A NOTE ABOUT REVISIONS:
This handbook is revised each academic year. Any changes to content are denoted with a blue arrow so that students can quickly find new information. Students who have read previous versions of the Handbook should pay particular attention to this new information.

Students are encouraged to provide comments about the Handbook to either the Program Director or the Clinic Director.
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INTRODUCTION
Welcome to the Ball State University Doctor of Audiology program. Congratulations to the new students for choosing a journey that, in the end, will result in a clinical doctorate in a fast growing and fascinating field. For the continuing students, congratulations on your success so far!

Earning your doctorate is not an easy task as there is much to learn and do. You will face challenges in the classroom and clinic; you will gain knowledge and learn skills that you never thought possible. The challenges that you will face at each stage of the program must be met with determination and perseverance. It is expected that you will face these challenges with the professionalism that is vital to someone who will soon be referred to by the title of Doctor.

This handbook will help you to know what is expected of you. It is not something to memorize, but neither is it something to glance at once and never again. Much of the information presented here will help you through the process of earning this degree. Please periodically review the information contained in this handbook. If you have questions, the audiology faculty members are here to help. We are not just your instructors and you our students; we are your colleagues and your mentors. We take these roles very seriously and ask that you do the same.

Good luck. And, along the way, don’t forget to have fun.

Respectfully,
Lauren A. Shaffer, Ph.D.
Doctor of Audiology Program Director

I hear and I forget.
I see and I remember.
I do and I understand.
– Confucius
DEPARTMENT INFORMATION
The Department of Speech Pathology and Audiology (SPAA) is located within the College of Sciences and Humanities at Ball State University. Within the department is the Doctor of Audiology program, the Speech Language Pathology Master’s degree program, and the undergraduate Speech Language Pathology and Audiology program.

Departmental Mission
The primary mission of the Department of Speech Pathology and Audiology at Ball State University is to prepare outstanding speech-language pathologists and audiologists.

Supporting and secondary missions include the following:

- To provide an educational experience that assists students in acquiring the knowledge and skills necessary to deliver high quality clinical services, as well as stimulate the students’ intellectual curiosity.
- To provide high quality diagnostic and remedial services to the university community and the surrounding communities.
- To provide continuing education and serve as a resource center for practicing speech-language pathologists and audiologists.
- To contribute to the advancement of the professions of speech-language pathology and audiology through research, clinical practice, and professional development.
- To provide information and education relative to speech, language, and audiology problems to persons outside the field of speech-language pathology and audiology.
- To contribute to the development of Ball State University and the State of Indiana.

Departmental Structure
The hierarchy of the department and clinic is as follows:

<table>
<thead>
<tr>
<th>Department Chairperson</th>
<th>Audiology Clinic Director</th>
<th>Speech-Language Clinic Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Faculty</td>
<td>Preceptors</td>
<td>Preceptors</td>
</tr>
</tbody>
</table>

Committees
Direction for the Doctor of Audiology Program is set by the Audiology Committee, which is comprised of the audiology faculty members and led by the Program Director. The SLP Committee, which is comprised of the faculty members of the Speech-Language Pathology program, serves to provide direction to that program. The Clinical Affairs Committee is responsible for all clinical issues that apply to Audiology Clinic
and Speech-Language Clinic. Other committees that focus on specific items such as curriculum development are in place and additional committees are formed as needs arise.

**Accreditation**

The Council of Academic Accreditation in Audiology & Speech Language Pathology (CAA) accredits the graduate programs within this department. CAA accreditation ensures the department meets a set of stringent requirements regarding courses, clinical facilities, and the process of individual certification for graduates.

All faculty members within the Department are licensed by the State of Indiana to practice in their respective field. Each also holds a certificate of clinical competence from the American Speech-Language Hearing Association (ASHA) and, therefore, is bound by the ASHA Code of Ethics in addition to Ball State University policies regarding faculty conduct and state laws and regulations regarding practice in audiology or speech-language pathology. Members of the audiology faculty, who belong to the American Academy of Audiology, are also bound by the Academy’s Code of Ethics.

ASHA’s Code of Ethics and Scope of Practice statements can be found at [www.asha.org/about/ethics/](http://www.asha.org/about/ethics/).

The Academy’s ethics statements can be found at [http://www.audiology.org/resources/documentlibrary/Pages/codeofethics.aspx](http://www.audiology.org/resources/documentlibrary/Pages/codeofethics.aspx).

**Clinics**

The Audiology and Speech-Language Clinics are part of the Department of Speech Pathology and Audiology. Although the clinics share the facilities and infrastructure, the organization and procedures are independent of each other in many cases. The clinics have the primary purpose of providing students with experience in their field. Secondarily, although equally important, is to provide quality audiology and speech-language services to residents of East Central Indiana and the surrounding areas.

