



SACRAMENTO STATE

Audiology Clinic Handbook

Table of Contents

INTRODUCTION	5
Mission Statements	6
Equal Access.....	6
Diversity	6
Equal Opportunity.....	6
DESCRIPTION OF SERVICES.....	8
OVERVIEW OF CLINICAL EDUCATION.....	9
Sequence of Clinical Education Experiences	9
Expected Hours by Clinical Experience for Au.D. Clinical Training.....	10
CALIPSO	11
Tracking of Progress and Competencies.....	11
PREREQUISITES FOR CLINICAL EXPERIENCE	12
ASHA and AAA Code of Ethics	12
Mandatory Background Check (Policy)	12
Required Immunizations	13
Trainings and Certifications.....	13
Mandated Reported Training.....	Error! Bookmark not defined.
HIPAA and Universal Precautions Training.....	13
Basic Life Support.....	14
Professional Liability Insurance	14
PROFESSIONAL EXPECTATIONS, CONSIDERATIONS AND BEHAVIORS	15
Clinician Attendance	15
Dress Code	16
Cell Phones, Smart Phones, and Other Electronic Devices	17
Social Media Guidelines	17
Clinician's Computer Lab	18
Sound Booths and Lab Spaces	18
GENERAL MJRLSHC AUDIOLOGY CLINIC GUIDELINES AND PROCEDURES	20
Client Confidentiality	20
Digital Recording of Clients	21
Required Documentation	21
Client Electronic Medical Records.....	22

Required Written Reports.....	22
Report Formatting	23
Receiving a Fax with Request for Client Information	23
Emailing Client Documents	23
Client Report Distribution.....	23
Client Attendance.....	24
Client Parking	24
Universal Precautions and Infection Control.....	24
Handling Hearing Aids and Earmolds	25
Emergency Procedures.....	26
Accidents or Injuries	26
Non-Life Threatening Incidents.....	26
Suspected Child or Adult Abuse.....	26
Clinic Keys and Key Fobs	27
STUDENT ON-CAMPUS CLINIC EXPERIENCE.....	28
Clinical Assignments	28
Supervision	28
Meeting with Clinical Instructors.....	28
Student Clinic Evaluation.....	28
Performance Improvement Plans.....	29
Clinic Grade Policy	30
Performance Grading Scale	30
Student Grievance Procedure.....	32
Clinical Instructor Evaluation.....	32
OFF-CAMPUS CLINICAL INTERNSHIPS	33
Eligibility for Off-Campus Clinical Internship.....	33
Site-Specific Pre-Requisite Requirements for Off-Campus Clinical Internships	33
Determination of Clinical Assignments	33
Scheduling of Clinical Internships	34
Student Coordination with Off-Campus Clinical Site	35
OFF-CAMPUS CLINICAL EXTERNSHIP	36
Eligibility and Pre-Requisites for Clinical Externship.....	36
Temporary License for Clinical Externship in California Requirement	36

Clinical Externship Site Information	36
Finding and Establishing Clinical Externship Sites	37
Applying for Clinical Externship Placements.....	37
Assessment of Clinical Externships	37
Fulfillment of the Clinical Externship.....	37
LICENSURE AND CERTIFICATION	38
Licensure Requirements	38
Requirements for California Audiology Licensure	38
Clinical Practicum Verification Form for California Licensure.....	38
Requirements for California Dispensing Audiology Licensure	38
Obtaining the Certificate of Clinical Competence (CCC-A) from ASHA.....	39

INTRODUCTION

This handbook has been designed to acquaint students in the Communication Sciences and Disorders Doctor of Audiology (Au.D.) degree program with information about clinical policies and procedures. It should serve as a reference throughout your clinical experience and explains responsibilities of graduate student clinicians during on-campus clinical practica and off-campus internships. This information is intended to support and supplement classroom instruction and guidance from clinical instructors. It is the student's responsibility to seek clarification from faculty, staff and/or clinical instructors regarding matters which might remain unclear.

The procedures outlined in this handbook are specific to the Maryjane Rees Language, Speech and Hearing Center (MJRLSHC) Audiology Clinic and are expected to be followed while a graduate student clinician in the Department of Communication Sciences and Disorders. Faculty and staff within the department are unbiasedly committed to facilitating an environment which promotes the successful completion of the Au.D. degree requirements. This handbook serves as one tool for helping you achieve that success.

This manual is intended to be used in conjunction with the CALIPSO clinical tracking system, the Sacramento State Au.D. Doctoral Student Handbook and the Audiology Clinic Resource Manual. All information should be reviewed by students before beginning their first clinical experience. It should be noted that the policies, procedures, guidelines and forms are subject to modification throughout your program of study. Students will be notified in the event that a modification is made and an updated copy of the audiology clinic handbook will be made available on the department's website.

Mission Statements

Sacramento State Mission: As California's capital university, we transform lives by preparing students for leadership, service, and success.

Sacramento State Vision: Sacramento State will be a recognized leader in education, innovation, and engagement.

Department of Communication Sciences and Disorders Mission: The Department of Communication Sciences and Disorders trains highly competent professionals in the fields of speech-language pathology and audiology by providing a rigorous scientific background and diverse clinical experiences while fostering a dedication to lifelong learning and community service.

Equal Access

California State University-Sacramento, Department of Communication Sciences and Disorders, seeks to provide equal access to its programs, services, and activities for people with disabilities. If you have a documented disability and verification from the [Office of Services to Students with Disabilities \(SSWD\)](#), and wish to discuss academic accommodations, please contact your instructor as soon as possible. It is the student's responsibility to provide documentation of disability to SSWD and meet with a SSWD counselor to request special accommodation before classes start.

Sacramento State Services to Students with Disabilities (SSWD) offers a wide range of support services and accommodations for students in order to ensure students with disabilities have equal access and opportunity to pursue their educational goals. Working collaboratively with students, faculty, staff and administrators, SSWD provides consultation and serves as the information resource on disability related issues to the campus community.

SSWD is located in Lassen Hall 1008 and can be contacted by phone at (916) 278-6955 (Voice) or (916) 278-7239 (TDD only) or via email at sswd@csus.edu.

Diversity

Sacramento State has a strong institutional commitment to the principle of diversity in all areas. We consider qualified applicants for our programs without regard to race, color, religion, national origin, age, gender, gender identity/expression, sexual orientation, genetic information, medical condition, marital status, veteran status, or disability. Sacramento State is a Hispanic-serving Institution, an Asian American Pacific Islander-serving institution, thoroughly abides by Title IX, and is a caring campus where students of all identities and intersectionalities are welcomed.

Equal Opportunity

The program adheres to Sacramento State's Policy for ensuring that appropriate corrective action is taken when violations of compliance with non-discrimination laws and regulations occur. Any violations of compliance are referred directly to the Equal Opportunity Office.

Sacramento State is committed to creating a diverse and inclusive university for all members of our campus community. As part of our commitment, Sacramento State and its programs comply with all applicable laws, regulations, and executive orders prohibiting discrimination towards students, faculty, staff, and persons served in the program's clinics. This includes prohibitions on

discrimination based on any category prohibited by applicable law including, but not limited to, age, citizenship, disability, ethnicity, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, and veteran status.

California State University Executive Orders 1096 (employee and third parties) and 1097 (students) outline the policy prohibiting, and procedures for addressing complaints of, Discrimination, Harassment and Retaliation. William Bishop, CSU, Sacramento Director of Equal Opportunity, is the University's DHR Administrator/Title IX Coordinator. Mr. Bishop's office is responsible for monitoring, supervising, and overseeing overall Campus-wide implementation of and compliance with the Executive Orders and state/federal civil rights laws – including coordination of training, education, communications, and administration of complaint procedures for employees, students, and third parties in the areas of discrimination (including sex discrimination), harassment (including sexual harassment), sexual misconduct, dating and domestic violence, and stalking.

DESCRIPTION OF SERVICES

The MJRLSHC Audiology Clinic provides services to individuals of all ages with the goal of improving communication through diagnostic evaluation and (re)habilitative intervention. An initial appointment for clients new to the clinic typically involves a comprehensive audiologic assessment to determine hearing status and to characterize the client's primary concerns. Based on the results of the initial encounter and the client's needs and concerns, recommendations for further assessment or (re)habilitation are made to the client and associated family members.

The MJRLSHC Audiology Clinic dispenses hearing aids and assistive listening devices, such as FM systems, personal amplifiers, amplified phones, captioned phones, amplified alarms, etc. Orientation to use of these various devices is provided to both the client and associated family members or caretakers to ensure optimal use of devices.

The following services are provided by the MJRLSHC Audiology Clinic:

- Preschool and school speech, language and hearing screening program
- Adult hearing screenings
- Comprehensive pediatric audiologic assessments
- Comprehensive adult audiologic assessments
- (Central) auditory processing testing
- Pediatric and adult hearing aid evaluation, selection and fitting
- Assistive listening device evaluation, selection and dispensing
- Adult aural rehabilitation program

The following services are expected to be provided by the MJRLSHC Audiology Clinic by 2021:

- Tinnitus management program
- Comprehensive vestibular assessments
- Auditory-evoked potential assessment

OVERVIEW OF CLINICAL EDUCATION

The mission of the Sacramento State Doctor of Audiology program is to prepare students to become competent entry-level clinicians and lifelong learners committed to evidence-based practice. Students will acquire discipline-specific requisite knowledge and skills through rigorous didactic and clinical coursework. Throughout the program of study, each student will progress through a variety of clinical experiences to support and practice what is being learned in the didactic portion of the curriculum.

Students are expected to receive evidence-based clinical training in a variety of clinical settings. Throughout their program of study, students will be exposed to a diverse group of clients across the lifespan, working with individuals from different ethnic, cultural, and linguistic backgrounds.

Sequence of Clinical Education Experiences

Commencing with the first semester of the Au.D. program, students will begin to be involved in a variety of clinical experiences involving client assessment and management that will support the didactic portion of the program. These experiences are designed to allow students to develop multiple clinical competencies throughout their program of study. The progression of clinical experiences is structured so students gradually develop independence and critical thinking capabilities to prepare them for an entry level professional position upon completion of the program.

