recommend committee members, which will then be assigned by the AuD Committee. Whether or not a prospective committee member agrees to serve on a student’s committee is dependent on the member’s familiarity with the topic, availability, and other factors that are solely at the discretion of the prospective member. It is best to meet with the prospective committee members as soon as is feasible to ensure their availability and willingness to serve on the student’s committee.

D. The research advisor will provide students with direction about additional courses that are required or desirable to complete their project. The advisor will inform students of additional course requirements with sufficient advance notice to enable the student to take the course.

E. During the Fall semester of the second year of study, students must submit a research project title, abstract, literature review and preferred research advisor as part of the HSLS 883 Research Project course. The AuD Committee will meet to determine suitability of the project and then assign a research advisor. Upon acceptance of the research project by the committee, the student will be advised
regarding IRB requirements and other pertinent considerations and suggestions regarding the study. During the Spring semester of the second year, students will obtain IRB approval and begin data collection. The project will be completed during the Fall semester of the third year.

F. A research experience is required of all AuD students and does not constitute a waiver of other requirements.

II. Research Project Committee and Advisor

A. Number of members. The research committee will be comprised of a research advisor and at least one additional member (who may or may not be members of the Department).

B. Advisor. A research advisor should be selected on the basis of background in the content area selected for the research project and experience in research design, quantitative methods, etc. In most cases this will be a faculty member from the Department.

C. Co-Advisors. The graduate school requires that a faculty member is the instructor of record for the research project. If a member of the professional staff, or an individual from outside the Department or University is selected as an advisor, then a faculty person from within the Department must be selected as co-advisor. The co-advisor will also be involved in proposal development and serve as the official Graduate School advisor on the project. If the project is to be submitted for publication, the on-campus advisor must appear as a co-author.

D. Appointment of the Committee. The student, together with the prospective advisor, will agree on a research committee before individuals are contacted by the student to determine their willingness to serve on the committee. Final research committee membership will be determined by the AuD Committee.

E. The Role of the Committee. The research committee will be responsible for the following:

1. Review the proposal and provide initial direction about the scope of the project to the student.
2. Provide guidance to the student as needed during the course of the project.
3. Read and evaluate the final paper, meet with the student to provide input, and recommend changes to the student. As chair of the research committee, the research advisor will make all final decisions regarding completion of the project.

III. Steps in Completing the Research Project and EPB Review

A. Select a Research Advisor. As soon as the topic is selected and the initial ideas formulated for the research, the student will contact a prospective advisor and discuss the topic area, general question, and willingness of the individual to serve as research advisor. The selected advisor name will be submitted to the AuD Committee who will make final determination of advisor assignment.

B. Submit a Research Application/Plan to the AuD Committee. The plan will contain information about the committee composition, problem area, research question, needed resources, and estimated time-line. Much of this may be generated in
conjunction with the Research Project (HSLS 883) course. The information provided in the research project application/plan should be adequate to enable the committee to address the areas listed below. The plan should be submitted by Fall mid-semester of the second year.

The committee will evaluate the plan with respect to the following criteria:

1. Is the topic within the scope of the student’s professional area and the advisor’s or committee’s realm of expertise?
2. Does the student’s performance within the program indicate she or he will be able to complete the research without detracting from their progress in professional training? Students on academic probation may be required to postpone the research experience until they are removed from probationary status.
3. Are the Department’s resources sufficient to permit successful completion of the project?

C. Develop the Proposal. The student must develop a written proposal for submission to the research committee with a copy for each member. The student’s research committee must approve the project and then the proposal is forwarded to the AuD Committee for final approval of the research design and methodology. Upon approval, three copies of the final proposal are to be submitted to the Program Director for Department records. Research will begin following approval by the AuD committee.

D. Obtain Approval of the Institutional Review Board (IRB) for Protection of Human Subjects, if collecting data on Human Subjects. A copy of the proposal, along with an application for conducting research with human subjects must be submitted to the Board. Approval must be obtained prior to initiating the research. Go to the following link for further information: http://www.gallaudet.edu/irb_application.xml

E. Conduct the Research.

F. Prepare a Manuscript and Formal Presentation.

A written document in a format consistent with guidelines delineated by the Department will be submitted to each research committee member. While the precise form of the manuscript may vary with the topic or advisor preferences, the manuscript should adhere to the style specified in APA guidelines or JSHR/JAAA instructions to authors. The Graduate School can provide a summary of APA style considerations. The final written project is due at the time of the formal presentation and the manuscript must show the on-campus research advisor as a co-author. The advisor may be either first or second author on the final manuscript as agreed upon by the authors. The research project and EPB review will also be presented formally to the Department during a specified Poster Presentation prior to externship placement. The presentation must be presented to the research committee at least two (2) weeks prior to the scheduled presentation date. The committee will determine at that time if the presentation will go ahead as scheduled or if it will be postponed. All Audiology faculty and all AuD students are required to attend the scheduled formal presentations.

G. Finalize the Manuscript.

Copies of the final draft of the manuscript should be provided to each committee
member. In addition, a copy of the manuscript and the approval form must have all signatures completed and be filed in the student’s permanent record.

IV. Manuscript Plan and Externship.

Externship placement is contingent on completion of the research project or EPB review, final manuscript submission and formal presentation of the project. Graduation is contingent upon completion of all program requirements.

AuD Project Forms

The following forms are available on Blackboard or AuD Project website (https://sites.google.com/a/gallaudet.edu/aud-project/)

- **AuD Research Project Application Form**
  Your project topic, scope, and committee must be approved by the AuD Program. This form must be submitted along with your proposal detailing the purpose, rational, methods, and timeline of your project.

- **AuD Research Project Change of Committee Form**
  Should the composition of your committee change after your project was approved, this form must be submitted and approved.

- **AuD Research Project Final Approval Form**
  This form must be attached to the final manuscript.

Procedures for Completing the Au.D. Thesis

I. Courses, Procedures, and Program Requirements

A. Students must successfully complete HSL 784 (Research Methodology in Audiology and Speech-Language Pathology) prior to initiating a thesis. Audiology students will enroll for HSL 883 as preparation for the thesis proposal.

B. Credit for conducting the research thesis will be obtained by taking HSL 895 (AU.D. thesis). This course will be taken twice for a total of 6 credit hours.

C. Before initiating a thesis, the student must form a thesis committee comprised of a thesis advisor and two to three additional members. It is the student’s responsibility to arrange for committee members. Whether or not a prospective committee member agrees to serve on a student’s committee is dependent on the member’s familiarity with the topic, availability, and other factors that are solely at the discretion of the prospective member. It is best to meet with the prospective committee members as soon as is feasible to ensure their availability and willingness to serve on the student’s committee.

D. The thesis advisor (see below) will provide students with direction about additional courses that are required or desirable to complete their project. The advisor will inform students of additional course requirement with sufficient advance notice to enable the student to take the course.
E. Toward the middle of the Fall semester of the second year of study, students interested in pursuing the thesis option must submit a Thesis Plan to the Au.D. Program Director. Upon acceptance of the Thesis Plan by the committee, the student is considered to be in the thesis track, and must satisfy all requirements of this track prior to graduation. (See IV below.)

F. For students pursuing the thesis track, the candidacy exam may be administered in the form of a thesis defense.

II. Thesis Committee and Advisor

A. Number of Members. The Thesis Committee will be comprised of a thesis advisor (see section II.B.) and a minimum of two additional members (who may or may not be members of the Department).

B. Advisor. An advisor should be selected on the basis of background in the content area selected for the thesis and experience in research design, quantitative methods, etc. In most cases this will be a faculty member from the Department. See section II.C. below for information on selecting a thesis advisor from the professional staff, or from outside of the Department. Once an individual from within the Department has agreed to serve as thesis advisor, that person will discuss the matter with the Department Chair. The Chair's written approval will be necessary before an advisor can "officially" begin working with the student on the thesis.

C. Co-Advisors. The Graduate School requires that a faculty member be the instructor of record for the Thesis course. If a member of the professional staff or an individual from outside the Department or University is selected as an advisor, then a faculty person from within the Department should be selected as a co-advisor. The co-advisor will also be involved in proposal development by providing input concerning design, etc.

D. Appointment of a Committee. The student, together with the prospective advisor, will agree on a Thesis Committee before individuals are contacted by the student to determine their willingness to serve on the committee. The proposed committee must be officially approved by the Department's Graduate Studies Committee (GSC).