**Department and Clinic Facilities**

**Main Office**

The main office is located in room 104 of the Arts and Communication (AC) building. Offices for the Department Chairperson (Mary Jo Germani) and the Speech-Language Clinic Director (Ingrid Hinkley) are located in 104-B and 104-A, respectively. The department’s Administrative Assistant (Carla Rose) and Clinic Services Secretary (Linda Johnson) are also located in room 104. The Administrative Assistant works at the direction of the chairperson and is responsible for supporting departmental management functions. The Clinic Services Secretary is responsible for supporting the daily operations of the Audiology Clinic and the Speech-Language Clinic. Issuing of parking permits, receipt of clinic fees, intake of patients, patient scheduling, and the patient filing system are the responsibility of the Clinic Services Secretary. The main office is open from 8:00 a.m. to 5:00 p.m. Monday through Friday during the academic year and 7:30 a.m. to 4:00 p.m. during the summer.

Patient charts are housed in the main office, as well as faculty and some graduate assistant mailboxes.
Audiology Program and Clinic Directors
The Audiology Program Director (Lauren Shaffer) is located in AC 219E and is responsible for program related issues as well as advising of students. The Audiology Clinic Director (David Coffin) is located in AC 204B and is responsible for clinic and clinical education issues.

(Note: Students previously advised by Dr. Coffin will continue to be so. Students entering the program fall of 2009 and after will be advised by Dr. Shaffer.)

Patient Waiting Area
The patient waiting area is 102, next to the main office. After signing in, patients should be instructed to wait here. Students should avoid using this area for discussing any sensitive or confidential information. If important information needs to be exchanged with patients or caregivers, it should be discussed in private. *Students should also avoid waiting for patients in this area. If needed, students may wait in the main hallway.*

Clinic Parking
Patient parking is available in front of the clinic in any of the spaces designated as “Permit 67”. *Permits for parking in Permit 67 spaces must be obtained from the Clinic Services Secretary.* Scheduled patients are mailed permits when feasible to do so. Patients who do not receive a permit in the mail are asked to see the Clinic Services Secretary immediately after parking. If the Permit 67 spaces are full, patients may park in the parking garage for a charge of $1.00 per hour (maximum of $5.00 per day.)

Audiology Clinic Rooms
The Audiology Clinic has three primary areas; first floor sound suite, second floor clinic area, and the Hearing Research Lab on the first floor. One test suite is located in the clinic area off of the waiting room on the first floor. The Hearing Research Laboratory (HRL), also located on the first floor, is in room 101. The bulk of the Audiology Clinic facilities can be found in rooms 204 and 205, both of which are located on the second floor of the building.

The two primary locations for performing audiometric tests are located on the first floor in room 100-E and on the second floor in room 204-A. Both suites are equipped for comprehensive audiometric assessments including immittance, and are capable of doing sound-field testing. However, only the booth in 204-A is equipped with a visual reinforcement system to test small children. The HRL includes a sound booth, which can be used for clinic when the research schedule allows.

Room 205 has equipment and supplies for the checking and fitting of hearing aids and is considered the primary hearing aid room. The large suite in 204-A also has hearing aid equipment and can be used when room 205 is in use. The HRL has a portable hearing aid check cart that can be used in the HRL or taken to other rooms as needed.

The Balance Function & Otoacoustic Emissions Lab is located in room 204-C and the Audiology Clinic Director’s office is located in 204-B.
Access to the 2nd floor of the clinic can be done via elevator to assist patients. It is recommended that the elevator always be used when taking patients to the 2nd floor unless the patient specifically states that they would prefer the stairs.

The HRL also houses OAE research equipment used by Dr. Shaffer. The multiple uses of this room are factored in to the clinic scheduling, and everyone is reminded that clinic, research, and classes have priority over other uses of all rooms.

Please note that doors to all clinic rooms are to be kept locked at all times and, when unoccupied, doors are to be closed. Effective Fall semester 2009, this includes each of the rooms in the 204 area as well as the door between the 204 area and the main hall. Please use the Vacant/In Use signs by 204A and 204C so that others will know when the rooms are available.

**Keys**
Graduate students will need keys to access some of the clinic rooms when seeing patients or when access is needed after regular business hours. These keys will allow students to access all clinic areas and main entrance/exit doors of the Arts and Communication Building. A key can be obtained from the main office by providing a deposit of $10. Students can keep the same key until they are done with the on-campus portion of the program. The deposit will be returned when the key is turned in.

Please note that keys must be turned in at the end of the on-campus portion of the program. Applications for graduation will not be approved if the key has not been returned.