Throughout their tenure in the program, students will complete on-campus clinical practica, off-campus clinical practica, and a 12-month externship; these clinical experiences and their associated course numbers are summarized in the table below:

Sequence of Clinical Education			
Year	Semester	Course	Description
1	Fall	CSAD 610 Introduction to Clinic	on-campus observation; screening
1	Spring	CSAD 620C Audiology Clinic II	on-campus participation
1	Summer	CSAD 630C Audiology Clinic III	on-campus participation
2	Fall	CSAD 640C Audiology Clinic IV	on-campus participation
2	Spring	CSAD 650C Audiology Clinic V	off-campus participation
2	Summer	CSAD 660C Audiology Clinic VI	off-campus participation
3	Fall	CSAD 670C Audiology Clinic VII	off-campus participation
3	Spring	CSAD 680C Audiology Clinic VIII	off-campus participation
3	Summer	CSAD 710E Audiology Externship I	off-campus externship
4	Fall	CSAD 720E Audiology Externship II	off-campus externship
4	Spring	CSAD 730E Audiology Externship III	off-campus externship

Expected Hours by Clinical Experience for Au.D. Clinical Training

Students begin to obtain audiology clinical experiences their first semester and continuously throughout the entire four years of the program. Students are expected to spend the following number of hours in the clinic at a minimum:

Expected Hours by Clinical Experience				
Year	Semester	Course	Location	Expected Hours
1	Fall	CSAD 610 Intro to Clinic	On-Campus	Observation/Hearing Screening (20)
1	Spring	CSAD 620C Audiology Clinic II	On-Campus	60
1	Summer	CSAD 630C Audiology Clinic III	On-Campus	120
2	Fall	CSAD 640C Audiology Clinic IV	On-Campus	60
2	Spring	CSAD 650C Audiology Clinic V	Off-Campus	120
2	Summer	CSAD 660C Audiology Clinic VI	Off-Campus	120
3	Fall	CSAD 670C Audiology Clinic VII	Off-Campus	120
3	Spring	CSAD 680C Audiology Clinic VIII	Off-Campus	120
4	Summer, Fall, Spring	CSAD 710, 720, and 730 Audiology Externship	Off-Campus Externship	2000

While obtaining their minimum required clinical clock hours (2000), students are expected to complete a set minimum of client contact hours in specific areas as determined by the Sacramento State Doctor of Audiology program; these are listed in the table below. These minimum client contact hours have been established to ensure that students demonstrate skills in providing services related to prevention, screening, evaluation, amplification and assistive listening technology, as well as outreach and/or volunteerism. Outreach and volunteerism opportunities might include participating in Student Academy of Audiology (SAA) activities, providing hearing screenings as part of the Special Olympics Healthy Hearing program, providing noise surveys for schools or event venues, organizing drives, participating in walks, etc. Student clinicians are responsible for tracking and maintaining all clinical practicum clock hours in CALIPSO throughout their graduate program. Clinical instructors will approve clock hours each semester during on-campus clinic rotations, off-campus internships and during the final off-campus externship.

Sacramento State Minimum Client Contact Hour Requirements			
	Pediatric	Adult	Total
Evaluation	40	40	80
Amplification	30	10	40
Screening			20
Hearing Conservation			10
Volunteerism			20

CALIPSO

CALIPSO is used to track clinical contact hours, graduate clinician competency evaluations, and required document management. There is a one-time cost of \$85 to students which allows students to have access to CALIPSO throughout the duration of their program of study. Payment is submitted directly to CALIPSO and is required to set up an account. An orientation to CALIPSO's use and features will be discussed during CSAD 610.

Login to CALIPSO for use with the Au.D. program at CSUS can be found here:

<https://www.calipsoclient.com/audiology/csus/account/login>

Tracking of Progress and Competencies

CALIPSO is used throughout the program to document the student's progress through the Au.D. clinical curriculum. Clinical instructors will provide ratings for clinical competencies for student clinicians in clinical courses and experiences. The clinical competencies being evaluated can be found in CALIPSO.

PREREQUISITES FOR CLINICAL EXPERIENCE

Prior to participating in any on or off-campus clinic experiences, students are expected to have reviewed the American Speech-Language-Hearing Association (ASHA) and American Academy of Audiology (AAA) code of ethics, completed a mandatory background check, submitted proof of required immunizations or proof of immunity, completed HIPAA and Universal precautions compliance training, and have obtained a Basic Life Support certification. Proof of completion of these above-mentioned requirements should be uploaded to CALIPSO, a software used to track clinical hours and other program requirements. Students will be guided through these requirements in CSAD 610 during their first semester in the program and during clinic orientation. More information on the required pre-requisites for clinical education participation by year can also be found in the Clinical Benchmarks PowerPoint on the CSAD Handbooks page here:

<https://www.csus.edu/college/health-human-services/communication-sciences-disorders/student-resources.html>

ASHA and AAA Code of Ethics

Student clinicians in the Sacramento State Au.D. program are expected to adhere to the ASHA and AAA Code of Ethics and conduct themselves in a professional manner in all activities relating to the department and program of study. The codes of ethics can be found in the Appendix of the Audiology Clinic Handbook or on the respective audiology professional bodies' websites:

- ASHA Code of Ethics: <http://www.asha.org/Code-of-Ethics/>
- AAA Code of Ethics: <https://www.audiology.org/publications-resources/document-library/code-ethics>

Students are required to review both code of ethics documents prior to any client contact in the clinic.

Mandatory Background Check (Policy)

The Department of Communication Sciences and Disorders requires all students in clinical and internship practica courses to complete a background check prior to beginning any clinical courses in the semester. Please see the instructions below and contact the department if you have any questions. The completed background check information will only be revealed to the CSAD department chair and the Dean of the College of Health and Human Services. All information will be kept confidential. No other background screenings may be substituted. Please note that this information is for the sole purpose of background screening for this school only. Unauthorized use of our service is prohibited. This does not take the place of fingerprinting and background checks required by some internship or externship sites before internship or externship placements.

Instructions for completing a background check are posted on the CSAD department website under CSAD Handbooks: Resources, Forms and Information and can also be accessed here:

<https://www.csus.edu/college/health-human-services/communication-sciences-disorders/student-resources.html>

Required Immunizations

Evidence of the following immunization requirements or titers documenting immunity must be uploaded into CALIPSO before beginning any clinical practicum. Proof of immunization completion or immunity should be uploaded to the Compliance/Immunization section of the Student Information tab found in CALIPSO. Please ensure that uploaded documentation clearly identifies the vaccination administered, date of administration, and identifying information. Each student is responsible for keeping their immunization status current and updated in CALIPSO. Students will not be able to report for clinical rotations if immunizations are not current.

Required Immunizations by Program of Study Year	
1	Rubeola (Measles)
	Mumps
	Rubella (German Measles)
	Varicella (Chicken Pox)
	Hepatitis B (Series of 3)
	Tdap (Tetanus, Diptheria/Pertussis)
	Annual flu vaccine
	Proof of negative TB skin test or titer within last 12 months; if positive, chest x-ray showing absence of active TB should be submitted
2	Annual TB test or risk assessment
	Annual flu vaccine
	Additional site-specific immunizations requirements
3	Annual TB test or risk assessment
	Annual flu vaccine
	Additional site-specific immunizations requirements
4	Additional site-specific immunizations requirements

Trainings and Certifications

Evidence of the following training completion and certification must be uploaded to CALIPSO before beginning any clinical practicum.

HIPAA and Universal Precautions Training

Completion of the following two (2) HealthStream modules is required prior to contact with clients in the clinic. Both HealthStream modules cost \$3.50 and can be paid for using a debit/credit card directly to the service provider.

- HIPAA
- Rapid Regulatory Compliance: Clinical II: Gen/Fire/Elec/Back/Rad./MRI Safety, Ergo, Lift/Transp., Bloodborne, StdPrec., Airborne/Contact/Droplet Prec., PPE

Students are only required to complete Rapid Regulatory Compliance: Clinical II and should not take Clinical I. Failing to complete the two modules with a passing grade of 80% will preclude the

participation in clinical experiences. Additional instructions for completing these HealthStream modules can be found on the Sacramento State CSAD website under CSAD Handbooks here:

<https://www.csus.edu/college/health-human-services/communication-sciences-disorders/internal/documents/california-healthstreams-module-instructions.pdf>

After completion of the two modules, certificates of completion should be saved as PDFs with the following file naming conventions before uploading to CALIPSO under the Compliance/Immunization tab:

- Lastname_HealthStream_HIPAA_Year
- Lastname_HealthStream_UniversalP_Year

Basic Life Support

Basic Life Support (BLS) training can be completed on campus through the College of Continuing Education (CCE) at a discounted rate or off-campus through various organizations and training providers. To register for BLS training through CCE, follow the instructions here:

<https://www.cce.csus.edu/pod/register-now-3>

Proof of BLS certification should be uploaded to CALIPSO under the Compliance/Immunization tab in PDF format using the following file naming convention:

- Lastname_BLSCertification_Year

Professional Liability Insurance

With registration in the Au.D. program at CSUS, all students are covered under the university's professional and general liability insurance policy. The policy includes coverage for student activities performed within courses and during clinical education experiences during on-campus and off-campus clinical rotations. In order to participate in off-campus clinical rotations, a contract for the clinical experience must be in place between the off-campus clinical site and the university. This agreement is initiated and maintained between the department and the risk management office at Sacramento State. For liability reasons, students cannot complete off-campus clinical rotations without an established agreement.

PROFESSIONAL EXPECTATIONS, CONSIDERATIONS AND BEHAVIORS

Graduate student clinicians not only represent themselves but the university and the profession as they interact with clients, their families, clinical instructors, clinical preceptors, and professionals from other disciplines. As such, it is expected that graduate student clinicians conduct themselves in a professional manner during all clinical experiences and adhere to professional practices and ethics. This includes following and meeting on- and off-campus clinic rules and obligations, arriving and leaving the work site on time, submitting documentation and work products on time, and maintaining a professional appearance.

In addition, graduate student clinicians are expected to exhibit the following professional behaviors and traits:

- Creativity and Flexibility
- Effective Communication
- Collaboration
- Positive Attitude
- Clinical Competency
- Commitment to Learning
- Effective Use of Time and Resources
- Problem Solving and Critical Thinking
- Ability to Identify and Seek Strategies for Stress Management

Clinician Attendance

Attendance is mandatory at each clinical assignment for which student clinicians are scheduled. It is expected that the student clinician will be on time when meeting clients for scheduled appointments and when meeting with the clinical instructor(s). A verbal warning will be issued to student clinicians by their clinical instructor(s) at the first instance of tardiness. Continued tardiness will result in a performance improvement plan (PIP) and may affect the final clinic grade. Students are expected to be fully prepared for scheduled appointments with their clients; an outline of the clinical plan for a session should be emailed to the clinical instructor at least 24 hours in advance.

If you anticipate an absence for a clinical session, please adhere to the following procedures:

- Contact your clinical instructor well in advance to determine if any planned absence is excusable from clinic session; an expected absence must be discussed with your clinical instructor in person.
- If the absence is excused, arrange for coverage of the session with another student clinician.
- You will be expected to arrange for a make-up session with your clinical instructor.

If you cannot attend a session due to unanticipated illness, emergency, or other extenuating circumstance, please adhere to the following procedures:

- Notify your clinical instructor immediately.
 - If unable to do so, arrange for representative to contact clinical instructor.
- Arrange for coverage of session with another student clinician, if possible.
- Arrange for make-up session with clinical instructor upon return.

In the event that a student clinician does not contact their preceptor prior to the beginning of the clinical session, unless unable to do so, the absence will be deemed unexcused and will negatively impact the clinic grade. In order to be excused, students must submit written verification as directed by their clinical instructor; undocumented absences will be considered unexcused.

Dress Code

Participation in clinic is viewed with importance equal to that of a job. Student clinicians are expected to behave professionally, dress professionally, exhibit excellent personal hygiene, and be well-groomed. Appearance and dress should enhance our ability to provide clinical services to clients. Clothing, grooming choices, and personal hygiene which may interfere with job function is to be avoided.

Infractions of the dress code shall be addressed by the clinical instructors, the clinic director, and the faculty and could negatively impact the clinic grade.