E. The Role of the Committee. The Thesis Committee will be responsible for the following:

1. Review the proposal and provide initial direction about the scope of the thesis to the student.

2. Provide guidance to the student as needed during the course of the project.

3. Read and evaluate the final paper, meet with the student to provide input, and recommend changes to the student. As chair of the Thesis Committee, the thesis advisor will make all final decisions regarding completion of the thesis.

III. Steps in Completing the Thesis Option

A. Select a Thesis Advisor. As soon as a topic is selected and the initial ideas formulated for the research, contact a prospective advisor and discuss the topic area,
general question, and willingness of individual to serve as an advisor.

B. Submit a Thesis Application plan. Submit a thesis application/plan to the Au.D. Program Director (see Page 26). The plan will contain information about the committee composition, problem area, research question, needed resources, and estimated time-line. Much of this will be generated in conjunction with the Research Methods course. The information provided in the thesis application plan should be adequate to enable the Program Director to address the areas listed below. The plan should be submitted by Fall mid-semester of the second year.

The Au.D. Program Director will evaluate the plan with respect to the following criteria:

1. Is the topic within the scope of the student's professional area and the advisor's or committee's realm of expertise?

2. Does student's performance within the program indicate she or he will be able to complete the research without detracting from their progress in professional training? Students on academic probation will not be allowed to pursue the thesis option.

3. Are the Department's resources sufficient to permit successful conduct of the project?

C. Develop the Proposal. The student must develop a written proposal for submission to the Thesis Committee with a copy for each member. Upon approval, three copies of the final proposal are to be submitted to the Au.D. Program Director for Departmental records. Research will begin following approval by the Committee.

D. Obtain Approval of the Institutional Review Board (IRB) for Protection of Human Subjects. A copy of the proposal, along with an application for conducting research with human subjects must be submitted to the Board. Approval must be obtained prior to initiating the research and a copy of the approval filed in the student’s file.

E. Conduct the Research.

F. Prepare a Thesis Manuscript. A written thesis document, in a format that meets Gallaudet’s thesis guidelines, will be submitted to each Thesis Committee member. While the exact form of the thesis will vary with the topic, advisor preference, etc., the thesis should adhere to the style specified in the APA guidelines. The Graduate School and Professional Programs can provide a summary of APA style considerations.

G. Convene a Thesis Defense. A thesis meeting will be held within a reasonable time (usually two weeks) after submitting the thesis document to the committee members. This meeting will permit the student to respond to questions or clarify issues raised by the committee members. It is important that the written document be submitted to the committee so that there is sufficient time to read the document before the meeting is held. Approval by the Thesis Committee Advisor, in concurrence with the Department Chair, and appropriate Deans will constitute completion of the thesis. To be eligible for Spring graduation, the written document must be completed, and the Thesis meeting concluded in advance of the deadline for graduation as stipulated in the University guidelines. The first portion of the Thesis
Defense is open to the public and other AuD students and faculty are encouraged to attend.

H. Finalize the Thesis Document. Copies of the final draft of the thesis document should be provided to each committee member. In addition, a number of copies of the thesis must be submitted to the University. See the Graduate School and Professional Programs’ Dissertation and Thesis Handbook for details.

I. Fees. The student is responsible for the costs involved in printing the thesis. See the current tuition fee schedule for exact costs. The current cost is $600 for the required university copies and $80 per additional copy.

IV. Thesis Plan and Graduation

Submission and approval of a Thesis Application/plan indicates a student's intention to complete a thesis. Should a student be unable to complete the thesis for any reason, the program requirements for the non-thesis track will apply. That is, the current requirements for non-thesis students must be completed. This would require taking the standard Candidacy Examination at the regularly scheduled administration date and completion of required electives. In all cases, graduation is contingent upon completion of all program requirements.

V. Progress toward Completion of the Thesis

Students approved to pursue the thesis track are expected to make sufficient progress on their thesis, in most cases a student is expected to complete this thesis in roughly one year. While not a strict time-line, a typical one year schedule is as follows:

1. Proposal completed by middle of Spring semester of year 2.

2. Data collection completed by mid-November of the student' third year.

3. Student will complete write up, and present completed thesis to his/her committee by mid-February of year 3.

It is recognized that specific timelines are very much dependent on the particulars of each study, and that some flexibility re: timelines is needed. However, if a student fails to make sufficient progress particularly during the earlier, conceptual stages of the thesis, it is the prerogative of the thesis advisor to recommend termination of the thesis to the Department’s Au.D. Program Committee. Approval of this recommendation by the Committee will result in the student reverting to the non-thesis track of the program. The student would then be required to complete all requirements for the non-thesis track of the department in effect at the time the student entered the program. It is likely that students moving from the thesis to non-thesis track will encounter some delay in graduation as a result of changing tracks.
Thesis Application

To the Student. The following Application is to be completed and submitted to the Au.D. Program Director prior to initiating an Au.D. thesis in the Department of Hearing, Speech, and Language Sciences. It should be submitted around the eighth week of the semester. Please be as comprehensive as possible. The more specific you are, the better able the Program Director will be able to determine the acceptability of your intended research plan. Every effort will be made to respond to your application within two weeks of receipt by the Program Director.

Name:

Tentative Title:

Problem Area:

Research Question (if possible):

Population:

Advisor (should be contacted prior to submission):

Tentative Committee Members:

Brief Time-Line:
Needed Resources (personnel, subject payment, etc.):

Additional information or comments that might help the committee evaluate your application:
Au.D. Student Assessment

Assessment of student learning occurs in several ways beyond course and clinic grades. Students participate in formative exams (Clinic practical exams, candidacy examination), in summative exams (written and oral comprehensive exams, national Praxis exam), in summative documentation of ASHA's Knowledge and Skills Acquisition (KASA), and in other program assessments (end-of-semester course and clinic evaluations, exit interviews, etc.).

Candidacy Examination

The AuD Candidacy Examination takes place at the beginning of the summer semester between the 1st and 2nd year of the program. Passage of the examination will award students with the Advancement to Au.D. Candidate status, and allows them to continue in the program. Failure to pass the examination may lead to probation or dismissal from the program.

Candidacy Examination will consist of clinical practical examination and written examination. The details of the format will be provided in Spring semester of the 1st year.

Structure of the Comprehensive Examination

The AuD Comprehensive Examination consists of the Written Examination and the Oral Examination. Both must be completed successfully in order for the student to be eligible for the non-clinical Master’s degree.

The overall objective of the Written and Oral Comprehensive Examinations is to assess a student's knowledge base of the Audiology Curriculum to date as well as his or her ability to integrate and apply this knowledge by answering theoretically and clinically based questions. The examination is designed to assess a student's ability to think beyond a single topic or course. While courses often tap understanding of various topics, there are limits to what can be evaluated in a single course, particularly in light of the need to be aware of multiple aspects of a clinical case. Additionally, the Comprehensive Examinations enable the Department to evaluate a student’s ability to apply a range of information obtained in courses to specific clinical cases – cases that students may or may not have had exposure to in clinic.

The Written Comprehensive Examination is administered in May of the 2nd year. The Oral Comprehensive Examination will be offered sometime during the first half of the fall semester of the 3rd year.

The details of the format will be provided in Spring semester of the 2nd year.

Examination Results

Successful completion of the Comprehensive Exams is necessary for the student to continue in the program. One additional opportunity to take of the examination(s) may be permitted. Whether the entire examination or a portion of the examination will be required will be decided on an individual basis, taking into consideration each
student’s performance on the examinations as well as his or her demonstrated skills and knowledge through previous course work and clinical assignments. Should this re-take be necessary, each student will be required to develop a strategy for addressing the difficulties he or she experienced on the examination(s). This will be done in concert with guidance from faculty and professional staff in the Department. This approach places responsibility for developing learning strategies on the student, with the faculty and staff functioning as mentors in the process. If a student fails either of the exams a second time, then he or she may be dismissed from the program. When a student has passed both the written and oral portions of the Comprehensive exam, he/she is advanced to candidacy.

**STUDYING HINTS**

1. In 1956, Benjamin Bloom[1] headed a group of educational psychologists who developed a classification system of levels of intellectual behavior important in learning. This hierarchy consists of six levels of learning within the cognitive domain, from simple recall or recognition of facts at the lowest level, through increasingly more complex and abstract mental levels, to the highest order which is classified as evaluation. The Comprehensive Examinations are designed to tap a range of cognitive skills, but with a focus on higher-functioning skills. Table 1, below, reviews the cognitive learning skills identified by Bloom and others and provides a list of verbal cues to help each student prepare for the kinds of questions that will be asked on the examinations.