**Speech-Language Therapy Rooms**
*NOTE: Students enrolled in a Speech-Language or Aural Rehabilitation clinic rotation are also responsible for the information contained in the Speech-Language Clinic Handbook.*

Twelve therapy rooms are located next to the waiting room. The diagnostic room is PQ. Rooms D, PQ, S, and UV have observation rooms. All other rooms have headsets and one-way mirrors on the doors so that observation can be done from the clinic hallway. Room 108 also has an observation room and is used mainly for the preschool and toddler language classes. Additional clinic rooms can be found in rooms 107 and 109, located immediately off of the main hallway.

Do not use a vacant room for any reason without first checking the availability of the room. Room schedules can be found outside each of the clinic rooms.

Materials should not be moved between rooms. If a situation requires that furniture be borrowed, it must be returned to its proper location immediately after the session. Every clinician must straighten the room after each session.

The Audiology and Speech-Language Clinics are accessible to all handicapped individuals. Some therapy rooms in the Speech-Language Clinic area are not large enough to comfortably accommodate wheelchairs; therefore, proper planning is required.
Student Room and Computer Facilities
The student room is located in room 206. This area is used by graduate and undergraduate clinicians and serves as a place to gather, keep personal items, and eat. Clinic rooms should not be used for this purpose. Please be considerate in keeping these rooms clean and free of clutter.

Lockers are available for the storage of personal items and are located in the student room. Students must provide their own locks. These are currently available on a first-come first-served basis. There is no signup process; students are encouraged to find an empty locker during the first week of the semester and begin using it.

Audiology students may use any of the clinic computers. There is one computer in room 204-A, two in 204-C, and one in 205. All computers can be used to access the University computer system and for web access. Students are welcome to use these as needed, however clinic, research, and labs take priority over personal use.

The University is entirely wireless accessible. Students with notebook or hand-held computers equipped for wireless access may gain access by using their Ball State login and password.

There are also multiple computer labs located throughout campus. Students may use any of these labs; however, care must always be taken to maintain confidentiality of patient information regardless of the computer location. More information regarding confidentiality is provided in the Confidentiality and HIPAA sections of this document.

Bulletin Boards
Bulletin boards that pertain to clinic are located on the west side of the hall between 107 and 109. Some preceptors use these to communicate with students and information about various clinical opportunities can also be found posted here.

Bulletin boards on the east side of hall between 102 and 104 contain other departmental information. The National Association of Future Doctors of Audiology (NAFDA) and the National Speech-Language Hearing Association (NSSLHA) bulletin boards are located at the south end of the hallway and contain information relevant to each of these groups.

Materials and Equipment Checkout
The Equipment and Materials room is located on the first floor in AC 106. This room contains equipment and therapy tests/materials available for checkout. Although the majority of the items are related to the Speech-Language clinic, some audiology items can also be found in these rooms. Each student is responsible for any Ball State owned property borrowed. Any student who loses or fails to return materials will be held financially responsible. To help prevent any misunderstanding, students should verify that they have been credited with return of any checked out items.

Copy Cards
Students may purchase a copy card in the Main Office. This card can then be used to request copies be made in the Equipment Room. The following procedures are to be followed by all students:
• Copy cards are available from the main office for $1.00. Each card is good for 20 copies (20 sheets of paper.) For double-sided copies, your card will be punched according to the number of sheets of paper used. Write your name on your card.
• A 24-hour turnaround time is requested on all copy jobs. Every effort will be made by the Equipment and Materials Room employees to complete jobs quickly, and they are usually completed within a couple of hours.
• Fill out a copy request form for each item you want copied. Copy Request forms (gold) are located under the SLP clinic mailboxes near the Equipment Room.
• Attach the Copy Request form to your copy job and put it inside a BSU campus mail envelope, also located under the SLP clinic mailboxes. Include your SPAA copy card with your request and write your name on the envelope. If the copy job will not fit inside the envelope, put the Copy Request form and your copy card inside the envelope and clip or band the envelope to the item to be copied.
• Place your request in the Copy “In” basket under the clinic mailboxes.
• You may pick up the completed job at the Equipment and Materials Room desk. It is recommended that you ask the student worker for an estimated completion time.
• Please do not expect employees to complete your job immediately.

A Note about Recycling at Ball State
The University supports recycling efforts and everyone is encouraged to help support the recycling program. Recycling containers are placed around campus and should be used whenever possible. Students will notice trash cans throughout the department that have a small container attached to the side. Items to be recycled should be placed in the large container with the blue or clear bag and non-recyclable items in the small container with a black/dark bag.

What may be recycled? Empty metal, plastic, and glass containers may be recycled. Remove the caps from drink bottles. Un-coated (non-glossy) paper, cardboard, unbroken glass, and numbers 1 and 2 plastics are also accepted.