- Clothing should be clean, conservative and professional; it should cover shoulders, back, chest, midriff, buttocks, and undergarments at all times independent of body movement or position, such as when raising hands over the shoulders or bending over. This might include:
 - Conservative dresses, skirts, business casual pants or slacks
 - Conservative blouses, sweaters, tops, polo shirts or button down shirts
 - Comfortable and closed-toed business casual shoes, such as flats, dress shoes, or boots
- Hair and facial hair should be in neat appearance
 - Long hair should be tied back as to not interfere with client care
 - Color should be naturally-occurring with no distracting dye or cut patterns
- Teeth and breath should exhibit evidence of good oral hygiene
 - Chewing gum is not permitted during client sessions
- Tattoos may be requested to be concealed
- Excessive fragrances or odors should be avoided (ex: perfumes, colognes, cigar and cigarette smoke, body odors, etc.)
 - Use of perfumes and colognes is discouraged due to possible allergic reactions of clients
- Hands and fingernails should be clean, well-groomed and without stains
 - If nail polish is worn, it should not be chipped or peeling
 - Fingernail length should be short or manicured within ¼ inch long
- Jewelry, piercings or other adornments should not interfere with clinic

Inappropriate clinic dress might include the following:

- Denim jeans
- Ripped, torn or sloppy clothing
- Athletic shoes, shirts or shorts
- Shoes with heels or platforms higher than 3 inches
- Sweatshirts
- Shorts of any length
- T-shirts with logos
- Tank tops
- Clothing items which restrict movement in therapy on account of being too short, tight, low cut or revealing
- Cropped or short tops
- Leggings or spandex outfits
- Flip-flops

Addressing Other Professionals and Clients

Clinical instructors, faculty, staff and other professionals should be addressed by the appropriate title (e.g., Dr., Mr., Mrs., Ms., etc.) unless otherwise instructed. Adult clients should be addressed formally if another preferred form of address has not been previously discussed. Children are typically addressed by their given name.

Professional posture greatly contributes to credibility when delivering information or services. Professional posture includes direct eye contact, if culturally appropriate, pleasant facial expression, composed physical posture, personal hygiene and selection of clothing worn to clinical assignments consistent with the professional breadth of the specific clinic requirements.

Cell Phones, Smart Phones, and Other Electronic Devices

Cell phones, smart phones and other electronic devices may be used as timers, sound level meters and for any other applicable therapeutic use during client sessions, but may not be used for personal use, such as texting, photos/videos, or phone calls, during a session. Student clinicians are not to make or take personal phone calls or text messages during sessions. Student clinicians are not permitted to give out personal phone numbers to clients.

Social Media Guidelines

Social media are internet-based tools that allow for powerful and far-reaching means of communication and information sharing. Social media use can have a significant impact on a student's professional reputation and status. Examples of social media include Facebook, Twitter, Instagram, SnapChat, LinkedIn, Flickr, Tumblr, etc.

Students may be held liable for any posts to social media sites that compromise expectations for professional standards or ethics; the expectation is that the same professional standards are maintained for virtual as for in person interactions. The following guidelines outline the appropriate

standards of conduct for social media use so the student's and the program's reputation remains untarnished:

- Use good judgement when posting to social media sites. Any complaints that are brought to the attention of the clinic director regarding inaccurate, threatening, harassing posts or use of profanity on postings may be considered a violation of professional behavior. This includes, but is not limited to text, photos, videos, and emojis on private or public social media sites.
- Use good judgment as internet and email archives can permanently affect your reputation. Many employers complete social media and internet searches on potential candidates prior to extending invitations for interviews.
- It is inappropriate to use social media sites as a venue for venting. Written or photographic posts directed toward fellow students and institutional or clinical faculty or staff are considered a violation of professional behavior.
- HIPAA laws apply to all social networking so it is the utmost priority to protect client privacy by not sharing information or photographs.

Failure to follow the above stated guidelines may be considered a breach of appropriate professional behavior and subject to disciplinary action, up to and including dismissal from the program.

Clinician's Computer Lab

The clinician's computer lab is open to all student clinicians during hours of clinic operation. This room is part of the clinic facility and should be respected as such. Professional behavior is expected at all times. Please monitor your vocal volume out of respect to your fellow clinicians. This space is provided to student clinicians for the purpose of planning clinic sessions, writing reports, studying, and developing professional collaboration skills with one another.

Please treat this space as you would any other work space in a professional setting. Please respect your fellow clinicians and everyone's need to access computer time. Clear all personal belongings from the computer space you may have been using when you leave the lab for a prolonged period of time. Please note that the computers in the lab revert to erase all data every evening after the clinic has closed. Student clinicians should back-up documents to personal data storage devices. Confidential client information must not be stored on personal data storage devices.

Sound Booths and Lab Spaces

Each sound booth room and lab space is set up to be identical to one another in terms of furniture; equipment in the various spaces may vary. For example, one sound booth may have equipment for auditory evoked potentials, while another sound booth may be equipped with a visual-reinforced audiometry (VRA) system.

If furniture is moved to better accommodate a client's needs, the clinician is responsible for moving all furniture back to its home base immediately after the session. Relocating clinic furniture to a new permanent location is a professional courtesy issue. If clinic chairs are moved to another room for

conferencing with a clinical instructor, clinicians are responsible for moving the chairs back to the room from which they were retrieved.

Clinical equipment is not to be removed from sound booth rooms or labs. In the event that a particular piece of equipment is required for a session, it should be immediately returned to its correct location once it is no longer required for the session. Do not remove the instruction manual or the boxes containing accessories and parts for the View Sonics from clinical spaces. Please use a stylus for writing on the View Sonic screens.

Before and after each session, the student clinician is responsible for cleaning all surfaces (counter top, table tops, chairs, headphones, etc.) using the disinfecting wipes found in each clinical space. All trash should be placed in garbage bins readily available in all clinic rooms.

Clinical rooms are assigned by appointment type and client need in order to avoid double-bookings. If room changes occur after a session has begun at the request of your clinical instructor based on the needs of your client, please make those arrangements per clinical instructor coordination and inform the clinic administrative assistant immediately so we can make the changes on the clinic schedule. Student clinicians may use any clinic room to study when the room is not in use or reserved by a faculty member. Please consult the clinic schedule to verify whether a room is available.

GENERAL MJRLSHC AUDIOLOGY CLINIC GUIDELINES AND PROCEDURES

Daily Clinic Procedures

Student clinicians are expected to arrive at least 15 minutes prior to any scheduled client appointments to ensure that clinic spaces and equipment are tidy and operational.

The following is a list of morning procedures which should be completed if a student clinician is the first to work in a given sound booth or lab space:

- Turn on lights
- Turn on all audiologic equipment
- Perform biologic calibration and check of audiometer; document this on log found in sound booths
- Perform biologic check of immittance equipment
- Put away items left to dry overnight after ultrasonic cleaner use
- Wipe down equipment
- Calibrate real-ear equipment (Monday)
- Tidy up clinic space
- Re-stock supplies (alcohol prep pads, immittance tips, otoscope specula, etc.)

The following is a list of evening procedures which should be completed if a student clinician is the last to work in a given sound booth or lab space:

- Tidy up clinic space
- Re-stock supplies (alcohol prep pads, immittance tips, otoscope specula, etc.)
- Wipe down equipment
- Dispose of all used single use items
- Place items in ultrasonic cleaner, run unit, and take items out to dry overnight
- Make copies of clinic forms (if needed)
- Turn off all audiologic equipment
- Turn off lights
- Close both sound booth doors

Client Confidentiality

All client records in the MJRLSHC are confidential. Student clinicians are granted access to personal and medical information on a need-to-know basis, meaning that they only access documents pertaining to those clients that they are treating. To protect client confidentiality, the following practices and procedures have been established:

- Clients are not to be identified or discussed with friends, roommates or any other person outside of the clinic.
- Clients may be discussed with clinical instructors, faculty members and fellow students only when such discussions serve a clinical or educational purpose.

- Student clinicians are not to exchange information regarding clients with other agencies without a signed release from the client/parent/legal guardian. Please ensure the proper form has been signed.
- Extreme care should be taken when having conversations within this clinic. Clinicians will refrain from discussing clients in hallways, elevators, classrooms or other public spaces, including the clinic waiting room restrooms. All client-related conversations should be conducted in a private room.
- Consultations with parents, legal guardians, family members, or clients should not occur in the waiting room as they directly violate client confidentiality
- Information in the client's file is not to be taken from the clinic or left unattended.
- Information from a client's file may not be photocopied or photographed.
- Do not leave reports, lesson plans, SOAP notes or any other loose records in clinic rooms, labs or classrooms.

The Agreement to Maintain Confidentiality is to be signed and uploaded to CALIPSO under the Compliance/Immunizations tab in PDF format by student clinicians using the following file naming convention prior to first client contact; a copy of the document to be signed can be found in the Appendix.

- Lastname_ConfidentialityAgreement_Year

Digital Recording of Clients

Recording a client session may be indicated for educational uses, such as a clinical instructor reviewing a session with a student clinician or a student reviewing a session for self-reflective purposes. The following procedures are in place when digitally recording clients during a session:

- Student clinicians may not use personal equipment (smart phones, iPads, cameras, etc.) to visually record sessions (whole or part). Only the clinical observation recording system can be used for this purpose. Audio recordings are allowed, identifying the client by initials only.
- Video recordings of clients must remain in the clinic.
- Video recordings of sessions are to be viewed in the observation room only.

A student found in violation of this policy will result in the student receiving a failing clinic grade in the associated clinic.

Required Documentation

The following documentation and clinical record keeping is required for every client encounter:

- Student clinicians are responsible for filling out and emailing the Clinic Session Planning Form (Appendix) to their clinical instructor at least 24 hours prior to each client session.
- After every client encounter, student clinicians must enter a chart note using an abbreviated SOAP note format in the client's EMR immediately upon completion of each session.
 - Ex: Client was seen in the clinic due to concerns over malfunctioning right hearing aid. Listening check and electroacoustic analysis completed; revealed high distortion

and inadequate gain. Right hearing aid will be sent to manufacturer for repair; will call patient for pick up.

- During and/or after every client encounter, client data must be transferred and saved to NOAH and the client's EMR (if applicable).
- An initial draft report should be submitted by the student clinician to the clinical instructor within 24 hours of a session, along with an Audiology Report Finalization Form (Appendix).
- Reports should be finalized between student clinicians and clinical instructors within a week of a client session and uploaded to the client's electronic record by student clinicians when finalized.
- A copy of the signed and finalized report should be mailed to the client within a week of the client encounter (if applicable).

Client Electronic Medical Records

Client information will be maintained within an electronic medical record (EMR); EMR selection and implementation is currently in process. Access to a client's EMR is on a need-to-know basis only; this means that student clinicians and clinical instructors are only to access EMRs of clients they expect to be working with in the clinic. All assessments, results, reports, etc. associated with a given client should be uploaded to that client's EMR. Initial EMR training will be provided to students during CSAD 610 Introduction to Clinic. Students will be provided with a log-in and access to the EMR during the semester(s) they are completing clinical rotations on-campus at the MJRLSHC Audiology Clinic.

Required Written Reports

You will receive specific instructions and guidelines regarding professional report writing from your clinical methods course professors and your clinical instructors. General report templates can be found in the Audiology Clinic Resource Manual.

To protect client confidentiality, the following guidelines regarding written documents, such as reports in progress, finalized reports, and assessment results, are mandated:

- All drafts of reports in progress and all documentation stored in a working file must be prepared without identifying information regarding the client's full name, address, or guardian information.
- Use only client initials until the report is finalized.
- Case summaries and other clinic documentation typed about clients may only be prepared in the clinic; reports may not be completed on personal or public computers. Report drafts in progress may be saved to the computers in the computer lab; note that files saved to lab computers will be automatically erased each night.
- Reports may only be printed on clinic lab printers; printed reports are not to leave the clinic space.
- All test results generated during a clinical visit should be uploaded or transferred to the client's electronic record immediately upon completion.