2. Sample questions also will be provided to facilitate preparation.

3. When answering sample questions, students should strive for breadth and depth with justification whenever possible, including literature citation.

4. It is also helpful to first outline the answer as this will facilitate completeness.

<table>
<thead>
<tr>
<th>Competence</th>
<th>Skills Demonstrated</th>
<th>Question Cues</th>
</tr>
</thead>
</table>
| **Knowledge** | • Observation and recall of information  
• Knowledge of dates, events, places  
• Knowledge of major ideas  
• Mastery of subject matter | List, define, tell, describe, identify, show, label, collect, examine, tabulate, quote, name, who, when, where, etc. |
| | | • List the 3 parts of the ear.  
• Who discovered the ear?  
• Where is the ear? |
| **Comprehension** | • Understanding information  
• Grasp meaning  
• Translate knowledge into new context  
• Interpret facts  
• Compare, contrast  
• Order, group, infer causes  
• Predict consequences  
• Describing in one’s own words  
• Organization and selection of facts and ideas/Retelling | Summarize, paraphrase, describe, explain, interpret, contrast, predict, associate, distinguish, estimate, differentiate, discuss, extend, review, tell |
| | | • Discuss how a sibilant is made.  
• What’s the difference between compression and peak clipping?  
• Review how an audiometer is calibrated.  
• Interpret these test results. |
<p>| <strong>Application</strong> | • Use information | Apply, demonstrate, calculate, |</p>
<table>
<thead>
<tr>
<th>Task</th>
<th>Example Phrases</th>
<th>Analysis</th>
<th>Example Phrases</th>
<th>Synthesis</th>
<th>Example Phrases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use methods, concepts, Theories in new situations</td>
<td>complete, illustrate, show, solve, examine, modify, relate, change, classify, experiment, discover</td>
<td>Use old ideas to create new ones</td>
<td>Combine, integrate, modify, rearrange, substitute, plan, create, design, invent, what if?, compose, design, formulate, prepare, generalize, rewrite, setup, organize</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem-solving using required skills or knowledge</td>
<td>How is...an example of...?</td>
<td>Generalize from given facts</td>
<td>Be able to pull together many disorganized elements or parts so as to form a whole.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applying information to produce some result; Use of facts, rules and principles</td>
<td>How is...related to...?</td>
<td>Relate knowledge from several areas</td>
<td>What would you predict/infer from...?</td>
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<tr>
<td></td>
<td>Why is...significant?</td>
<td>Predict, draw conclusions</td>
<td>What ideas can you add to...?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analysis</td>
<td>See patterns</td>
<td>Combination of ideas to form a new whole</td>
<td>How would you design a rehabilitative plan for this client?</td>
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<tr>
<td>Organization of parts</td>
<td>Analyze, separate, order, explain, connect, classify, arrange, divide, compare, select, explain, infer, distinguish, calculate, diagram, debate, solve, examine</td>
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<tr>
<td>Recognition of hidden meanings</td>
<td>What are the parts or features of...?</td>
<td>What might happen if you combined...?</td>
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<tr>
<td>Identification of components</td>
<td>Classify...according to...</td>
<td>What solutions would you suggest for...?</td>
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<tr>
<td>Subdividing something to show how it is put together; finding the underlying structure of a communication; identifying motives; Separation of a whole into component parts</td>
<td>Outline/diagram...</td>
<td>Evaluation</td>
<td></td>
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<tr>
<td>Synthesis</td>
<td>Use old ideas to create new ones</td>
<td>Compare and discriminate between ideas</td>
<td>Assess and decide, rank, grade, test, measure, recommend, convince, select, judge, explain, estimate, discriminate, support, conclude, compare, summarize, measure,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generalize from given facts</td>
<td>Assess value of theories, presentations, issues; resolving controversies or differences of opinion</td>
<td>Do you agree...?</td>
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<tr>
<td>Relate knowledge from several areas</td>
<td>Make choices based on reasoned argument</td>
<td>What do you think about...?</td>
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</tbody>
</table>
| • Verify value of evidence  
• Recognize subjectivity  
• Development of opinions, judgments or decisions | • What is the most important…?  
• Place the following in order of priority…  
• How would you decide about…?  
• What criteria would you use to assess…? |
Praxis Exam for Audiology

The national Praxis examination in audiology is designed to assess, in a comprehensive fashion, the applicant's mastery of knowledge of professional concepts and issues to which the applicant has been exposed throughout professional education and clinical practicum. The applicant must pass the examination in audiology within 2 years of the date the course work and practicum submitted by the applicant are approved by the Council For Clinical Certification in Audiology and Speech-Language Pathology (CFCC). The CFCC requires that all applicants must pass the national examination in the area for which the Certificate is sought. The current passing score is 170.

Gallaudet Au.D. students are encouraged to take the Praxis exam in their 3rd year, after they have studied for the Comprehensive Examination and before externship. Several externship sites require that the Praxis is passed before the student can apply for externship. As this is a requirement for graduation, all students must submit the results of their Praxis exam to the Department Secretary or have ETS send the scores to Gallaudet University before the final recommendation for graduation will be made by the Department.

Advising

Each student is assigned an academic advisor to assist in program planning and serve as the go-to person when questions arise about or issues occur in the Au.D. Program. Regular meetings with advisors may keep communication channels open and sometimes enable mentoring relationships to develop that would not otherwise develop inside the classroom or clinic. Advising is particularly important at pre-registration time, when a student encounters academic or clinic difficulty, and before graduation to verify and complete documentation for certification (ASHA or ABA), program assessment and graduation requirements.
Students with Special Needs

The Office for Students with Disabilities (OSWD) provides individually tailored, comprehensive, support services and programs for students with disabilities. OSWD empowers eligible students to succeed in their pursuit of higher education by striving to assure equal access and opportunity to curricular and extra-curricular activities. Supporting the ideal of life-long learning, OSWD encourages and provides experiences and opportunities to build confidence beyond the classroom.

Student autonomy is encouraged through the provision of reasonable accommodations, academic support groups, self-advocacy, and compensatory training. OSWD employs a student-centered interactive model in which collaboration among professionals and OSWD students result in a nondiscriminatory academic environment.

In addition, OSWD provides professional development services and programs for faculty and staff and for community-based professionals.

For students that suspect they may have special needs, it is important that you contact OSWD. Counselors at OSWD can arrange for evaluations and counseling that will lead to specific recommendations that will be communicated to faculty and supervisors.

For more information or assistance, contact:

College of Liberal Arts, Sciences, and Technologies
Center for Academic Programs and Student Services (CAPSS)
Student Academic Center Room 1220
800 Florida Ave. NE
Washington, D.C.20002-3659
(202) 651-5256 (V/TTY)

On the Web At: http://depts.gallaudet.edu/OSWD/

Policies and Procedures

Copy Policy for Students

1. Each Student will have access to 400 copies for the entire school year. These copies are intended for copying clinic related items. All copying is to be done in the clinic records room (Room 2125).

2. You will receive a five (5) digit "copy code." Guard it with your life and do not give it to anyone! This code gives you access to the copier in the clinic office (NOT the department copier upstairs).

3. Once you reach your 400 copy limit, you have two (2) options:
   a) Purchase additional blocks of copies at $10/100 copies (See department secretary).
b) Make copies elsewhere on campus

4. Reams of paper are available for use with the student copier/printer at $3.00 each. Please see the clinic administrative staff or department secretary regarding this purchase.

5. Any questions? Talk to the department secretary (Rm 3110).

**Policy Regarding Absences from Department**

It is recognized that occasional situations arise, such as an illness in the immediate family, that require students be away from the Department. In the event of unexpected absence from the Department, it is the student's responsibility to contact the Chair or Department secretary, as well as the course instructors and clinical supervisors. Informing someone in a timely way of your situation (and who needs to be contacted for academics and clinic) is of obvious importance to ensure that instructors, clients, and supervisors are aware of your absence. Missed classes, practicum experiences, etc. will be handled on a case-by-case basis, and will be discussed at the time you contact the Department.