Materials that may not be recycled include glossy, coated paper (magazines), acetate overheads, food, liquids (including partially full drink containers), tissues and paper towels, and plastic not labeled 1 or 2. The recycling symbol on the bottom of plastic containers doesn’t necessarily mean that the containers are recyclable. For example, yogurt containers have the symbol surrounding the number 5. Unfortunately, #5 plastic is not recyclable at Ball State.

Recyclables to remember are: empty containers of metal, plastic (#’s 1 & 2), or unbroken glass (without caps); un-coated (non-glossy) paper; and cardboard.

Grievances
Any student who has a difference of opinion with a preceptor or faculty member should first discuss the problem with that preceptor or faculty member. It is unprofessional to confront another preceptor or faculty member about the problem. If the difference cannot be resolved, then the Audiology Clinic Director, AuD Program Director or Speech-Language Clinic Director, whichever is appropriate, should be
contacted. If the issue remains unresolved, then and only then, the issue should be brought to the attention of the Department Chair. If all of the above have been tried but no resolution reached, the issue may be taken before the Dean of the College of Sciences and Humanities. If it remains unresolved, the issue should then be taken to the Council of Academic Accreditation (CAA) in Audiology & Speech Language Pathology. See Appendix A or go to the following web site for CAA’s grievance procedures:

http://www.asha.org/academic/accreditation/accredmanual/section8.htm

Health, Safety, and Confidentiality
Health and safety of the patients, students, and faculty are paramount. Equally important is the confidential nature of the patient/practitioner relationship. Please read and understand the following section.

Emergencies (Illnesses/Injuries, Building Emergencies)
It is hoped that emergencies involving patients, students, or the facility never occur. However, it is inevitable that unforeseen emergencies will arise. When working with patients, the clinician is responsible for their well-being. If something happens, it is the clinician’s job to react calmly and effectively to address the situation. This may be as simple as assisting/directing patients from the building during a fire alarm or may be a more challenging situation such as a patient who has a medical emergency.

In the event of a **medical emergency** action must be taken quickly and calmly. When possible, the clinician should:

- Find out what happened
- Call for help (or send someone to do this) –emergencies should be reported by calling 5-1111 or 911
- Unless absolutely necessary, never leave the patient unattended
- Notify a preceptor or other faculty member as soon as possible (Note that Dr. Coffin has emergency medical training and should be located if possible.)
- Provide aid to the patient as much as possible

In the event of a fire, it is clinician’s responsibility to move the patients to safety. If not already done, **pull the fire alarm on the way out of the building.**

EVERYONE MUST ALWAYS VACATE THE BUILDING WHEN THE FIRE ALARM SOUNDS! **THIS IS NOT AN OPTION.**

Remember that elevators should NEVER be used during a fire or if the fire alarm sounds. Clinicians should assist patients to the nearest exit.

Ball State University has comprehensive Emergency Response Guidelines that can be found at www.bsu.edu/web/ur/responseguidelines/. Please review this information as soon as possible.
Confidentiality
Anyone who has access to patients or their records must understand the importance of maintaining confidentiality. It is imperative that everyone act in the best interest of the patients by not revealing any protected health information. This includes but is not limited to the following:

- Patients should only be discussed in locations where no one else can hear
- Any clinic information used in presentations must have all identifying information removed
- Patient charts cannot be left where unauthorized persons have access
- Computer media or files must be protected so they are not accessible to others
- Any paper records to be discarded that have identifying information must be discarded carefully. (There is a box by the audiology student mailboxes and one in the main office for items to be shredded)

Please note --- When sharing files between student and preceptor, all identifying information must be left out of the report until it has been finalized and approved for printing. Initials may be used in place of names. Files containing identifying patient information should never be stored on personal computers or flash/external drives.

All students enrolled in clinic must sign the Student Participant Confidentiality Agreement prior to seeing patients. This will be done at the first clinic meeting of each year.

TB Tests and Vaccinations
In addition to protecting the health and safety of the patients, everyone must also be aware of threats to one’s own health. Students and clinic preceptors are required to be tested for tuberculosis annually. Policy requires that testing be done using the two-step process. This testing is done free of charge at the beginning of fall semester. (The specific time will be announced during the first week of the semester.) Students who are not available for this may have the testing done at the Ball State University Health Center, also at no charge. Students may also choose to have testing completed at outside facilities such as physician’s offices or health departments. Testing done at these locations will be done at the student’s expense.

Students and supervising faculty must submit a copy of the test results to the Department of Speech Pathology & Audiology office before working with any patients.

Some internship/externship sites also require students to have a Hepatitis B test and/or proof of childhood immunizations. This three-part test will be done at the expense of the student. The results will be provided by the student to the requesting facility.

It is recommended that students maintain all vaccination records so that they can be accessed quickly and easily. It is nearly inevitable that they will be requested at some point during the program.