- Word documents of in-progress reports will need to be password protected; the password will be distributed at the beginning of each semester by the clinical instructor.

Report Formatting

The following report formatting standards should be maintained for all client reports:

- All reports should use the report template with the university header
- **Font:** Please use Garamond size 12 as this is a Sacramento State authorized font
- **Footer:** Reports should include a footer which indicates STUDENT REPORT (centered) on each page, including the first page
- **Header:** Reports should include a header which indicates the clients last name and date of birth page x of y (right alignment). Headers are not to appear on the first page of the report.
- **Margins:** Reports should leave 1” margins on the left and top, 0.7” margins on the right, and 0.5” margins on the bottom

A separate Audiology Report Finalization Form (Appendix) should be submitted to the clinical instructor along with a finalized version of every report.

Receiving a Fax with Request for Client Information

The following procedures are in place for faxed materials with client information received or requested by the clinic:

- All faxes will be collected by clinic administration and placed in the Faxes Received basket in the file room.
- If a fax is expected, it is your responsibility to check this basket frequently.
- Student clinicians must then file the information in the client’s electronic record and share the information with their respective clinical instructor upon receipt.

Emailing Client Documents

The following procedures are in place for emailed materials pertaining to a client:

- Emailed documents between a student clinician and clinical instructor will be password protected and will include only the client initials as identifying information. These emails will not include the client’s name, the parent/guardian name, address, phone number, or birthdate.
- It should be noted that only SacLink email accounts are permitted to be used between student clinicians and clinical instructors. Use of personal email accounts is prohibited.

Client Report Distribution

Clients can request copies of finalized reports; these can be picked up in person or can be mailed to clients. In order for reports or records to be mailed, clients have to have a completed “Request for Information to be Sent” form on file. Only reports finalized and co-signed by student clinicians and clinical instructors can be disseminated to clients; reports in progress are not to be distributed.

Information in finalized reports is part of a client’s medical record; in accordance with professional

expectations for audiologists, these reports are to be grammar and spelling-error free and contain the correct information.

Client Attendance

In the event that a client does not attend a session, students are expected to work on clinical skills development with their clinical instructors for the duration of the session. This might include completing mock assessments, discussing diagnostic or (re)habilitative procedures, seeing walk-in clients for hearing aid troubleshooting, servicing hearing aids which may have been dropped off at the clinic for servicing, restocking of equipment and supplies, or other tasks as assigned by the clinical instructor.

In the event that a client is late to a scheduled appointment, it is up to the discretion of the student clinician and clinical instructor to determine if the visit can be completed as planned or will need to be rescheduled. Clients who are chronically late or absent to scheduled sessions may be dismissed from the clinic. Client absenteeism and lateness to scheduled appointments should be documented in the client's chart and in the report.

Client Parking

Clients will receive a parking code that may be used at a parking pass kiosk found on the west side of Folsom Hall; the parking kiosk will issue a parking pass for the visit for which the parking code was provided only. Parking codes are one-time use only. Parking passes will need to be displayed on the dashboard of the car; clients can park in any undesignated spot during the days and times marked on the pass.

Universal Precautions and Infection Control

Universal precautions are hygienic measures used to prevent the spread of infectious diseases and to minimize the risk of exposure to infection for clinicians, students, clients, and research study volunteers. Anyone working within the audiology clinic at Sacramento State must adhere to the infection control procedures outlined within this handbook. Student clinicians are trained on Universal Precautions and Personal Protective Equipment (PPE) through a health module suggested by the department; this module should be completed prior to start of clinic and proof of completion uploaded to CALIPSO. All clinical spaces (labs, sound booths, fitting rooms, vestibular suite, etc.) are equipped with the following equipment:

- Protective hand gloves (latex and/or nitrile)
- Facial tissues
- Antibacterial hand sanitizer
- Disinfectant surface wipes

When providing clinical services or coming in contact with other students or clients for research purposes, student clinicians must follow these universal precautions:

- Handwashing is the single most effective practice for the prevention of the spread of pathogens. Handwashing should be completed upon arrival in the clinic, before and after

contact with every client, after handling food, after using the toilet, after removing gloves, and before leaving the clinic. Hands should also be washed after sneezing, coughing or wiping a nose.

- In the event that a handwashing station is not readily available, hand sanitizer can be used if the hands are not visibly soiled.
- Gloves should be worn when contact with blood, bodily fluids containing blood, mucous membranes or non-intact skin is expected. Gloves are one-time use only and should be properly disposed following use. Take care when removing gloves to avoid contact with any potentially soiled areas.
- All clinical surfaces and equipment should be disinfected before and after use; this includes tables, chairs, computer keyboards, client response buttons, toys, tables, headphone and bone oscillator bands.
- Non-reusable disposable clinical items should be immediately removed from clinical equipment after use; this includes specula from otoscopes, headphones inserts, headphone covers, probe tips, electrodes, needle vacuum tips, etc.
- If there is an incident involving bodily fluids, use a disinfectant to clean up the area and ask staff to request housekeeping services. If a client is bleeding or vomiting, notify the clinical instructor immediately.

Handling Hearing Aids and Earmolds

Hearing aids, cochlear implant processors, BAHAs and earmolds are assumed to be contaminated with bodily fluids and should always be handled with gloved hands. The following steps should be followed when working with hearing aids:

- Receive device(s) and earmold(s) in gloved hand.
- Clean device(s) and earmold(s) with disinfectant wipe.
- Sanitize hearing aid stethoscope prior to and after attaching it to previously sanitized hearing aid or earmold.
- Do not set device(s) on counter or table without barrier; instead, place device(s) or earmold(s) on facial tissue. If device or earmold come in contact with counter or tabletop, sanitize both the surface and the device or earmold.

Failure to follow infection control procedures will result in a verbal warning, followed by a performance improvement plan, followed by a reduction in clinic grade, if not remedied.

Emergency Procedures

In the event of an emergency, call campus police at 8-6000 and 911.

Suspected Fire or Sounded Alarm

In the event of a suspected fire or when the fire alarm is sounded, the following procedures must be followed:

- All personnel, including students, faculty, clinical instructors, staff, and clients, must evacuate the building by way of stairwells; elevator use is not permitted.
- Attempt to evacuate non-ambulatory individuals by way of stairwells using emergency evacuation devices located near stairwells
 - Mobility-impaired individuals should be placed in the fire exit stairwells or other secure location.
 - Notify campus police and first responders of any individuals remaining in the building and their exact location.
- Following evacuation of building, all individuals should congregate at a designated meeting point by the freeway north of Folsom Hall.
- Returning to the building is strictly prohibited until the all clear signal has been given by campus police and the building safety marshal.

Accidents or Injuries

All accidents and injuries, whether to staff, faculty, students, or visitors (clients and caregivers) must be reported to the department administration immediately. If necessary, call 911.

Per Campus Policies, a Report of Incident or Accident form must be completed by the injured and submitted to Environmental Health and Safety (EH7S) within five days of the injury, preferably within 24 hours. Forms are available from the HR Department Website:

<http://www.csus.edu/aba/ABA-Files-Configs/documents/forms/riskMgmt/ReportAccidentIncidentForm.pdf>

If the injured is a student, the student should be directed to the Student Health Center on campus (and assisted, if necessary). They will assess the degree of injury and complete an incident report form.

Non-Life Threatening Incidents

If a non-injury incident occurs, such as someone who is unable to control their temper, and a threat is perceived, the student clinician should call the campus police at 8-6000. If the dispatcher at that number feels that 911 should be contacted, he or she will do so. Incidents should be reported to the department administration immediately.

Suspected Child or Adult Abuse

Audiologists and other allied health professionals are considered by the State of California to be “mandated reporters”. We are required by law to report suspected physical abuse or serious neglect. Students who suspect abuse should discuss the concern at the very first available opportunity with

their clinical instructor. If the clinical instructor feels that the concern is valid, he or she must call Child Protective Services or Adult Protective Services immediately. The clinical instructor will need to follow-up by completing a written report on the incident.

This is the link for Mandatory Reporting of Child Abuse and Neglect Executive Order 1083 Revised July 21, 2017 from the CSU Chancellor: <https://www.calstate.edu/co/EO-1083-rev-7-21-17.html>
Please contact the Office of Equal Opportunity, Human Resources, for questions regarding additional CSU reporting policies.

Clinic Key Fobs

Graduate students will be issued a key fob to allow access to the clinic. This fob will allow you entrance at the reception desk door that leads directly into the clinic. This door is locked at all times and is not to be propped open for any reason.

Key request forms will be available each semester one week prior to the first day of classes. These forms can be picked up at the clinic front desk. Please take your key request form to Facilities Management along with your student OneCard to receive your fob. Facilities Management is open M-F 8:00am – 4:00pm. You will need to pick up a new request form at the beginning of each Fall semester only. Your fob will deactivate during the winter recess, but automatically reactive the first day of classes during the following Spring semester. Your fobs will deactivate on the last day of finals week each semester.

You are provided with one complimentary fob at the beginning of graduate school. If you lose it, you are responsible for going to Facilities Management to pay for a replacement. The department is not responsible to pay the associated fees to replace a fob.

Turn your fob back in at Facilities Management after you have successfully completed your last semester of clinic. Your degree conferral will be held up if you do not return your fob back to facilities.

STUDENT ON-CAMPUS CLINIC EXPERIENCE

Clinical Assignments

Student clinicians are assigned to clinic time slots and clinical instructors prior to the beginning of each semester. Clinical assignments will be posted in the clinic and emailed to all student clinicians and clinical instructors as soon as the schedule is finalized. Clinic time slots are based on clinical instructor availability and restrictions related to enrollment in didactic coursework each semester.

Student clinicians are scheduled for clinic based on a randomized system to maintain a high degree of equitability. Because of this, individual requests for scheduling changes will likely not be honored, particularly after the schedule has been disseminated to all clinicians. All inquiries are to be directed to the clinic director. Individual requests that impact other students' schedules will not be facilitated by the clinic director, unless it is an extenuating circumstance, approved by the clinic director and the department chair.

Supervision

During on-campus clinical rotations, clinical instructors will observe each student clinician 100% during all client sessions. In addition to the requirements outlined in this manual, each clinical instructor may have specific requirements for their student clinicians. Student clinicians should check with each of their clinical instructors to ensure that they understand what is expected of them.

Meeting with Clinical Instructors

Clinical instructors will meet with student clinicians each week throughout the semester for client discussion and session preparation. The first week of the semester will provide clinical instructors and student clinicians an opportunity to review expectations for the semester, student clinician learning styles, and to make other general housekeeping arrangements. Agreed upon weekly meeting dates will be determined between clinical instructors and student clinicians.

At least 24 hours before a client session, student clinicians should review the client's file and email a copy of the Clinic Session Planning Form (Appendix) to the clinical instructor. A Clinic Session Planning Form should be filled out for every individual client encounter.

Student Clinic Evaluation

Students will receive daily verbal feedback upon the completion of each session from their clinical instructors; a Clinical Reflection on Action Form (Appendix) should be filled out after every clinic session and reviewed with clinical instructors to help facilitate self-reflection and constructive criticism.

In addition, student clinicians will receive a formal midterm and final student evaluation during each clinical practicum experience. All student evaluations are completed and maintained in CALIPSO. During the midterm evaluation conference, clinical instructors will meet with each student to discuss their performance. Clinical instructors may offer further suggestions on how a student clinician may

improve their performance. The midterm meeting also serves as a time for student clinicians to discuss any concerns they may have regarding their performance, the clinical instructor's expectations, their clinical assignment, etc.