If you are unable to reach the Chair or Department secretary directly, leave a message or email with a phone number where you can be reached. Also remember that you have a professional responsibility to your clients to ensure continuity of services. If you have materials that are being used in therapy, try to make these available to the supervisor before you leave.

Failure to follow this procedure will likely result in the absence being considered an unexcused absence, and could influence your class or clinical practicum grades.

**Grievance Procedures**

On occasion, a student may encounter a situation that requires steps beyond an academic advisor. The following Department steps should ensure that a grievance receives fair and appropriate consideration:

**FIRST:** You should request a meeting with the person or persons involved most directly in the grievance—an individual instructor, clinical educator, administrator or other person involved—and communicate the nature of the grievance. Concerns that relate to a course should be directed to the immediate course instructor. Concerns that relate to clinic should be directed to the immediate clinical educator. When a grievance involves a client or a practicum experience off-campus, however, you should first inform your on-campus clinical educator.

**SECOND:** Follow up with documentation, perhaps a thank-you note for the time spent in talking or an e-mail requesting another meeting. If the
grievance is not resolved, request a meeting to discuss the grievance with the next person in the chain of authority within the Department (see table below). Follow up with and keep a copy of all documentation.

THIRD: When a grievance remains unresolved, request a meeting to discuss the grievance and your steps in rectifying the grievance with the next person in the chain of command outside the Department (e.g., the Dean of the Graduate School and Professional Programs, the University's Ombudsman, as examples). The Dean generally serves as the final arbitrator but the Dean's office may take the grievance to the next level of command (the Provost or President office) in seeking resolution.

AND ALWAYS, be aware that failure to follow these procedures could impact the grievance process negatively. Acting with integrity and documenting with integrity are important to the process and to the resolution.

Chain of Authority in Communicating Grievances:

<table>
<thead>
<tr>
<th>In the Academic Program</th>
<th>In the Clinical Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate Instructor (full or part-time)</td>
<td>Immediate Supervisor (on / off campus)</td>
</tr>
<tr>
<td>Au.D. Program Director</td>
<td>Clinic Director / Internship Coordinator</td>
</tr>
<tr>
<td>Department Chair</td>
<td>Department Chair</td>
</tr>
<tr>
<td>Dean of the School</td>
<td>Dean of the School</td>
</tr>
<tr>
<td>University Ombudsman</td>
<td>University Ombudsman</td>
</tr>
<tr>
<td>Provost</td>
<td>Provost</td>
</tr>
<tr>
<td>University President</td>
<td>University President</td>
</tr>
</tbody>
</table>

In addition to these University avenues for addressing grievances, the Council on Academic Accreditation in Audiology and Speech-Language Pathology is available to address concerns that involve or affect academic accreditation. Guidance for pursuing concerns through the CAA is offered at the website: asha.org/academic/accreditation/accredmanual/section8.htm

University Policies

The Department, University, and the professions of Audiology and Speech-Language Pathology expect students to adhere to a high level of ethical conduct, including academic integrity that avoids plagiarism or other forms of cheating. Students are responsible for knowing the University’s Academic Integrity Policy, Associated Standards, Violations, and Appeals processes. All of these policies are available in the latest version of the Graduate Catalog.

Students are also responsible for knowing all other policies available in the catalog including those that address: Confidentiality of Student Records, Behavior Codes, Protection Against Sexual Harassment, the Graduate Grading System, Academic Probation and Appeals, Leave of Absence Policy, and others that may be relevant to an individual’s status at any time during enrollment.
Standards of Professional Behavior and Communication for Graduate Students

Knowledge of scientific theory and methodology, and their application to clinical practice, are major components of graduate study. In addition to academic and clinical accomplishments, which are evidenced in a student's grades, graduate students must manifest behavior and communication skills which are consistent with professional standards. The principal elements of professional behavior include tact; sensitivity to the needs and interests of clients, colleagues and supervisors; good judgment; fulfilling clinical responsibilities; and conduct in accordance with the Code of Ethics of the American Speech-Language-Hearing Association and the American Academy of Audiology. The principal elements of communication include, but are not limited to written and oral communication.

Adherence to professional standards of behavior and communication are essential. Failure to meet these standards reflects adversely upon the individual's suitability for professional service, and may be grounds for release from the graduate program.
Awards and Honors

Each year a number of different awards and honors are available to graduate students in the Department. In some instances, the Department selects the award recipient; in others the Department nominates a student to the University for consideration. The Department solicits nominations from faculty, staff, and students for awards and honors.

The following group of awards are presented to first year Speech-Language Pathology and/or first, second, or third year Au.D. graduate students. The Awards are made by the Department.

HANDELSMAN-HENDRIX AWARD

The Handelsman-Hendrix Memorial Fund was established by their families to honor the memory of Jane Handelsman, a 1980 graduate of the Audiology program, and her Husband David Pryor Hendrix. The award recipient shall be one who has demonstrated a record of achievement and service to Gallaudet's community of concern, and who manifests those personal qualities for which Jane and David Pryor are remembered: compassion, integrity, leadership and warm-heartedness.

The award is presented to a student in Audiology. Selection is made by the Au.D. Program Committee based upon nominations by students, staff, and faculty of the Department.

ADRIENNE L. KAPLAN AWARD

The Adrienne L. Kaplan Memorial Endowment Fund was established by Mr. and Mrs. Irwin Kaplan in memory of their daughter who, although not deaf, suffered from a physical disability which interfered with her communication.

The award is designed to support the professional training of outstanding students in the Department. The award is presented to a student in Audiology or Speech-Language Pathology. Selection is made by the Department based upon academic excellence and clinical performance.

STEVE ACKLEY MEMORIAL SCHOLARSHIP AWARD

The R. Steven Ackley Memorial Fund was established in 2014 by the Department of Hearing, Speech, and Language Sciences to honor the memory of Steve Ackley, beloved faculty member, teacher, advisor, mentor, colleague, and friend. Dr. Ackley joined the department in 2000 and served as faculty member, Audiology Program Director, Chair, Faculty Senate representative, and faculty advisor for the Student Academy of Audiology (then known as NAFDA). His areas of interest included medical, pediatric and geriatric audiology, balance testing, and auditory anatomy and physiology. His teaching and mentoring was student-centered, focused on the importance of life-long learning and humanitarian ideals. With a natural ability to connect with those around him, he often acted as a motivator for other's research and professional development. Before receiving his Ph.D., Steve was a teacher at the Maryland School for the Deaf. In the last several years of his career, he began a
program of research on hearing health in Native American and Alaskan Native populations.

To celebrate Steve's warmth, humor and devotion to his students, and to honor his commitment to Audiology and Deaf Education, this memorial award is presented to a student in the Department of Hearing, Speech, and Language Sciences who exemplifies Dr. Ackley's legacy.

**THE AWARD FOR EXCELLENCE IN SPEECH-LANGUAGE PATHOLOGY**

The purpose of this award is to recognize a first year student in Speech-Language Pathology who has performed in an excellent manner, both academically and clinically.

**THE AWARD FOR EXCELLENCE IN AUDIOLOGY**

The purpose of this award is to recognize a first year student in Audiology who has performed in an excellent manner, both academically and clinically.

Returning graduate students in the department are eligible for the following awards and honors.

The following group of awards is University-wide awards for which students in HSLS are eligible.

**University and Graduate School Awards**

**PRESIDENTIAL SCHOLAR**

Students who have completed thirty semester hours with a cumulative grade point average of 3.85 or higher, upon recommendation of the Department, may be selected as Presidential Scholars. Presidential Scholars are recognized by the University President at a special dinner and ceremony.

**GRADUATE OUTSTANDING ACHIEVEMENT AWARD**

The Dean of Graduate School and Professional Programs recognizes an outstanding graduate student based upon nominations from departments with graduate programs. Service to the University, professional service, and academic standing are among the factors considered in the selection.

**GRADUATE WRITING AWARD**

Upon nomination from departments with graduate programs, the Dean of Graduate School and Professional Programs recognizes a student who has demonstrated a significant achievement or achievements in writing. Accomplishments may be in the form of presentations, publications, or an outstanding effort in a course assignment.
Graduation

Gallaudet’s graduation ceremonies hold many time-honored traditions, including a hooding ceremony for graduate students. We encourage graduating students to invite their parents and loved ones to this celebration and for the graduation ceremony that traditionally follows the next day. The graduation ceremonies are not mandatory but they are important events to many students and their families.