Additional information can be found in Appendix B, the Infection Control and Blood Borne Pathogens section of this Handbook.
DOCTOR OF AUDIOLOGY PROGRAM INFORMATION

The AuD program at Ball State University admitted its first students in 1996 and graduated its first AuD student in 1997. Although the program has undergone many changes since its inception, one thing has remained constant – the faculty recognizes that students are the program’s greatest asset.

Academic Advising

Students in the AuD class of 2010, 2011, and 2012 are advised by Dr. Coffin. Students in the class of 2013 are advised by Dr. Shaffer. Students should schedule periodic meetings with their advisor to insure that they are meeting all program requirements and are on track for completion within the expected time-frame. Students in their first year should schedule meetings each semester; less frequent meetings may be preferred by students further in the program.

The advisor maintains program checklists for each student. These are updated at the conclusion of each semester and are provided to each student for review. These serve as a means for the students to verify that they are progressing as expected and are also an opportunity for the student to review the document for accuracy. It is the student’s responsibility to verify the accuracy of this document and advise his or her advisor in writing of any issues.

Comprehensive Exams and Audiology Doctoral Project

There are two significant requirements beyond coursework and clinical practicums about which students must be aware. Students must pass two comprehensive exams and complete an audiology doctoral project during the program.

Comprehensive Exams

Each student is required to pass two separate exams during their program. Second year exams are practical only and administered at the beginning of fall semester, typically during the first and second week. Third year exams consist of a practical component and a written component. Both of these are also administered during the first two weeks of fall semester.

Practical Exams

These exams are administered in a similar manner for second and third year students. Second year students will be responsible for information taught through summer semester of the first year. Third year students will be responsible for information taught through summer semester of the second year.

The practical exam will be administered in the same manner for both. Students will be asked to sign up for their exams at the beginning of the first week of fall semester. The student will be instructed where to meet and, once there, will be given a scenario. The scenarios will be randomly assigned and each will be supervised and graded by two faculty members. The scenarios are designed to be completed in two hours, but students should allow sufficient time in their schedule in the event that the examination takes longer.

Students should treat the practical examinations as they would clinic; this includes dressing in professional attire.
Students may be given feedback immediately after the exam; however, a final determination of the result will not be provided until all exams have been administered. Grading will be done by evaluating how the student did throughout the entire scenario.

Performance on these examinations will be classified as follows:

a. Pass with honors
b. Pass
c. Partial or conditional pass with specific items of deficiency noted
d. Fail

Pass with honors indicates that the student’s performance was exceptional and Pass indicates that competence was clearly demonstrated. For students who achieve a partial or conditional pass, a remediation plan will be provided that will outline the areas not passed. The remediation plan will also specify a mechanism for the student to demonstrate competency for any identified deficiencies. This mechanism may be an additional practical examination, written paper, oral defense, or other mechanism deemed appropriate.

Ordinarily, the student will have until end of the second week of the next semester to complete the remediation plan and demonstrate competency, although it can be done as soon as the student is ready. (Students are encouraged not to wait until the deadline. The faculty members are very busy around this time and it may be difficult to work this in to everyone’s schedules.) The status of a student who fails the exam a second time will be discussed by the audiology committee. The committee will determine if the student is allowed to continue in the program and, if so, what must occur in order for the student to satisfactorily complete this requirement.

Students should pay close attention to any feedback received as it is designed to assist the student with his or her continued development.

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**Policy – Adopted April 2009**

In the event that a student does not pass a practical comprehensive examination, he or she will be provided with a remediation plan that includes the issues identified, any steps that must occur for successful remediation, the method of re-examination, and a deadline by which remediation and re-examination must be complete. It is the responsibility of the student to follow the remediation plan and to schedule any appointments, including the re-examination appointment. A student who fails to schedule or complete re-examination prior to the deadline will be subject to re-examination at a time and place determined by the faculty. The re-examination may be done without giving advance notice to the student. Requests for extensions of deadline will only be considered in cases of serious illness, family emergency or unavailability of faculty at the requested re-examination time.

**Written Exams**
The written comprehensive exam consists of five questions over any topic or combination of topics covered in any or all courses through the summer term of the second year of a student’s program. The
exam will be given during the first two weeks of fall semester, although other options can be considered. The audiology faculty will determine the subjects covered on the exam and who will be the primary and secondary reviewer for each question. Five subject areas will be determined and one question will be written for each subject. The primary reviewer is responsible for writing the question with input from the secondary reviewer.

The exam is administered via university owned computers either in a computer lab or using notebook computers in departmental space. Exams will be loaded on USB drives, one per student. Each exam will have a unique number and students will be instructed to not include any information in the exam that will identify them. Students will sign-in after randomly choosing one of the USB drives prior to starting the exam. The student will indicate her or his unique number along with her or his name on the sign in sheet. To facilitate blind grading of the exams, this sign in sheet will be sealed in an envelope and not opened until all grading is done.