At the end of each semester, clinical instructors will again meet with each student to review their final grade. All clinical instructors will use the approved clinical competencies found in CALIPSO to document clinical performance. Students are encouraged to review the clinical competencies at the beginning of the semester, which are found in CALIPSO and in the Appendix. This will help answer most questions regarding what is being evaluated.

Performance Improvement Plans

If a student clinician is at risk for not meeting clinical competency expectations, (a) performance improvement plan(s) (PIP) found in the Appendix will be formulated as required. PIPs are designed to improve a student clinician's knowledge and skills in specific area(s) of weakness.

If a performance improvement plan is necessary, the following steps will take place:

- The clinical instructor will write an appropriate PIP following department guidelines, using the department specific PIP template.
- The PIP will be approved by the clinic director, reviewed with the student clinician and signed by all required parties.
- Progress made related to the PIP goal(s) will be considered by the clinical instructor before determining the final clinical competency scores and posting the course grade.
- If a PIP is required in more than one clinic in a given semester or if a student has failed a previous clinic and a PIP is required in a subsequent clinic, then a department level PIP is required and will be written by the department chair in consultation with the clinical instructor, the student clinician, and the clinic director.

Clinic Grade Policy

Progress toward meeting clinical policies for passing each clinical experience is documented using the clinical competencies found in the student evaluations in CALIPSO. Final competency scores assigned by clinical instructors determine a student clinician's final grade.

Performance Grading Scale

A passing grade for clinic performance is based on the Final Clinical Competency Form. You should review this form before clinic starts so that you are aware of all items that will become part of your formative and summative assessment for this clinic. The Clinical Competency Form will be completed by your clinical instructor at midterm and at final, but it is the final Clinical Competency Report on which your clinic grade is based. The Clinical Competency Form is separated into seven (7) general competency categories: Prevention, Screening and Identification, Assessment, Audiologic (Re)habilitation, Pediatric (Re)habilitation, Counseling, Communication, Professional Practice. Each general competency area consists of numerous individual line items. Additionally, there are four (4) essential professional behavior line items.

A passing grade for each clinic is a B or higher. A passing grade is obtained by achieving a rating of 4.15 or better on the average combined score of the 7 general competency categories, provided that the student achieves; (a) an average rating of 4.15 or better for each of the 7 general competency categories and (b) a minimum score of 3.0 on all individual competency line items and (c) a pass on all 4 essential professional behavior line items.

Therefore, any student receiving (a) a rating of 2.99 or less on any one (or more) specific line item or (b) a rating of 4.14 or less for a competency category or (c) a rating of fail on any of the 4 essential professional behavior line items will not pass the clinic, even if their average combined score of the 7 general competency categories is a B or higher. In such cases, a grade of B- will be given for the clinic.

SCORE	LETTER GRADE	DESCRIPTION
4.65 - 5.00	A	<u>Exceeds Performance Expectations (Pass)</u> (Minimum assistance required) <ul style="list-style-type: none"> • Clinical skill/behavior well-developed, consistently demonstrated, and effectively implemented • Demonstrates creative problem solving • Clinical Instructor consults and provides guidance on ideas initiated by student
4.50 - 4.64	A-	
4.35 – 4.49	B+	<u>Meets Performance Expectations (Pass)</u> (Minimum to moderate assistance required) <ul style="list-style-type: none"> • Clinical skill/behavior is developed/implemented most of the time, but needs continued refinement or consistency • Student can problem solve and self-evaluate adequately in-session • Clinical Instructor acts as a collaborator to plan and suggest possible alternatives
4.15 – 4.34	B	
4.00 – 4.14	B-	<u>Needs Improvement in Performance</u> (Moderate assistance required) <ul style="list-style-type: none"> • Inconsistently demonstrates clinical skill/behavior • Student's efforts to modify performance result in varying degrees of success • Moderate and ongoing direction and/or support from Clinical Instructor required to perform effectively
3.85 – 3.99	C+	
3.65 – 3.84	C	
3.50 – 3.64	C-	
3.35 – 3.49	D+	<u>Needs Significant Improvement in Performance</u> (Maximum assistance required) <ul style="list-style-type: none"> • Clinical skill/behavior is beginning to emerge, but is inconsistent or inadequate • Student is aware of need to modify behavior, but is unsure of how to do so • Maximum amount of direction and support from clinical • Supervisor required to perform effectively.
3.15 – 3.34	D	
3.00 – 3.14	D-	
1.00 – 2.99	F	<u>Unacceptable Performance</u> (Maximum assistance is not effective) <ul style="list-style-type: none"> • Clinical skill/behavior is not evident most of the time • Student is unaware of need to modify behavior and requires ongoing direct instruction from Clinical Instructor to do so • Specific direction from Clinical Instructor does not alter unsatisfactory performance

A grade of Incomplete will only be assigned at the discretion of the clinical instructor, if a portion of required coursework has not been completed and evaluated during the course due to unforeseen but fully justified reasons and if there is still a possibility of earning credit for the course. It is the responsibility of the student clinician to bring pertinent information to the attention of the clinical instructor and to determine from the clinical instructor the remaining course requirements that must be satisfied to remove the incomplete grade. A final grade is assigned when the work agreed upon has been completed and evaluated. An Incomplete grade in a practicum must be resolved to the satisfaction of the clinical instructor(s) or the student clinician may not be eligible for subsequent practica and will not be eligible for internship placement.

A performance improvement plan following the terms designated by the university and outlining the timeframe and terms of completion of a grade of Incomplete will be developed by the clinical instructor and student clinician, in consultation with the audiology clinic director and audiology program director. Clinic clock hours will not be awarded until successful completion of the practicum assignment according to the terms of the performance improvement plan.

An Incomplete must be made up within the time limit specified by the instructor when the completed "I" grade is assigned. The time limit may not extend beyond 12 months. If the instructor does not specify a time limit, then the student must meet the conditions specified by the instructor within 12 months from the day grades are due on the academic calendar (the last day of the term) the same term in which the "I" grade was assigned. This limitation prevails whether or not the student maintains continuous enrollment. Failure to complete the assigned work will result in an Incomplete being converted to an "F" or "NC" on the academic transcript.

Student Complaint Procedure

Please see the CSAD website for all information regarding pathways to student grievance. This can be found here: <https://www.csus.edu/college/health-human-services/communication-sciences-disorders/internal/documents/equitable-treatment-and-other-campus-policies.pdf>

Should a condition exist that a student believes is in violation of the rules, procedures, policies, or the standards of the university, it is important that he/she bring it to the attention of the appropriate individual or office. An attempt at an informal resolution should be the first action taken by the student.

Clinical Instructor Evaluation

At the end of each clinical semester, students will be asked to complete clinical instructor evaluations. Students are asked to be as thorough and constructive as possible when completing these evaluations. Clinical instructors are provided with the information only after grades have been posted and students' anonymity is maintained.

OFF-CAMPUS CLINICAL INTERNSHIPS

Off-campus clinical internships (CSAD 650C, 660C, 670C, and 680C) contribute to students developing advanced clinical skills in a variety approved of off-campus settings; these might include placements in hospitals, private practices, schools, ENT offices, etc. Off-campus clinic internship rotations will begin the spring semester of the second year of the Au.D. program for a total of four off-campus clinical internship rotations completed in summer of the second year, fall of the third year, and spring of the third year.

Eligibility for Off-Campus Clinical Internship

To be eligible for off-campus clinical internship rotations, students must have successfully completed all program requirements leading up the off-campus clinic experience, including:

- Successful completion of all required Au.D. coursework leading up to the spring semester of the second year
- Successful completion of CSAD 510 Audiology Progress Exam
- Successfully complete all four on-campus clinical rotations (620C, 630C, and 640C) with a grade of B or better and meet the associated clinical competencies

Site-Specific Pre-Requisite Requirements for Off-Campus Clinical Internships

Some off-campus clinical internship sites have internal requirements for pre-requisites which may need to be completed by student prior to placement. These might include additional background checks or fingerprinting, certain vaccinations, physical examination, internal site-specific training requirements, etc. Students will be informed of additional requirements required by off-campus clinical internship sites prior to start of rotation. Students are expected to have completed these requirements prior to clinical internship start, if applicable.

Determination of Clinical Assignments

Off-campus clinical internship rotations take place two to three full days a week, with placements changing each term to allow students to experience a variety of different settings and service-delivery models. Students will be scheduled to discuss their placement preferences with the off-campus clinical internship coordinator in the summer semester of the first year after submitting the Off-Campus Clinic Experience Preference Form (Appendix) formalizing their preferences. Students interests, preferences and how they relate to future career goals will be taken into consideration when assigning clinical internship rotations.

Students are expected to provide their own transportation to off-campus clinical internship sites. While the majority of off-campus clinical internship sites will be in the greater Sacramento area, students should expect to be placed at specialized sites which may require more extensive commuting times. The relative benefits of such a placement and the associated commuting time will be discussed with the student.

A formal affiliation agreement between Sacramento State and the clinical internship site must be in place before student placement.

Preceptor Requirements and Site Selection

On-campus clinical instructor and off-campus preceptor expectations are as follows:

- Student clinicians and interns must be supervised by a clinical instructor or preceptor who possesses a current and valid California License in Audiology
- Clinical instructors and preceptors must be on site and available 100% of the time

Off-campus preceptor selection, site selection and the contract process are outlined as follows:

- Potential off-campus preceptors are required to submit the following:
 - An intake form describing the site(s) served, including populations, age ranges, special programs, etc.
 - A resume/CV
 - A copy of current ASHA CCC, CA Audiology License, and proof of
- The internship/externship coordinator evaluates the submitted information, meets with the potential off-campus preceptor, and/or visits the site(s) (if appropriate), and consults with faculty as necessary in order to confirm placing the off-campus preceptor/site(s) on the active list.
- Once a preceptor is placed on the active list, he or she will receive an email each semester asking if he or she is available to host a student intern the following semester. The internship/externship coordinator will then inform the preceptor/site if he or she has a student to place with the preceptor. The preceptor, students, and university liaisons are then invited to a reception and training, where we provide the specific, required supervision training. A semester specific addendum to this handbook will be provided that includes the internship syllabus, and any required forms.
- It is required that a contract be established between the University and all school districts/hospitals/private practices/etc. serving as internship sites.
- Once a potential clinical site or the department has initiated an internship placement request, the internship/externship coordinator requests that the Sacramento State procurement department send a contract to the potential clinical site for approval, if not already established or active.
- Once the University and the clinical site have approved and signed the contract, the now approved clinical site can accept internship placements for the period specified in the contract.
- Approved clinical internship/externship sites will be reviewed by site visit liaisons every semester through in-person site visits; if this is not possible, such as due to geographic barriers, site visits will be conducted virtually.

Scheduling of Clinical Internships

Off-campus clinical internship rotations must always be arranged for and scheduled by the off-campus clinical internship coordinator. Rotations will be scheduled two to three full days a week depending on off-campus clinical internship site availability and didactic coursework requirements and schedules in a given semester. The hours a student may expect to spend at a site on any given

day depends on the site and preceptor; for example, a school placement may require students to be on site as early as 7 am, while a private practice setting may have later start and end times.

Students are expected to attend off-campus clinical internship rotations up to three full days per week throughout the semester. Time spent at an off-campus internship site depends on the hours of operation of a given site; for example, a student completing a school-based placement might be expected to be on location from 7 am until 4 pm, while a student at a private practice placement might be expected to be on location from 8 am until 6 pm.