Applying to Graduate

Students must submit the “Graduation Application” that is signed by the academic advisor, program director, and/or department chair. The application is due the first week of December for all graduations of that academic year: December, May or August. There is a $50 graduation fee and an additional $50 fee if the application is late. The form is available online at: http://www.gallaudet.edu/documents/registrar/forms/grad_career_graduation_application.pdf

If you choose to participate in hooding and/or graduation, you must rent or purchase a cap, gown, and hood through the Registration office. More information on the regalia and ceremonies will be sent via email in during your 4th year and is available at: http://commencement.gallaudet.edu/

Permission to Participate in Graduation Activities Prior to Completion of All Academic Requirements

NOTE *** This section applies only to those who will not complete ALL graduation requirements prior to graduation exercises in May – which means virtually all Au.D. students!

The request to participate in graduation activities prior to completion of all academic requirements required to ensure that students whose academic program is nearly complete can participate in hooding and graduation. There are a number of programs on campus where the nature of externship or internships prevents students from completing all requirements by graduation time. Students also may have other relatively minor areas assignments to complete that will not be able to be concluded by graduation day. To those in the audience, there is not distinction between those that are completely done, and those that are nearly done.

To obtain permission to participate in graduation activities prior to completion of all academic requirements, the Council on Graduate Education (a university council responsible for all academic issues related to the graduate school), must approve your request. Each year they set a deadline for requests. The deadline varies each year, but it usually falls around March or early April. This is not advertised in advance because it does not apply to all students.

To make the request, you must send a letter or email to the Chairperson of the Department of Hearing, Speech, and Language Sciences. The request must state (1) why you are making the request and (2) must explain when you will anticipate completing degree requirements (e.g. externship, papers, etc.). Normally the University requires that you complete requirements no later than the last day of the
summer session. Once requirements are met, then you officially graduate and your diploma will be sent to you.

It should be pointed out that this request to walk is optional. You do not have to make the request. Think of it as a courtesy or "insurance policy" that will allow you to participate in graduation ceremonies if you so choose.
After Graduation

AAA: Membership & ABA Certification

Graduates should refer to the most recent membership and ABA certification information available on the AAA website. All information and forms can be found at:  [http://www.audiology.org/about/membership/Pages/default.aspx](http://www.audiology.org/about/membership/Pages/default.aspx) and [http://www.audiology.org/education/accreditation/Pages/default.aspx](http://www.audiology.org/education/accreditation/Pages/default.aspx)

ASHA: Membership & Certification

Students should refer to the most recent membership & certification information published by ASHA for a detailed description of Certification Standards. All information and forms can be found at:

[http://www.asha.org/Certification/AudCertification.htm](http://www.asha.org/Certification/AudCertification.htm)

State Licensure

Procedures for obtaining a state license as an audiologist vary from state to state. Some states do not have licensure. States often accept ASHA-equivalency as a prerequisite for state licensure. It is wise to check with the local jurisdiction (municipality, city, or state) as to what specific procedures may be required.

In addition, some agencies, schools, hospitals, clinics and practices require professional liability insurance. This was been provided to your internship and externship sites by the University during the time you were a student. Insurance fees may be part of the compensation packet negotiated at the onset of a new job, and they may be unnecessary or up to the individual at other jobs. Knowing the insurance policies in a new setting are much like knowing the practice requirements – what we don’t know can hurt us over time.

Information for Maryland, Virginia and D.C. may be obtained from:

Maryland: Maryland Boards of Examiners for Audiologists and Speech-Language Pathologists
4201 Patterson Avenue
Third Floor
Baltimore, Maryland 21215-2299
(301) 764-4725

Virginia: Virginia Board of Examiners in Audiology and Speech Pathology
Director of Board of Examiners
Department of Commerce
2 South 9th Street
Richmond, Virginia 23219

District of Columbia: Department of Health
Professional Licensing Administration
Board of Audiology and Speech-Language Pathology
717 14th Street NW
DC’s licensure also requires professional liability insurance. Group policies can be obtained through professional organizations.

**Continuing Education**

Regardless of where you practice, continuing education will be an important part of your professional life. You will be amazed at how quickly the knowledge learned for your degree and your experience will become inadequate in keeping you knowledgeable and skilled for the dynamic demands of audiology. Continuing education is viewed as essential by certifying and licensing boards, employers and consumers of audiologic services. The required number of continuing education units (CEUs) or hours needed each year varies and you will need to be aware of the requirements for certification renewal, licensure, employment, etc. These requirements may never match your personal and professional drive to be at the top of your field. With that in mind, we look forward to meeting with you at international, national, state and local conventions and continuing education opportunities in years to come.

**Your Future Relationship with Gallaudet**

One of the most satisfying gifts we could ever receive of a graduate of our program is a reputation of being an excellent audiologist. You represent the Department of Hearing, Speech and Language Sciences of Gallaudet University forever. To your program faculty and staff, it means **keeping in touch**! We want to know where you go and how you are doing after you graduate. We are always accessible through the internet, visits, and phone and love to hear from you.

Over time we hope that you will be able to give of yourself to the new students who occupy “your seat” in the SLCC. One way would be the gift of sponsorship of the program. Sponsorship may mean money or donations to some individuals, visiting and lecturing during alumni week to others. Perhaps you will want to return as a new faculty member or clinical educator, perhaps be an internship or externship preceptor (you know we’re always looking for good sites)! We always want good things for you – not only because you are from us, but because you are us. Best wishes for a wonderful professional and personal life......
Professional Organizations
(Alphabetical Order)

American Academy of Audiology (AAA)

Code of Ethics

Preamble
The Code of Ethics of the American Academy of Audiology specifies professional standards that allow for the proper discharge of audiologists’ responsibilities to those served, and that protect the integrity of the profession. The Code of Ethics consists of two parts. The first part, the Statement of Principles and Rules, presents precepts that members (all categories of members, including Student Members) of the Academy agree to uphold. The second part, the Procedures, provides the process that enables enforcement of the Principles and Rules. Only part one is included in this document.

PART I. Statement of Principles and Rules

PRINCIPLE 1: Members shall provide professional services and conduct research with honesty and compassion, and shall respect the dignity, worth, and rights of those served.
Rule 1a: Individuals shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services.
Rule 1b: Individuals shall not provide services except in a professional relationship, and shall not discriminate in the provision of services to individuals on the basis of sex, race, religion, national origin, sexual orientation, or general health.

PRINCIPLE 2: Members shall maintain high standards of professional competence in rendering services.
Rule 2a: Members shall provide only those professional services for which they are qualified by education and experience.
Rule 2b: Individuals shall use available resources, including referrals to other specialists, and shall not give or accept benefits or items of value for receiving or making referrals.
Rule 2c: Individuals shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services or execution of research.
Rule 2d: Individuals shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel. Individuals shall not delegate any service requiring professional competence to unqualified persons.
Rule 2e: Individuals shall not knowingly permit personnel under their direct or indirect supervision to engage in any practice that is a violation of the Code of Ethics.
Rule 2f: Individuals shall maintain professional competence, including participation in continuing education.

PRINCIPLE 3: Members shall maintain the confidentiality of the information and records of those receiving services or involved in research.
Rule 3a: Individuals shall not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required
PRINCIPLE 4: Members shall provide only services and products that are in the best interest of those served.
Rule 4a: Individuals shall not exploit persons in the delivery of professional services.
Rule 4b: Individuals shall not charge for services not rendered.
Rule 4c: Individuals shall not participate in activities that constitute a conflict of professional interest.
Rule 4d: Individuals using investigational procedures with human participants or prospectively collecting research data from human participants shall obtain full informed consent from the participants or legal representatives. Members conducting research with human participants or animals shall follow accepted standards, such as those promulgated in the current Responsible Conduct of Research (current edition, 2009) by the U.S. Office of Research Integrity.

PRINCIPLE 5: Members shall provide accurate information about the nature and management of communicative disorders and about the services and products offered.
Rule 5a: Individuals shall provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered, or products provided or research being conducted.
Rule 5b: Individuals may make a statement of prognosis, but shall not guarantee results, mislead, or misinform persons served or studied.
Rule 5c: Individuals shall conduct and report product-related research only according to accepted standards of research practice.
Rule 5d: Individuals shall not carry out teaching or research activities in a manner that constitutes an invasion of privacy, or that fails to inform persons fully about the nature and possible effects of these activities, affording all persons informed free choice of participation.
Rule 5e: Individuals shall maintain accurate documentation of services rendered according to accepted medical, legal, and professional standards and requirements.