Each question is graded by the two faculty members who wrote the question. The two faculty members will work together to determine the grade. Any concerns or issues that arise from this process will be addressed by the entire Audiology Committee so that an answer and/or resolution can be reached.

Each question will be graded using the following scoring system:

a. 95-100% = Strong Pass
b. 85-94% = Pass
c. 80-84% = Marginal Pass
d. <80% = Fail

Students who pass all questions with a grade of 95% or better will be considered to have passed with honors. Students who fail one or more areas will be reassessed on the areas failed. Knowledge may be reassessed through a written exam, oral exam, written paper, or other means deemed appropriate. Failure of an area a second time will result in the student’s dismissal from the program. Students are encouraged to discuss problem areas with appropriate faculty to obtain input on how to prepare for the second examination in view of the deficiencies observed on the first examination.

Please refer to Appendix G for additional information on the AuD Program remediation plan.

**Audiology Doctoral Project**

Each student will complete an audiology doctoral project worth two or more credits of academic experience. The project may take the form of a research project or capstone experience.

In the article Capstone Experiences in Career and Technical Education, Sandra Kerka describes a capstone experience as a “culminating experience in which students synthesize subject-matter knowledge they have acquired, integrate cross-disciplinary knowledge, and connect theory and application in preparation for entry into a career” ([http://www.calpro-online.org/eric/docs/pab00025.pdf](http://www.calpro-online.org/eric/docs/pab00025.pdf)). This should be kept in mind when deciding on a topic.

The topic chosen for an audiology doctoral project should be directly related to audiology and, preferably, one that is of particular interest to the student. After choosing a topic, the student should
find a faculty member to supervise the project. It is suggested that the student choose a faculty member who has an interest and is particularly knowledgeable of the subject matter.

A paper will be submitted that summarizes the project. Other outcomes should be completed as appropriate (oral presentations, software, posters, patient instruction manuals, test materials, etc.). Ordinarily, the student will sign up for SPAA 771 to receive credit for the project, but RES 697 (3 credit hours) or THES 698 (6 credit hours) can also be used. Each has specific requirements that must be met. The student will be advised which one is appropriate. The scope of the project should be consistent with the number of credit hours elected and the quality of the project should be consistent with doctoral-level work.

In general, all papers and proposals should conform to Ball State University Graduate School guidelines for papers and projects, which can be found at [http://www.bsu.edu/gradschool/guidelines](http://www.bsu.edu/gradschool/guidelines). For bibliographic, reference, and other formatting issues not covered by Ball State’s Graduate School guidelines, use the American Psychological Association’s Publication Manual (the format which has been adopted by the Department of Speech Pathology and Audiology). In the case of SPAA 771, ordinarily three copies of the final project will be submitted to the project advisor; one that will be returned to the student, one that the advisor will retain, and one that will be filed for future student and faculty reference. In the case of RES 697 or THES 698, additional copies will be required as dictated by Graduate School guidelines.

Ordinarily, students will sign up for the project in the 2nd or 3rd year of study. Unless permission is granted to do otherwise, the project must be completed prior to starting the student’s final externship during the fourth year of study. Dissemination of the project to an audience outside Ball State, as at a state or national convention, is encouraged. It is the student’s responsibility to find a topic and advisor for the project. Students may wish to visit with faculty to obtain ideas and input regarding potential topics. Before signing up for academic credit, the Audiology Doctoral Project/Directed Study approval form must be completed and the topic approved by the Audiology Committee. If electing RES 697 or THES 698, the additional registration guidelines of the Graduate School must be followed, but the SPAA 771 form and approval will still be required. The student should obtain and the advisor should verify that any required use of human subject approvals are obtained before the project commences.

**The typical process for completing an audiology doctoral project:**

1. Determine Topic - Choose a topic of interest and develop basic project concept
2. Choose Project Advisor – Discuss the topic with an audiology faculty member who has knowledge of the subject matter. Determine if this person is interested, able, and willing to serve as the project advisor.
3. Write a formal project proposal. It should include a detailed description of the project, project methods (including a timeline for completing each step of the process), a discussion of the literature on this topic, and a detailed description of the project’s final outcome (paper, presentation, etc.). The project advisor can assist the student in determining how much detail is to be included in the proposal. In addition to the full proposal, a one to two page abstract is also
required. The abstract should be thorough enough to give the reader an understanding of the project.

a. The proposal will serve as a guide for the student and advisor throughout the project.
b. The abstract will be read by the audiology faculty members, who will approve or reject the project proposal. The purpose of this step is to insure that all projects are done to the same standards and follow the same protocols.