Student Coordination with Off-Campus Clinical Site

Once students have been assigned to an off-campus clinical internship site, they must reach out to their assigned preceptor via email, offering a brief introduction and to determine if any additional requirements need to be completed. Students should complete a Learning Contract (Appendix) on their first day at the off-campus clinical internship site. The purpose of the Learning Contract is to formalize student and site specific goals for the clinical rotation, review student responsibilities, clinical preceptor expectations, schedule and identify the student's daily responsibilities. Once completed, the Learning Contract should be uploaded to CALIPSO by the student in PDF format using the following file-naming convention:

- Lastname_LearningContract_Site_Year

Students should work with their clinical sites in case of inclement weather or campus closures to determine if it is safe to attend sessions for that day(s). Arrangements to make up all missed days will have to be made with the clinical sites and students.

OFF-CAMPUS CLINICAL EXTERNSHIP

Clinical education culminates with the fourth-year externship (CSAD 710E, CSAD 720E, CSAD 730E), which is a full time, 12-month-long clinical experience where students work towards mastering clinical independence under collaborative supervision of a clinical preceptor at an approved site. Students will additionally be enrolled in clinical methods courses (CSAD 710, CSAD 720, CSAD 730) during their externship experience.

Eligibility and Pre-Requisites for Clinical Externship

The off-campus clinical externship is a 12-month clinical experience starting in the summer of the third year of the Au.D. program of study and entails registration in CSAD 710E, CSAD 720E, and CSAD 730E.

To be eligible for off-campus clinical internship rotations, students must have successfully completed all program requirements leading up to the externship, including:

- Successful completion of all required Au.D. coursework leading up to the spring semester of the third year
- Successful completion of all four off-campus clinical rotations (CSAD 650C, 660C, 670C, and 680C) with a grade of B or better and meet the associated clinical competencies
- Submitted proof of passing Praxis score
- Completion of audiology doctoral project
- Successful completion of audiology progress and comprehensive exams

Remediation efforts throughout the program of study leading up to the fourth year off-campus clinical externship may result in a delayed start to the externship.

Temporary License for Clinical Externship in California Requirement

Students who complete the externship in California are required to obtain a temporary license before beginning the externship. The audiologist who will serve as the primary supervisory preceptor during the externship experience will register as the Required Professional Experience (RPE) supervisor of record. Failure to register for RPE and file for temporary license before beginning the externship may result in ineligibility for audiology licensure in California. The application for RPE and temporary licensure in California can be found here:

https://www.speechandhearing.ca.gov/forms_pubs/app_pack_au.pdf

In order to be eligible for the temporary license needed for externships completed in California, students must provide documentation of a passing Praxis score to the Speech-Language Pathology, Audiology and Hearing Aid Dispensers Board.

Clinical Externship Site Information

Sacramento State has existing relationships and contracts in place with various clinical placement sites throughout the State of California.

Establishing Clinical Externship Sites

Processes and procedures for establishing clinical externship sites are the same as for establishing off-campus clinical internship sites and have been previously delineated in this document. Students are encouraged to discuss interest in a non-approved externship site with the audiology internship/externship coordinator in a timely manner to allow for contracts to be established.

Applying for Clinical Externship Placements

Most externship sites require a formal application package, which minimally includes a cover letter, CV/resume, and letters of recommendation. Most externship sites also require an on-site interview. Externships may have an associated compensation package, but this is more often the exception rather than the norm. At this point in time, California does not participate with National Council for State Authorization Reciprocity Agreements (NC-SARA); what this means is that students cannot complete externships outside of the State of California.

Assessment of Clinical Externships

In cooperation with the externship site, careful monitoring and reporting of student progress will continue throughout the externship year. Clinical contact hours should be logged in CALIPSO and will need to be approved by the supervising preceptor. Approved clinical internship/externship sites will be reviewed by site visit liaisons every semester through in-person site visits; if this is not possible, such as due to geographic barriers, site visits will be conducted virtually.

Fulfillment of the Clinical Externship

Students are required to complete the full 12 months regardless of the number of hours approved as this is a requirement for audiology licensure in California; most students, however, will accrue at least 2000 through the experience. Clinical externships may be located in the greater Sacramento area, or may be completed anywhere in California and require relocation.

Upon successful completion of the externship, each student will have met all academic and clinical requirements for California licensure, ACAE and CAA accreditation, and American Board of Audiology Certification. The Certificate of Clinical Competency in Audiology (CCC-A) is provided by the Council for Clinical Competency (CFCC) through ASHA. This is an optional certification that requires a full-time equivalent supervision by an audiologist who holds a current CCC-A through ASHA.

LICENSURE AND CERTIFICATION

Licensure Requirements

Licensure is the responsibility of the student and is independent of the Au.D. program and university. Licensure requirements vary by State.

Requirements for California Audiology Licensure

The following documentation is required by the California Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board (SLPAHAD) for audiology licensure:

- Evidence of Au.D.
- Completion of externship
- Official transcripts
- Copy of diploma or Letter of Completion
- Clinical Practicum Verification Form
- Valid fingerprints

Licensing requirements change periodically and can be reviewed here; it is the student's responsibility to keep abreast with said requirements:

http://www.speechandhearing.ca.gov/applicants/app_pack_au.shtml

Clinical Practicum Verification Form for California Licensure

Within 10 days of completion of the externship, students are to download the Clinical Practicum Verification form from the SLPAHAD Board's website, complete the form, and send it to the audiology clinic director. The audiology clinic director will submit the Clinical Practicum Verification form to the SLPAHAD Board directly.

Requirements for California Dispensing Audiology Licensure

In addition to the requirements described above, students must apply for a Dispensing Audiology license in the State of California during their program of study through the California SLPAHAD Board. Obtaining a Hearing Aid Dispensing License is a two-fold process involving a written and practical exam. The application for the Hearing Aid Dispensing License can be found on the SLPAHAD Board's website here:

https://www.speechandhearing.ca.gov/applicants/qual_app_had.shtml

Students should complete Option 1: Applicant/Written Exam – No License. Ideally, students should register for the written exam in the summer of the first year of the program of study as processing times for application are upwards of 4 weeks. Once the application is processed, the SLPAHAD Board will send registration instructions for the written exam. A copy of the written exam results should be uploaded to the Compliance/Immunizations tab in CALIPSO in PDF format using the following naming convention:

- Lastname_HADWrittenExam_Year

After successful completion of the written exam, the SLPAHAD Board will send notification of eligibility to schedule the practical exam. A copy of the practical exam results should be uploaded to the Compliance/Immunizations tab in CALIPSO in PDF format using the following naming convention:

- Lastname_HADPracticalExam_Year

Information regarding the written and practical exam test dates, as well as study guides for the written and practical exams, can be found on the SLPAHAD Board website here:

https://www.speechandhearing.ca.gov/applicants/exam_had.shtml

Obtaining the Certificate of Clinical Competence (CCC-A) from ASHA

Instructions on how to file for CCC-A certification and the corresponding application can be found on the ASHA website: <https://www.asha.org/Certification/AuDCertification/>

Student progress towards certification is tracked in CALIPSO; students who have not completed a fourth-year externship experience under a CCC-A audiologist will have the opportunity to earn CCC-A certification on their own.



SACRAMENTO STATE

Audiology Clinic Handbook Appendix

Agreement to Maintain Client Confidentiality

- I understand that everything I see and hear in any clinical situation during my years as a graduate clinician or undergraduate student will be kept in the strictest of confidences. I will only discuss my clinical experiences in class or with my clinical instructor in a place where my conversation cannot be overheard by anyone else. Conferences with persons approved by the client or their legal representative will be conducted in a confidential manner as well.
- Information about any clinical experience will not be shared in any social medium by way of social media sites (e.g. Facebook, Twitter, etc.), texting and email. I understand that sharing pertinent clinical material via any social medium is a breach of confidentiality and can cause negative perceptions of not only my professionalism, but also the professionalism of the individuals and institution with whom and which I am associated.
- I realize that this is important because information conveyed in a professional clinical setting, such as the Maryjane Rees Language, Speech, and Hearing Center, is considered to be Personal Health Information (PHI) and is legally confidential. I understand that a breach of confidentiality can be a reason for dismissal from the Doctor of Audiology program at Sacramento State.

Name (Print)

Signature

Date



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

CODE OF ETHICS

Reference this material as: American Speech-Language-Hearing Association. (2016). Code of Ethics [Ethics]. Available from www.asha.org/policy.

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PREAMBLE

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

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

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

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

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

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

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the

professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

TERMINOLOGY

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

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

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

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

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

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

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

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

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

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

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

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

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

negligence – Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s);

failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere – No contest.

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

publicly sanctioned – A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

reasonable or reasonably – Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

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

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

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

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

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

PRINCIPLE OF ETHICS I

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

RULES OF ETHICS

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be

allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

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

RULES OF ETHICS

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III

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

RULES OF ETHICS

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
- E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

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

RULES OF ETHICS

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical

harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

CODE OF ETHICS OF THE AMERICAN ACADEMY OF AUDIOLOGY

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 all categories of members of the Academy agree to uphold. The second part, the Procedures, provides the process that enables compliance with and enforcement of the Principles and Rules.

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 the highest 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 not in compliance with 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 by law.

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 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 been in noncompliance with 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.

Signature: _____ Date: _____

PART II.

PROCEDURES FOR THE MANAGEMENT OF ALLEGED NONCOMPLIANCE

INTRODUCTION

Members of the American Academy of Audiology are obligated to uphold the Code of Ethics of the Academy in their personal conduct and in the performance of their professional duties. To this end, it is the responsibility of each Academy member to inform the Ethical Practices Committee of possible noncompliance with the Ethics Code. The processing of alleged noncompliance with the Code of Ethics will follow the procedures specified below in an expeditious manner to ensure that behaviors of noncompliant ethical conduct by members of the Academy are halted in the shortest time possible.

The [Ethical Practices Committee's](#) primary role is to educate and increase member awareness of the Academy's [Code of Ethics](#) and the practical application of the Code, rules, and advisory opinions. As such, its objective is to help members who are unknowingly not in compliance to become compliant through education. In cases of blatant disregard of the Code of Ethics the Committee may revoke membership.

PROCEDURES

1. Suspected noncompliance with the Code of Ethics shall be reported using the Academy's "Complaint Form for Alleged Noncompliance with The AAA Code of Ethics", giving documentation sufficient to support the alleged noncompliance. The form must include the specific section of the Code of Ethics of the alleged violation. The form should be addressed to:

American Academy of Audiology
Chair, Ethical Practices Committee
11480 Commerce Park Dr. Suite 220
Reston, Virginia 20191
2. Following receipt of a report of suspected noncompliance, the Ethical Practice Committee will convene to evaluate the merit of the alleged noncompliance as it relates to the Code of Ethics. The Committee will use established criteria to evaluate whether it can or should proceed including: (1) noncompliance with a specific Code of Ethics principle or rule; (2) no current or pending litigation; and, (3) the evidence provided supports the allegation.
 - a. The Ethical Practices Committee shall meet to discuss the case, either in person or by electronic means, at its regularly scheduled quarterly meeting.