PRINCIPLE 6: Members shall comply with the ethical standards of the Academy with regard to public statements or publication.
Rule 6a: Individuals shall not misrepresent their educational degrees, training, credentials, or competence. Only degrees earned from regionally accredited institutions in which training was obtained in audiology, or a directly related discipline, may be used in public statements concerning professional services.
Rule 6b: Individuals' public statements about professional services, products, or research results shall not contain representations or claims that are false, misleading, or deceptive.

PRINCIPLE 7: Members shall honor their responsibilities to the public and to professional colleagues.
Rule 7a: Individuals shall not use professional or commercial affiliations in any way that would limit services to or mislead patients or colleagues.
Rule 7b: Individuals shall inform colleagues and the public in an objective manner consistent with professional standards about products and services they have developed or research they have conducted.
PRINCIPLE 8: Members shall uphold the dignity of the profession and freely accept the Academy’s self-imposed standards.

Rule 8a: Individuals shall not violate these Principles and Rules, nor attempt to circumvent them.

Rule 8b: Individuals shall not engage in dishonesty or illegal conduct that adversely reflects on the profession.

Rule 8c: Individuals shall inform the Ethical Practices Committee when there are reasons to believe that a member of the Academy may have violated the Code of Ethics.

Rule 8d: Individuals shall fully cooperate with reviews being conducted by the Ethical Practices Committee in any matter related to the Code of Ethics.

AAA Scope of Practice
(Updated January 2004)

Introduction
Development of a Scope of Practice document began in 1990 with the work of an ad hoc committee on Scope of Practice, chaired by Alison Grimes. The document was put into final format by Robert W. Keith in 1992, and revised again in 1996 and 2004.

The Scope of Practice document describes the range of interests, capabilities and professional activities of audiologists. It defines audiologists as independent practitioners and provides examples of settings in which they are engaged. It is not intended to exclude the participation in activities outside of those delineated in the document. The overriding principle is that members of the Academy will provide only those services for which they are adequately prepared through their academic and clinical training and their experience, and that their practice is consistent with the Code of Ethics of the American Academy of Audiology.

As a dynamic and growing profession, the field of audiology will change over time as new information is acquired. This Scope of Practice document will receive regular review for consistency with current knowledge and practice.

Purpose
The purpose of this document is to define the profession of audiology by its scope of practice. This document outlines those activities that are within the expertise of members of the profession. This Scope of Practice statement is intended for use by audiologists, allied professionals, consumers of audiologic services, and the general public. It serves as a reference for issues of service delivery, third-party reimbursement, legislation, consumer education, regulatory action, state and professional licensure, and inter-professional relations. The document is not intended to be an exhaustive list of activities in which audiologists engage. Rather, it is a broad statement of professional practice. Periodic updating of any scope of practice statement is necessary as technologies and perspectives change.
Definition of an Audiologist
An audiologist is a person who, by virtue of academic degree, clinical training, and license to practice and/or professional credential, is uniquely qualified to provide a comprehensive array of professional services related to the prevention of hearing loss and the audiologic identification, assessment, diagnosis, and treatment of persons with impairment of auditory and vestibular function, and to the prevention of impairments associated with them. Audiologists serve in a number of roles including clinician, therapist, teacher, consultant, researcher and administrator. The supervising audiologist maintains legal and ethical responsibility for all assigned audiology activities provided by audiology assistants and audiology students.

The central focus of the profession of audiology is concerned with all auditory impairments and their relationship to disorders of communication. Audiologists identify, assess, diagnose, and treat individuals with impairment of either peripheral or central auditory and/or vestibular function, and strive to prevent such impairments.

Audiologists provide clinical and academic training to students in audiology. Audiologists teach physicians, medical students, residents, and fellows about the auditory and vestibular system. Specifically, they provide instruction about identification, assessment, diagnosis, prevention, and treatment of persons with hearing and/or vestibular impairment. They provide information and training on all aspects of hearing and balance to other professions including psychology, counseling, rehabilitation, and education. Audiologists provide information on hearing and balance, hearing loss and disability, prevention of hearing loss, and treatment to business and industry. They develop and oversee hearing conservation programs in industry. Further, audiologists serve as expert witnesses within the boundaries of forensic audiology.

The audiologist is an independent practitioner who provides services in hospitals, clinics, schools, private practices and other settings in which audiolologic services are relevant.

Scope of Practice
The scope of practice of audiologists is defined by the training and knowledge base of professionals who are licensed and/or credentialed to practice as audiologists. Areas of practice include the audiologic identification, assessment, diagnosis and treatment of individuals with impairment of auditory and vestibular function, prevention of hearing loss, and research in normal and disordered auditory and vestibular function. The practice of audiology includes:

Identification
Audiologists develop and oversee hearing screening programs for persons of all ages to detect individuals with hearing loss. Audiologists may perform speech or language screening, or other screening measures, for the purpose of initial identification and referral of persons with other communication disorders.

Assessment and Diagnosis
Assessment of hearing includes the administration and interpretation of behavioral, physioacoustic, and electrophysiologic measures of the peripheral and central auditory systems. Assessment of the vestibular system includes administration and interpretation of behavioral and electrophysiologic tests of equilibrium. Assessment is
accomplished using standardized testing procedures and appropriately calibrated instrumentation and leads to the diagnosis of hearing and/or vestibular abnormality.

**Treatment**

The audiologist is the professional who provides the full range of audiologic treatment services for persons with impairment of hearing and vestibular function. The audiologist is responsible for the evaluation, fitting, and verification of amplification devices, including assistive listening devices. The audiologist determines the appropriateness of amplification systems for persons with hearing impairment, evaluates benefit, and provides counseling and training regarding their use. Audiologists conduct otoscopic examinations, clean ear canals and remove cerumen, take ear canal impressions, select, fit, evaluate, and dispense hearing aids and other amplification systems. Audiologists assess and provide audiologic treatment for persons with tinnitus using techniques that include, but are not limited to, biofeedback, masking, hearing aids, education, and counseling.

Audiologists also are involved in the treatment of persons with vestibular disorders. They participate as full members of balance treatment teams to recommend and carry out treatment and rehabilitation of impairments of vestibular function.

Audiologists provide audiologic treatment services for infants and children with hearing impairment and their families. These services may include clinical treatment, home intervention, family support, and case management.

The audiologist is the member of the implant team (e.g., cochlear implants, middle ear implantable hearing aids, fully implantable hearing aids, bone anchored hearing aids, and all other amplification/signal processing devices) who determines audiologic Comprehensive based on hearing and communication information. The audiologist provides pre and post surgical assessment, counseling, and all aspects of audiologic treatment including auditory training, rehabilitation, implant programming, and maintenance of implant hardware and software.

The audiologist provides audiologic treatment to persons with hearing impairment, and is a source of information for family members, other professionals and the general public. Counseling regarding hearing loss, the use of amplification systems and strategies for improving speech recognition is within the expertise of the audiologist. Additionally, the audiologist provides counseling regarding the effects of hearing loss on communication and psycho-social status in personal, social, and vocational arenas.

The audiologist administers audiologic identification, assessment, diagnosis, and treatment programs to children of all ages with hearing impairment from birth and preschool through school age. The audiologist is an integral part of the team within the school system that manages students with hearing impairments and students with central auditory processing disorders. The audiologist participates in the development of Individual Family Service Plans (IFSPs) and Individualized Educational Programs (IEPs), serves as a consultant in matters pertaining to classroom acoustics, assistive listening systems, hearing aids, communication, and psycho-social effects of hearing loss, and maintains both classroom assistive systems as well as students' personal hearing aids. The audiologist administers hearing screening programs in schools, and trains and supervises non audiologists performing hearing screening in the educational setting.
**Hearing Conservation**
The audiologist designs, implements and coordinates industrial and community hearing conservation programs. This includes identification and amelioration of noise-hazardous conditions, identification of hearing loss, recommendation and counseling on use of hearing protection, employee education, and the training and supervision of non audiologists performing hearing screening in the industrial setting.