4. The student should ask the project advisor to discuss the project at the next regularly scheduled Audiology Committee meeting.

5. Once the project is approved, complete other required steps such as obtaining IRB approval.

6. Submit the Audiology Doctoral Project/Directed Study approval form to the AuD Program Director. Once received, the student will be given permission to register for this course.

7. Complete the project

8. Submit the final paper and/or other project outcome

9. Present a synopsis of the project to other the AuD students

Directed Studies
Students wishing to obtain academic credit for work outside of class may do so through directed study opportunities. Students who wish to explore an area by using a directed study should choose a faculty member with whom they would like to work to determine if it is possible to earn credit for their project idea. If a student is unsure whom to approach, he or she may wish to discuss the idea with the AuD Program Director. Once the advisor and student agree on the details of the project, the student needs to submit the Directed Study/Audiology Doctoral Project Registration form to the AuD Program Director. The student will then be advised of the course to register for and permission will be put online.

Earning Directed Study Credit through Continuing Education Activities
This process was developed in order to allow AuD students to count time spent on educational activities outside of the AuD curriculum as academic credit. This pertains to educational activities such as professional conferences (in person or online) on topics directly related to audiology. Other educational experiences may be considered if requested.

Students who provide proof of earning 30 clock hours of continuing education experiences will be allowed to register for 1 credit of SPAA 692 after all hours have been reviewed and approved. Students may take any combination of courses as long as they meet the following:

- All continuing education experiences must be related to the field of audiology
- Continuing education experiences may be completed online or in person
- Continuing education experiences cannot count toward any other educational requirement in the AuD program
- No experience may be counted more than once

Acceptable documentation includes transcript of educational experiences or certificate of course attendance/completion. Students who have neither of these will need approval of the Program Director
prior to counting those hours. Each course submitted for approval must be documented on the appropriate form. The following guidelines apply:

- No more than 3 academic credits may be earned in this manner.
- Activities less than 1 hour in length will not count.
- Continuing education experiences that occur prior to a student’s first semester in the AuD program will not qualify.
- Students cannot register for 692 until they have earned 30 hours of continuing education experience and all hours have been reviewed and approved.

Students who provide only documentation of attendance will receive a grade of B. Students who provide a written summary of all 30 clock hours can earn up to an A, depending on the quality of the written work.

See the document titled Policy for Earning Directed Study Credit through CE Courses for details and the appropriate forms.

Research Opportunities

All audiology students participate in research at some point during their program. Students typically participate in the following ways:

1. Students may choose to directly assist with on-going research activities. This may done as part of a graduate assistantship; however any student interested in a particular study is encouraged to offer assistance.
2. Students may choose to design their own research project on a topic of interest for their audiology doctoral project or other directed study.
3. Students will often assist with data collection or determining candidacy of subjects for particular studies. This may be done in regular clinic appointment slots or in appointments scheduled outside of regular clinic commitments.

Ethics and Research

The Ball State University Institutional Review Board (IRB) must review and approve all of Ball State’s research protocols involving human subjects. The Board’s responsibility is to verify that the university and individual researchers comply with laws and national standards regarding the ethical treatment of human subjects. All audiology students are required to have a clear understanding of the concepts surrounding ethics and research. This is accomplished by completing NIH Tutorial on Human Research. All students must complete this tutorial during the first term of their program prior to beginning clinic.

NIH Tutorial on Human Research

Any student or faculty member conducting research on human subjects at Ball State University must complete the tutorial, National Institutes of Health Human Participant Protections Education for Research Teams. This can be accessed by clicking the link NIH Tutorial that can be found on the Ball State IRB web page (http://cms.bsu.edu/About/AdministrativeOffices/SPO/ResearchCompliance/HumanSubjects.aspx.)
The tutorial can be completed over more than one session. Once the tutorial has been completed, two copies of the certificate should be printed. The student should keep one and the other should be given to Dr. Shaffer. Students who have completed this process will be added to the research protocols and can participate as research assistants. *Students who do not complete this process will not be eligible to observe or test potential research participants that are being screened through routine clinic appointments.*

**Student Travel to Conferences**

Students who are traveling to audiology-related conferences may receive some financial support from the Department of Speech Pathology and Audiology. This is dependent upon funds availability, but in recent years students received up to $100 per academic year if attending a conference. This amount was raised to $150 per academic year if the student presented at any conference. Funds availability will be reviewed at the first Audiology Committee meeting each fall and a decision made about the amount of assistance, if any, that can be provided.

Students who wish to take advantage of this assistance must submit a *Ball State University Authorization for Travel form no later than two weeks prior to leaving*. Upon returning, the *Travel Expense Voucher* must be completed to request the money. These forms can be obtained from Dr. Coffin and must be turned in to Carla Rose.