- b. The Committee will determine if, based on the allegation, a specific principle or rule of the Code of Ethics has potentially been violated. If not, the complaint will not be acted upon.
 - c. If a complaint is already being acted upon or may potentially be acted upon through legal action or licensing board or other regulatory body review, the Ethical Practices Committee will decline further deliberation to avoid influencing those actions/ proceedings.
3. For cases that proceed, at the discretion of the Chair, the Ethical Practices Committee will request a signed Waiver of Confidentiality from the complainant indicating that the complainant will allow the Ethical Practices Committee to disclose his/her name and complaint details should this become necessary during investigation of the allegation. The Chair may communicate with other individuals, agencies, and/or programs for additional information as may be required for Committee review at any time during the deliberation.
4. If there is sufficient evidence that indicates noncompliance with the Code of Ethics has occurred, upon majority vote, the member will be forwarded a "Notification of Potential Ethics Concern" including.
 - a. The specific Code of Ethics principle(s) and/or rule(s) that may conflict with the member's behavior.
 - b. The circumstances of the alleged noncompliance will be described, and all evidence intended to support the allegation provided.
 - c. Supporting AAA documents that may serve to further educate the member about the ethical implications of his/her alleged actions will be included, as appropriate.
 - d. A list of potential sanctions for ethical violations.
 - e. The member's right to present a defense to the allegations including the right to a hearing, in person or by teleconference, before the Ethical Practices Committee.
5. The member will be asked to respond fully to the allegation and submit all supporting evidence within 30 calendar days. At this time the member should provide any additional relevant information. As this is the final opportunity for a member to provide new information, the member should carefully prepare all documentation.
6. The Ethical Practices Committee will meet either in person or by electronic means:
 - a. at its next regularly scheduled quarterly meeting after receiving a response from the member to the "Notification of Potential Ethics Concern" to review the response and all information pertaining to the alleged noncompliance, or
 - b. at its next regularly scheduled quarterly meeting after the deadline to respond to the "Notification of Potential Ethics Concern" if no response is received from the member to review the information received from the complainant.
7. Potential Rulings.
 - a. When the Ethical Practices Committee determines there is insufficient evidence of ethical noncompliance, the parties to the complaint will be notified that the case will be closed.
 - b. When the evidence supports the allegation of Code noncompliance, the Code(s)/Rule(s) will be cited, and the sanction(s) will be specified.
8. The Committee shall sanction members based on the severity of the noncompliance and history of ethical noncompliance. A simple majority of voting Ethical Practices Committee members is required to institute a sanction unless otherwise noted. Sanctions may include one or more of the following:
 - a. Education
 1. Educative Letter. This sanction alone is appropriate when:
 - I. The ethics noncompliance appears to have been inadvertent.
 - II. The member's response to Notification of Potential Ethics Concern indicates a credible, new awareness of the problem and the member resolves to refrain from future ethical noncompliance.
 2. Mandatory Continuing Education. This sanction is appropriate when the member is aware of the ethical practice(s) in question but is not following it appropriately.
 - I. The Ethical Practices Committee will determine the type of education needed to reduce chances of recurrence of noncompliance and identify an end date for the member to complete the education.
 - II. The member will be responsible for submitting documentation of continuing education within the period designated by the Ethical Practices Committee.
 - III. All costs associated with compliance will be borne by the member.
 - IV. Failure to demonstrate achievement of the identified education may result in the Ethical Practices Committee revisiting the case to determine if further action is required.
 - b. Revocation of Membership. Revocation of membership is the maximum consequence for noncompliance with the Code of Ethics. This sanction is appropriate when the member displayed a clear disregard for the ethical practice(s) in question.

1. Revocation requires a two-thirds majority of the voting members of the Ethical Practices Committee.
 2. Individuals whose memberships are revoked are not entitled to a refund of dues or fees.
 3. One year following the date of membership revocation the individual may reapply for, but is not guaranteed, membership through normal channels, and must meet the membership qualifications in effect at the time of reapplication.
9. All final findings, decisions, sanctions, and durations will be communicated to the member in writing. The Board liaison to the Ethical Practices Committee will report to the Board any new or concluded cases.
 10. The member may appeal the Final Finding and Decision of the Ethical Practices Committee to the Academy Board of Directors. The route of Appeal is by letter format through the Ethical Practices Committee to the Board of Directors of the Academy. Requests for Appeal must:
 - a. be received by the Chair of the Ethical Practices Committee within 30 days of the Ethical Practices Committee notification of the Final Finding and Decision;
 - b. state the basis for the appeal and the reason(s) that the Final Finding and Decision of the Ethical Practices Committee should be changed; and,
 - c. not offer new documentation.
 11. The EPC chair will communicate with the Executive Director of the Academy to schedule the appeal at the earliest feasible Board of Director's meeting.
 - a. The Board of Directors will review the documents and written summaries and deliberate the case.
 - b. The decision of the Board of Directors regarding the member's appeal shall be final.
 12. In order to educate the Academy membership, upon majority vote of the Ethical Practices Committee, the general circumstances and nature of cases and associated principles and rules violated may be used as a basis for education in Audiology Today and on the Ethics page of the AAA website. The member's identity will not be made public (see Confidentiality and Records below).
 13. No Ethical Practices Committee member nor Academy staff shall give access to records, act or speak independently, or on behalf of the Ethical Practices Committee, without the expressed permission of the committee members then active. No member may impose the sanction of the Ethical Practices Committee or interpret the findings of the Ethical Practices Committee in any manner that may place members of the Ethical Practices Committee or Board of Directors, collectively or singly, at financial, professional, or personal risk.
 14. The Ethical Practices Committee Chair and Staff Liaison shall maintain electronic records that shall form the basis for future findings of the Committee.

CONFIDENTIALITY AND RECORDS

Confidentiality shall be maintained in all Ethical Practices Committee discussion, correspondence, communication, deliberation, and records pertaining to members reviewed by the Ethical Practices Committee.

The Academy will not disclose member compliance or noncompliance with the Academy's Code of Ethics. All information concerning investigations or complaints against Academy members, historical and current, shall be confidential and may only be shared with the Ethical Practices Committee and other Academy members involved in the review of ethics complaints, the complainant and respondent and their legal representative, if any. Non-disclosure will extend to members who have never been alleged to have violated the Code of Ethics.

Notwithstanding the foregoing, the Executive Director may disclose such information when compelled by a valid subpoena, in response to a request from a state or local board or similar entity, when otherwise required by law, to protect the interests of the Association, or as otherwise provided in these Rules and Procedures.

Patient Identifiable Information. Under no circumstances shall either complainants or respondents submit any individually identifiable patient information to the Association without a valid patient authorization, except for documents that are in the public domain, such as news articles or court documents that are not subject to a protective order. Any individually identifiable patient information (including but not limited to name, social security number, address, telephone number, or email address) submitted without a patient authorization must be redacted from non-public documents that are submitted as part of an ethics proceeding, including court documents that are subject to a protective order. The Association will return or destroy any non-public documents that it receives as part of an investigation or complaint that contain patient identifiable information without an accompanying patient authorization.

The Academy is not liable for third party disclosure of individually identifiable patient information.



2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Audiology

Effective Date: January 1, 2020

Introduction

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

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

The 2020 standards and implementation procedures for the Certificate of Clinical Competence in Audiology (CCC-A) go into effect on January 1, 2020. View the Audiology Standards Crosswalk [PDF] and consult Changes to Audiology Standards for more specific information on how the standards will change.

Citation

Cite as: Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2018). *2020 Standards for the Certificate of Clinical Competence in Audiology*. Retrieved from www.asha.org/certification/2020-Audiology-Certification-Standards/

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

- Standard I—Academic Qualifications
- Standard II—Knowledge and Skills Outcomes
- Standard III—Verification of Knowledge and Skills
- Standard IV—Examination
- Standard V—Maintenance of Certification

Standard I: Academic Qualifications

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

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

Applicants from non–CAA-accredited programs (e.g., PhD programs, internationally educated, etc.) with a doctoral degree and audiology coursework will have their application evaluated by the CFCC to determine substantial equivalence to a clinical doctoral degree program accredited by the CAA. Individuals educated outside the United States or its territories must submit official transcripts and evaluations of their degrees and courses to verify equivalency. These evaluations must be conducted by credential evaluation services agencies recognized by the National Association of Credential Evaluation Services (NACES). Evaluations must (a) confirm that the degree earned is equivalent to a U.S. clinical doctoral degree, (b) show that the coursework is equivalent to a CAA-accredited clinical doctoral program, (c) include a translation of academic coursework into the American semester-hour system, and (d) indicate which courses were completed at the graduate level.

Standard II: Knowledge and Skills Outcomes

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

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

Standard II-A: Foundations of Practice

Applicant has demonstrated knowledge of:

- A1. Genetics, embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology of hearing and balance over the life span**
- A2. Effects of pathogens, and pharmacologic and teratogenic agents, on the auditory and vestibular systems**
- A3. Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span**
- A4. Principles, methods, and applications of acoustics, psychoacoustics, and speech perception, with a focus on how each is impacted by hearing impairment throughout the life span**
- A5. Calibration and use of instrumentation according to manufacturers' specifications and accepted standards**
- A6. Standard safety precautions and cleaning/disinfection of equipment in accordance with facility-specific policies and manufacturers' instructions to control for infectious/contagious diseases**
- A7. Applications and limitations of specific audiologic assessments and interventions in the context of overall client/patient management**
- A8. Implications of cultural and linguistic differences, as well as individual preferences and needs, on clinical practice and on families, caregivers, and other interested parties**
- A9. Implications of biopsychosocial factors in the experience of and adjustment to auditory disorders and other chronic health conditions**
- A10. Effects of hearing impairment on educational, vocational, social, and psychological function throughout the life span**
- A11. Manual and visual communication systems and the use of interpreters/transliterators/translators**
- A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication**
- A13. Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making**
- A14. Assessment of diagnostic efficiency and treatment efficacy through the use of quantitative data (e.g., number of tests, standardized test results) and qualitative data (e.g., standardized outcome measures, client/patient-reported measures)**
- A15. Client-centered, behavioral, cognitive, and integrative theories and methods of counseling and their relevance in audiologic rehabilitation**
- A16. Principles and practices of client/patient/person/family-centered care, including the role and value of clients'/patients' narratives, clinician empathy, and shared decision making regarding treatment options and goals**
- A17. Importance, value, and role of interprofessional communication and practice in patient care**

A18. The role, scope of practice, and responsibilities of audiologists and other related professionals

A19. Health care, private practice, and educational service delivery systems

A20. Management and business practices, including but not limited to cost analysis, budgeting, coding, billing and reimbursement, and patient management

A21. Advocacy for individual patient needs and for legislation beneficial to the profession and the individuals served

A22. Legal and ethical practices, including standards for professional conduct, patient rights, confidentiality, credentialing, and legislative and regulatory mandates

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

Standard II-B: Prevention and Screening

Applicant has demonstrated knowledge of and skills in:

B1. Educating the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders

B2. Establishing relationships with professionals and community groups to promote hearing wellness for all individuals across the life span

B3. Participating in programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems

B4. Utilizing instrument(s) (i.e. sound-level meter, dosimeter, etc.) to determine ambient noise levels and providing strategies for reducing noise and reverberation time in educational, occupational, and other settings

B5. Recognizing a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk to determine a need for hearing screening

B6. Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements

B7. Participating in occupational hearing conservation programs

B8. Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span

B9. Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation

B10. Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function

B11. Screening for comprehension and production of language, including the cognitive and social aspects of communication

B12. Screening for speech production skills (e.g., articulation, fluency, resonance, and voice

characteristics)