**Intraoperative Neurophysiologic Monitoring**
Audiologists administer and interpret electrophysiologic measurements of neural function including, but not limited to, sensory and motor evoked potentials, tests of nerve conduction velocity, and electromyography. These measurements are used in differential diagnosis, pre- and postoperative evaluation of neural function, and neurophysiologic intraoperative monitoring of central nervous system, spinal cord, and cranial nerve function.

**Research**
Audiologists design, implement, analyze and interpret the results of research related to auditory and balance systems.

**Additional Expertise**
Some audiologists, by virtue of education, experience and personal choice choose to specialize in an area of practice not otherwise defined in this document. Nothing in this document shall be construed to limit individual freedom of choice in this regard provided that the activity is consistent with the American Academy of Audiology Code of Ethics.

This document will be reviewed, revised, and updated periodically in order to reflect changing clinical demands of audiologists and in order to keep pace with the changing scope of practice reflected by these changes and innovations in this specialty.
American Speech-Language-Hearing Association (ASHA)

ASHA Code of Ethics

Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

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

1. Individuals shall provide all services competently.

2. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.

3. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.

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

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

6. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.

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

8. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.

9. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

10. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.

11. Individuals shall not provide clinical services solely by correspondence.

12. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.

13. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.

14. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.

15. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
16. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.

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

18. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

**Principle of Ethics II**

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

**Rules of Ethics**

1. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.

2. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.

3. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.

4. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member’s competence, level of education, training, and experience.

5. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

**Principle of Ethics III**

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

**Rules of Ethics**

1. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.

2. Individuals shall not participate in professional activities that constitute a conflict of interest.
3. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.

4. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.

5. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.

6. Individuals' statements to the public shall provide accurate 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.

7. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

**Principle of Ethics IV**

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

**Rules of Ethics**

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

2. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

3. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.

4. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.

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

6. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.

7. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
8. Individuals shall reference the source when using other persons’ ideas, research, presentations, or products in written, oral, or any other media presentation or summary.

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

10. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.

11. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.

12. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

13. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.

14. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

**Index terms: ethics**


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doi:10.1044/policy.ET2010-00309
ASHA: Scope of Audiology Practice

About this Document

This scope of practice in audiology statement is an official policy of the American Speech-Language-Hearing Association (ASHA). The document was developed by the Coordinating Committee for the ASHA vice president for professional practices in audiology and approved in 2003 by the Legislative Council (11-03). Members of the coordinating committee include Donna Fisher Smiley (chair), Michael Bergen, and Jean-Pierre Gagné with Vic S. Gladstone and Tina R. Mullins (ex officios). Susan Brannen, ASHA vice president for professional practices in audiology (2001–2003), served as monitoring vice president. This statement supersedes the Scope of Practice in Audiology statement (LC 08-95), (ASHA, 1996).

Statement of Purpose

The purpose of this document is to define the scope of practice in audiology in order to (a) describe the services offered by qualified audiologists as primary service providers, case managers, and/or members of multidisciplinary and interdisciplinary teams; (b) serve as a reference for health care, education, and other professionals, and for consumers, members of the general public, and policy makers concerned with legislation, regulation, licensure, and third party reimbursement; and (c) inform members of ASHA, certificate holders, and students of the activities for which certification in audiology is required in accordance with the ASHA Code of Ethics.

Audiologists provide comprehensive diagnostic and treatment/rehabilitative services for auditory, vestibular, and related impairments. These services are provided to individuals across the entire age span from birth through adulthood; to individuals from diverse language, ethnic, cultural, and socioeconomic backgrounds; and to individuals who have multiple disabilities. This position statement is not intended to be exhaustive; however, the activities described reflect current practice within the profession. Practice activities related to emerging clinical, technological, and scientific developments are not precluded from consideration as part of the scope of practice of an audiologist. Such innovations and advances will result in the periodic revision and updating of this document. It is also recognized that specialty areas identified within the scope of practice will vary among the individual providers. ASHA also recognizes that credentialed professionals in related fields may have knowledge, skills, and experience that could be applied to some areas within the scope of audiology practice. Defining the scope of practice of audiologists is not meant to exclude other appropriately credentialed postgraduate professionals from rendering services in common practice areas.

Audiologists serve diverse populations. The patient/client population includes persons of different race, age, gender, religion, national origin, and sexual orientation. Audiologists’ caseloads include individuals from diverse ethnic, cultural, or linguistic backgrounds, and persons with disabilities. Although audiologists are prohibited from discriminating in the provision of professional services based on these factors, in some cases such factors may be relevant to the development of an appropriate treatment plan. These factors may be considered in treatment plans only when firmly grounded in scientific and professional knowledge.
This scope of practice does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.

The schema in Figure 1 depicts the relationship of the scope of practice to ASHA’s policy documents that address current and emerging audiology practice areas; that is, preferred practice patterns, guidelines, and position statements. ASHA members and ASHA-certified professionals are bound by the ASHA Code of Ethics to provide services that are consistent with the scope of their competence, education, and experience (ASHA, 2003). There are other existing legislative and regulatory bodies that govern the practice of audiology.

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**Framework for Practice**

The practice of audiology includes both the prevention of and assessment of auditory, vestibular, and related impairments as well as the habilitation/rehabilitation and maintenance of persons with these impairments. The overall goal of the provision of audiology services should be to optimize and enhance the ability of an individual to hear, as well as to communicate in his/her everyday or natural environment. In addition, audiologists provide comprehensive services to individuals with normal hearing who interact with persons with a hearing impairment. The overall goal of audiologic services is to improve the quality of life for all of these individuals.

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability, and Health (ICF) (WHO, 2001). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the role of audiologists in the prevention, assessment, and habilitation/rehabilitation of auditory, vestibular, and other related impairments and restrictions or limitations of functioning.

The ICF is organized into two parts. The first part deals with Functioning and Disability while the second part deals with Contextual Factors. Each part has two components. The components of Functioning and Disability are:

- **Body Functions and Structures:** Body Functions are the physiological functions of body systems and Body Structures are the anatomical parts of the body and their components. Impairments are limitations or variations in Body Function or Structure such as a deviation or loss. An example of a Body Function that might be evaluated by an audiologist would be hearing sensitivity. The use of tympanometry to access the mobility of the tympanic membrane is an example of a Body Structure that might be evaluated by an audiologist.

- **Activity/Participation:** In the ICF, Activity and Participation are realized as one list. Activity refers to the execution of a task or action by an individual. Participation is the involvement in a life situation. Activity limitations are difficulties an individual may experience while executing a given activity. Participation restrictions are difficulties that may limit an individual's involvement in life situations. The Activity/Participation construct thus
represents the effects that hearing, vestibular, and related impairments could have on the life of an individual. These effects could include the ability to hold conversations, participate in sports, attend religious services, understand a teacher in a classroom, and walk up and down stairs.

The components of Contextual Factors are:

- **Environmental Factors:** Environmental Factors make up the physical, social, and attitudinal environment in which people live and conduct their lives. Examples of Environmental Factors, as they relate to audiology, include the acoustical properties of a given space and any type of hearing assistive technology.

- **Personal Factors:** Personal Factors are the internal influences on an individual's functioning and disability and are not a part of the health condition. These factors may include but are not limited to age, gender, social background, and profession.

Functioning and Disability are interactive and evolutionary processes. Figure 2 illustrates the interaction of the various components of the ICF. Each component of the ICF can be expressed on a continuum of function. On one end of the continuum is intact functioning. At the opposite end of the continuum is completely compromised functioning. Contextual Factors (Environmental and Personal Factors) may interact with any of the components of functioning and disability. Environmental and Personal Factors may act as facilitators or barriers to functioning.

The scope of practice in audiology encompasses all of the components of the ICF. During the assessment phase, audiologists perform tests of Body Function and Structure. Examples of these types of tests include otoscopic examination, pure-tone audiometry, tympanometry, otoacoustic emissions measurements, and speech audiometry. Activity/Participation limitations and restrictions are sometimes addressed by audiologists through case history, interview, questionnaire, and counseling. For example, a question such as “Do you have trouble understanding while on the telephone?” or “Can you describe the difficulties you experience when you participate in a conversation with someone who is not familiar to you?” would be considered an assessment of Activity/Participation limitation or restriction.

Questionnaires that require clients to report the magnitude of difficulty that they experience in certain specified settings can sometimes be used to measure aspects of Activity/Participation. For example: “Because of my hearing problems, I have difficulty conversing with others in a restaurant.” In addition, Environmental and Personal Factors also need to be taken into consideration by audiologists as they treat individuals with auditory, vestibular, and other related impairments. In the above question regarding conversation in a restaurant, if the factor of “noise” (i.e., a noisy restaurant) is added to the question, this represents an Environmental Factor. Examples of Personal Factors might include a person's background or culture that influences his or her reaction to the use of a hearing aid or cochlear implant. The use of the ICF framework (WHO, 2001) may help audiologists broaden their perspective concerning their role in evaluating a client's needs or when designing and providing comprehensive services to their clients. Overall, audiologists work to improve quality of life by reducing impairments of body functions and structures, Activity limitations/Participation restrictions and Environmental barriers of the individuals they serve.
**Definition of an Audiologist**

Audiologists are professionals engaged in autonomous practice to promote healthy hearing, communication competency, and quality of life for persons of all ages through the prevention, identification, assessment, and rehabilitation of hearing, auditory function, balance, and other related systems. They facilitate prevention through the fitting of hearing protective devices, education programs for industry and the public, hearing screening/conservation programs, and research. The audiologist is the professional responsible for the identification of impairments and dysfunction of the auditory, balance, and other related systems. Their unique education and training provides them with the skills to assess and diagnose dysfunction in hearing, auditory function, balance, and related disorders. The delivery of audiologic (re)habilitation services includes not only the selecting, fitting, and dispensing of hearing aids and other hearing assistive devices, but also the assessment and follow-up services for persons with cochlear implants. The audiologist providing audiologic (re)habilitation does so through a comprehensive program of therapeutic services, devices, counseling, and other management strategies. Functional diagnosis of vestibular disorders and management of balance rehabilitation is another aspect of the professional responsibilities of the audiologist. Audiologists engage in research pertinent to all of these domains.

Audiologists currently hold a master’s or doctoral degree in audiology from a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association. ASHA-certified audiologists complete a supervised postgraduate professional experience or a similar supervised professional experience during the completion of the doctoral degree as described in the ASHA certification standards. Beginning January 1, 2012, all applicants for the Certificate of Clinical Competence in Audiology must have a doctoral degree from a CAA-accredited university program. Demonstration of continued professional development is mandated for the maintenance of the Certificate of Clinical Competence in Audiology. Where required, audiologists are licensed or registered by the state in which they practice.

**Professional Roles and Activities**

Audiologists serve a diverse population and may function in one or more of a variety of activities. The practice of audiology includes:

1. **Prevention**
   1. Promotion of hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating occupational, school, and community hearing conservation and identification programs;
   2. Participation in noise measurements of the acoustic environment to improve accessibility and to promote hearing wellness.

2. **Identification**
   1. Activities that identify dysfunction in hearing, balance, and other auditory-related systems;
2. Supervision, implementation, and follow-up of newborn and school hearing screening programs;
3. Screening for speech, orofacial myofunctional disorders, language, cognitive communication disorders, and/or preferred communication modalities that may affect education, health, development or communication and may result in recommendations for rescreening or comprehensive speech-language pathology assessment or in referral for other examinations or services;
4. Identification of populations and individuals with or at risk for hearing loss and other auditory dysfunction, balance impairments, tinnitus, and associated communication impairments as well as of those with normal hearing;
5. In collaboration with speech-language pathologists, identification of populations and individuals at risk for developing speech-language impairments.

3. Assessment
   1. The conduct and interpretation of behavioral, electroacoustic, and/or electrophysiologic methods to assess hearing, auditory function, balance, and related systems;
   2. Measurement and interpretation of sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment;
   3. Evaluation and management of children and adults with auditory-related processing disorders;
   4. Performance of otoscopy for appropriate audiological management or to provide a basis for medical referral;
   5. Cerumen management to prevent obstruction of the external ear canal and of amplification devices;
   6. Preparation of a report including interpreting data, summarizing findings, generating recommendations and developing an audiologic treatment/management plan;
   7. Referrals to other professions, agencies, and/or consumer organizations.

4. Rehabilitation
   1. As part of the comprehensive audiologic (re)habilitation program, evaluates, selects, fits and dispenses hearing assistive technology devices to include hearing aids;
   2. Assessment of Comprehensive of persons with hearing loss for cochlear implants and provision of fitting, mapping, and audioligic rehabilitation to optimize device use;
   3. Development of a culturally appropriate, audiologic rehabilitative management plan including, when appropriate:
      1. Recommendations for fitting and dispensing, and educating the consumer and family/caregivers in the use of and adjustment to sensory aids, hearing assistive devices, alerting systems, and captioning devices;
      2. Availability of counseling relating to psycho social aspects of hearing loss, and other auditory dysfunction, and processes to enhance communication competence;
      3. Skills training and consultation concerning environmental modifications to facilitate development of receptive and expressive communication;
4. Evaluation and modification of the audiologic management plan.

4. Provision of comprehensive audiologic rehabilitation services, including management procedures for speech and language habilitation and/or rehabilitation for persons with hearing loss or other auditory dysfunction, including but not exclusive to speechreading, auditory training, communication strategies, manual communication and counseling for psychosocial adjustment for persons with hearing loss or other auditory dysfunction and their families/caregivers;

5. Consultation and provision of vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments;

6. Assessment and non-medical management of tinnitus using biofeedback, behavioral management, masking, hearing aids, education, and counseling;

7. Provision of training for professionals of related and/or allied services when needed;

8. Participation in the development of an Individual Education Program (IEP) for school-age children or an Individual Family Service Plan (IFSP) for children from birth to 36 months old;

9. Provision of in-service programs for school personnel, and advising school districts in planning educational programs and accessibility for students with hearing loss and other auditory dysfunction;

10. Measurement of noise levels and provision of recommendations for environmental modifications in order to reduce the noise level;

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

5. Advocacy/Consultation

1. Advocacy for communication needs of all individuals that may include advocating for the rights/funding of services for those with hearing loss, auditory, or vestibular disorders;

2. Advocacy for issues (i.e., acoustic accessibility) that affect the rights of individuals with normal hearing;

3. Consultation with professionals of related and/or allied services when needed;

4. Consultation in development of an Individual Education Program (IEP) for school-age children or an Individual Family Service Plan (IFSP) for children from birth to 36 months old;

5. Consultation to educators as members of interdisciplinary teams about communication management, educational implications of hearing loss and other auditory dysfunction, educational programming, classroom acoustics, and large-area amplification systems for children with hearing loss and other auditory dysfunction;

6. Consultation about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services;

7. Consultation to individuals, public and private agencies, and governmental bodies, or as an expert witness regarding legal interpretations of audiology findings, effects of hearing loss and other auditory dysfunction, balance system impairments, and relevant noise-related considerations;

8. Case management and service as a liaison for the consumer, family, and agencies in order to monitor audiologic status and management
6. Education/Research/Administration
   1. Education, supervision, and administration for audiology graduate and other professional education programs;
   2. Measurement of functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services;
   3. Design and conduct of basic and applied audiologic research to increase the knowledge base, to develop new methods and programs, and to determine the efficacy, effectiveness, and efficiency of assessment and treatment paradigms; disseminate research findings to other professionals and to the public;
   4. Participation in the development of professional and technical standards;
   5. Participation in quality improvement programs;
   6. Program administration and supervision of professionals as well as support personnel.

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**Practice Settings**

Audiologists provide services in private practice; medical settings such as hospitals and physicians’ offices; community and university hearing and speech centers; managed care systems; industry; the military; various state agencies; home health, subacute rehabilitation, long-term care, and intermediate-care facilities; and school systems. Audiologists provide academic education to students and practitioners in universities, to medical and surgical students and residents, and to other related professionals. Such education pertains to the identification, functional diagnosis/assessment, and non-medical treatment/management of auditory, vestibular, balance, and related impairments.

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**References**


Resources

General


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**Amplification**


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**Audiologic Rehabilitation**


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**Audiologic Screening**


(Central) Auditory Processing Disorders


Business Practices


Diagnostic Procedures


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**Educational Audiology**


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**Electrophysiological Assessment**


Geriatric Audiology


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Occupational Audiology


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Pediatric Audiology


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**Vestibular**


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**Figures and Tables**

*Figure 1.* Conceptual Framework of ASHA Standards and Policy Statements
Figure 2. Application of WHO (2001) Framework to the Practice of Audiology

Index terms: scope of practice


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doi:10.1044/policy.SP2004-00192