B13. Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate

B14. Evaluating the success of screening and prevention programs through the use of performance measures (i.e., test sensitivity, specificity, and positive predictive value)

Standard II-C: Audiologic Evaluation

Applicant has demonstrated knowledge of and skills in:

C1. Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors

C2. Obtaining a case history and client/patient narrative

C3. Obtaining client/patient-reported and/or caregiver-reported measures to assess function

C4. Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system

C5. Providing assessments of tinnitus severity and its impact on patients' activities of daily living and quality of life

C6. Providing assessment of tolerance problems to determine the presence of hyperacusis

C7. Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function

C8. Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated

C9. Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRs); obtaining a performance intensity function with standardized speech materials, when indicated

C10. Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used

C11. Selecting, performing, and interpreting physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold testing, and click stimuli for neural diagnostic purposes

C12. Selecting, performing, and interpreting otoacoustic emissions testing

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

C14. Selecting, performing, and interpreting vestibular testing, including electronystagmography

(ENG)/videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and

cervical vestibular evoked myogenic potential (cVEMP)**C15. Selecting, performing, and interpreting tests to evaluate central auditory processing disorder**

Applicant has demonstrated knowledge of:

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

C17. Posturography

C18. Rotary chair tests

C19. Video head impulse testing (vHIT)

Standard II-D: Counseling

Applicant has demonstrated knowledge of and skills in:

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

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

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

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

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

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

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

D8. Enhancing adherence to treatment plans and optimizing treatment outcomes

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

Standard II-E: Audiologic Rehabilitation Across the Life Span

Applicant has demonstrated knowledge of and skills in:

- E1. Engaging clients/patients in the identification of their specific communication and adjustment difficulties by eliciting client/patient narratives and interpreting their and/or caregiver-reported measures**
- E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues**
- E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship**
- E4. Providing assessments of family members' perception of and reactions to communication difficulties**
- E5. Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning**
- E6. Engaging clients/patients (including, as appropriate, school-aged children/adolescents) and family members in shared decision making regarding treatment goals and options**
- E7. Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties**
- E8. Selecting and fitting appropriate amplification devices and assistive technologies**
- E9. Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input–output characteristics**
- E10. Verifying that amplification devices meet quality control and American National Standards Institute (ANSI) standards**
- E11. Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance**
- E12. Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices**
- E13. Conducting individual and/or group hearing aid orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately**
- E14. Identifying individuals who are candidates for cochlear implantation and other implantable devices**
- E15. Counseling cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options**
- E16. Providing programming and fitting adjustments; providing postfitting counseling for cochlear implant clients/patients**
- E17. Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS) based on clients'/patients' communication, educational, vocational,**

and social needs when conventional amplification is not indicated or provides limited benefit

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

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

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

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

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

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

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

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

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

E27. Providing intervention for central and peripheral vestibular deficits

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

Standard II-F: Pediatric Audiologic (Re)habilitation

Applicant has demonstrated knowledge of and skills in:

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

F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment

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

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

- F5. Selecting age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation**
- F6. Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS**
- F7. Planning and implementing parent education/support programs concerning the management of hearing impairment and subsequent communication and adjustment difficulties**
- F8. Providing for intervention to ensure age/developmentally appropriate speech and language development**
- F9. Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome**
- F10. Providing ongoing support for children by participating in IEP or IFSP processes**
- F11. Counseling the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills**
- F12. Evaluating acoustics of classroom settings and providing recommendations for modifications**
- F13. Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals**

Standard III: Verification of Knowledge and Skills

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

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

Clinical instructors and supervisors must have:

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

Clinical instruction and supervision within a doctoral program must:

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

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

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

Clinical simulations (CS) are distinct from labs and may include the use of standardized patients and simulation technologies (e.g., virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). These supervised CS experiences under a CCC-A can be synchronous simulations (real-time) or asynchronous (not concurrent in time) simulations. Up to 10% of an applicant's supervised clinical experience for ASHA certification can be obtained through CS. CS experiences for ASHA certification can only count when obtained within the doctoral program.

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

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

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

Standard IV: Examination

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

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

Standard V: Maintenance of Certification

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

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

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

Annual payment of certification dues and/or fees is also a requirement of certification maintenance. If certification maintenance requirements are not met, certification status will become Not Current, and then certification will expire. In order to regain certification, individuals must meet the reinstatement requirement that is in effect at the time they submit their reinstatement application.

California State University, Sacramento
Department of Communication Sciences and Disorders
Performance Improvement Plan (PIP): Audiology
XXX Clinic/Semester

Student Clinician (SC): XXX

Clinical Instructor (CI): XXX

Purpose of PIP: To support the student clinician in successful completion of CSAD 6XXC Audiology Clinic X.

Outcome of PIP: The level of progress towards goals listed below will affect final competency scores, which will determine the final course grade. As stated in the clinic syllabus:

A passing grade for each clinic is a B or higher. A passing grade is obtained by achieving a rating of 4.15 or better on the average combined score of the 7 general competency categories, provided that the student achieves; (a) an average rating of 4.15 or better for each of the 7 general competency categories and (b) a minimum score of 3.0 on all individual competency line items and (c) a pass on all 4 essential professional behavior line items.

Therefore, any student receiving (a) a rating of 2.99 or less on any one (or more) specific line item or (b) a rating of 4.14 or less for a competency category or (c) a rating of fail on any of the 4 essential professional behavior line items will not pass the clinic, even if their average combined score of the 7 general competency categories is a B or higher. In such cases, a grade of B- will be given for the clinic.

Competency-Related Performance Improvement Goals

Competency			
Goal	The SC will XXX		
CI will be available by email, phone or in-person to answer all SC's questions and concerns as SC prepares for biweekly sessions.			
Benchmarks	SC Obligations	CI Obligations	Progress Notation
By			
By			
By			

Competency			
Goal	The SC will XXX		
CI will be available by email, phone or in-person to answer all SC's questions and concerns as SC prepares for biweekly sessions.			
Benchmarks	SC Obligations	CI Obligations	Progress Notation
By			
By			
By			

Initiation of Performance Improvement Plan:

I have read, understand and will comply with the PIP as written above:

Student Clinician

Date

Clinical Instructor

Date

Clinic Director

Date

End of Performance Improvement Plan:

I have read and understand the progress notation notes regarding progress to goal achievement:

Student Clinician

Date

Clinical Instructor

Date

Clinic Director

Date

CLINIC SESSION PLANNING FORM

Student Clinician	
Clinical Instructor	
Semester/Year/Course	
Client Initials	
Date of Birth	
Age	

Background Information

Summary of Previous Audiologic Evaluations

Assessment and/or Treatment Plan (Include rationale, if applicable)



Maryjane Rees Language, Speech and Hearing Center
Department of Communication Sciences and Disorders
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Sacramento, CA 95826
Phone: (916) 278-6601
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Reflection on Action: Clinic Session

Student Name: _____ Date: _____

Clinic Course: _____ Session Date: _____ Session Time: _____

Client Age: _____ Client's Primary Concern: _____

List the objectives of the session:

Were the objectives met? Yes/No

Briefly describe the clinical activities that aligned with the objectives:

List and describe which three things went well in the session and why:

List and describe which three things did not go well in the session and why:

Discuss how you could have improved the session:

Please rate your overall impression of the session in terms of clinical effectiveness on a scale of 1 to 10, where 1 is not effective at all and 10 is highly effective: _____

The following Reflection on Action section should be completed at midterm and final clinic sessions only:

List and describe which three things have gone well so far this semester and why:

--

List and describe which three things have not gone well so far this semester and why:

--

Describe how you could improve your clinical effectiveness:

--

AUDIOLOGY REPORT FINALIZATION FORM

Student Clinician's Name: _____ Clinic: _____ Client Initials: _____

Please check off the following list to ensure that reports are formatted according to clinic standards and submit this form along with your finalized report to your clinical instructor; a new form should be submitted with every report:

	Report is printed on the single side of each page
	Report heading does not stand alone as a title page
	Header has been omitted from first page of the report
	Report has been identified as Student Report in the footer on each page of the report
	Client's age stated in the heading is consistent with the age in the body of the report
	Section headings do not stand alone at the bottom of a page
	Signature lines do not stand alone on a separate page
	All client initials have been replaced with the client's name
	This report is free of spelling and grammatical errors
	All final data is included in the report
	A signed copy of the finalized report has been uploaded to the client's electronic medical record file
	A signed copy of the finalized report has been mailed to the agency/individual indicated on the signed release form or
	A signed copy of the finalized report has been placed in a clinic envelope, addressed to the client, and placed in the department's outgoing mail.

Student Clinician

Date

Clinical Instructor

Date



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Department of Communication Sciences and Disorders
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Audiology Learning Contract

The purpose of the learning contract is to ensure that both students and off-campus preceptors have defined expectations and identified goals for the off-campus clinical experience. Students should review the following form with their preceptor and upload a student-initialed and signed copy in PDF format to the Compliance/Immunization tab in CALIPSO using the following file-naming convention:

- Lastname_LearningContract_Year

Student		Course	
Site		Semester/Year	
Preceptor		License No.	
Email			

1. Schedule and Attendance

Students are expected to be on-site at their off-campus clinic experiences throughout the semester, beginning in the first week of the semester and ending the last week of the semester before finals week. Please fill out the following agreed-upon attendance expectations:

Start Date		End Date			
Start Time		End Time			
Days (circle)	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays

2. Preceptor Expectations

Preceptors, please describe your general expectations of the student below and review these with your student:

3. Student Daily Responsibility Review

Preceptors, please orient student to all applicable policies and procedures below. Students, please initial the areas which have been reviewed and leaving blank those that do not apply:

_____ Infection control procedures
_____ Emergency/inclement weather procedures and policies
_____ Clinic Set-up
_____ Appointment/materials preparation
_____ Chart review requirements
_____ Documentation requirements
_____ Staff meetings
_____ Student/Preceptor meetings
_____ Other (please list) _____



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4. Student Goals

Students and preceptor should review the syllabus associated with the clinical experience (CSAD 650C, CSAD 660C, CSAD 670C, CSAD 680C, CSAD 710E) and develop goals for the semester. Goals may take into account the clinical environment, competency skills, potential skills or experiences relevant to the site, performance standards expected by the preceptor, performance standards expected by the student, etc.

Goal 1	
Assessed how?	
Met or plan for improvement	
Goal 2	
Assessed how?	
Met or plan for improvement	
Goal 3	
Assessed how?	
Met or plan for improvement	

I, _____ (student name), understand what is expected of me regarding attendance, participation, and the associated goals of this off-campus clinical learning experience. I understand that any changes to this plan will need to be discussed with my preceptor and clinic director.

Student Name

Signature

Date

Preceptor Name

Signature

Date



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Off-Campus Clinic Placement Preference Form

The purpose of the off-campus clinic placement preference form is to provide an opportunity for Doctor of Audiology students at Sacramento State to begin identifying their clinical career goals and to determine how those goals can be met through off-campus clinical internship and externship placements. This form should be filled out by the student and submitted to the internship/externship coordinator via email and uploaded to the Compliance/Immunizations tab in CALIPSO in PDF format using the following file-naming convention by July 1 of the first year of the program of study: Lastname_ClinicPlacementPreference_Year

- 1. Briefly describe your future career goals in terms of setting, population served, specialty, etc.**

- 2. Briefly describe your areas of perceived clinical weakness or areas in which you would like to receive more clinical training.**

- 3. Please list any specific clinical settings or sites you would like to rotate through as part of your clinical education.**