Please be aware that each student must submit receipts that total at least the amount being requested. Be careful if traveling as a group and one person charges everything to her or his credit card. That person will get no more than the amount indicated above and the others without receipts will not receive anything.

*Students planning to travel are strongly encouraged to talk to Dr. Shaffer and/or Carla Rose well in advance of the departure date.*

*If any travel plans interfere with clinic assignments, the preceptor should be advised as far in advance as possible.*

**Other Policies Related to the AuD Program**

- **CPR/First Aid Certification** – All students must provide proof of certification as early into the program as possible. Students should, at a minimum, become certified in first aid and adult, child, and infant CPR.
- **Fourth Year Clinical Rotation** – Students may not contact any site about a potential Fourth Year Placement without first discussing the issue with the 4th Year Advisor and receiving permission to do so. Students must also receive permission of the 4th Year Advisor prior to accepting a Fourth Year rotation.
- **Grades** – In all courses with the exception of clinic (SPAA 749) a semester grade of C or higher is required; C- is not acceptable. A semester grade of B or higher is required in clinic; B- is not acceptable. Students who earn an unacceptable grade will need to re-take the course. Obtaining a grade of B- or lower in clinic more than once may result in dismissal from the program. Courses taken as credit/no credit cannot be applied to the AuD program.
• Grade Point Averages – Students must maintain a cumulative GPA of 3.2. Students who do not maintain this GPA will be placed on probation and have one semester in which to raise the cumulative GPA above 3.2. Graduate assistantships will be forfeited if a student’s cumulative GPA falls below 3.2.

Please refer to Appendix G for additional information on the AuD Program remediation plan.

• Résumés – Students must receive permission of the 4th Year Advisor prior to sending out résumés or making other inquiries about Fourth Year Clinical Rotations.

The Fourth Year

Tracking of Practicum Experience:
By graduation, all students must have accumulated more than 1820 audiology practicum hours. This includes the 350 minimum clock hours that were earned prior to starting the final rotation(s).

Tracking of hours during the 4th year is different than during the first 3 years of the program. The main difference is that all hours spent doing audiology/practice related activities should be recorded. In most practices, 6-8 hours of each day is spent doing tasks directly or indirectly related to patient care and management. All of these hours should be counted.

It is not necessary to track practicum hours with the same level of detail that is required during the first 3 years of the program. By the time the 4th year begins, over 350 hours in specific categories will have already been accumulated and document a student’s ability to appropriately provide audiology services to patients across the lifespan. The purpose of the 4th year is to expand on the knowledge gained throughout the on-campus portion of the program and, hopefully, to delve into specialty areas that are of particular interest. Although still supervised, students will typically be given much more responsibility and independence with patient care and practice management. This increased responsibility means that a significant portion of the “education” received during this experience is obtained at times other than when providing direct patient care. Although these experiences were minimally tracked during the first 3 years, this should not be taken to mean that they are not important; in fact, quite the opposite is true. Therefore, it is important that time spent on all activities directly or indirectly related to the provision of services be tracked. Some examples of indirect activities are:

- Report writing/documentation of patient encounters
- Practice building activities (contact with referral sources, marketing activities)
- Staff meetings
- Continuing education activities (in or out of the office)
- Activities such as learning new equipment and/or procedures

There are numerous other activities that also fall into this category. Ask Dr. Coffin if unsure of how to count something.
Tracking Procedure

Tracking of 4th year experiences is done with the Monthly Report for AuD Externs. This form can be found in the Audiology Student Section of the departmental website (http://www.bsu.edu/spaa/secure/audstudents/).

This form tracks hours and experiences on a monthly basis and is completed independent of the Competency Form, which is discussed below.

After being reviewed and signed by the preceptor, the form should be sent to Dr. Coffin. These may be e-mailed, faxed, or mailed. (Addresses and fax number are on the Monthly Report form.)

This is due by the 6th of each month. (If sent via regular mail, postmarked by the 6th is acceptable.)

Once received by Dr. Coffin, each student’s record will be updated to reflect the additional hours.

Competency Evaluations

Competency evaluations serve three purposes:

1. They give the preceptor a formal means of evaluation
2. They help the student to understand his or her strengths and weaknesses
3. They provide Dr. Coffin with feedback about the program and individual students

These evaluations are used to verify acceptable student performance and to assign a grade for each term. The evaluation period and evaluation due dates are based on the externship start date and should be completed according to the following schedule:

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<th>All forms are due by:</th>
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* All grades and paperwork must be submitted prior to graduation. If an externship continues up to the week of graduation, all final paperwork will need to be completed one to two weeks prior to the actual completion date so that all graduation paperwork is received by the university before graduation. Practicum hours should continue to be recorded and the monthly reports submitted up to the actual end date of the experience.

**Participation in Online Discussions**

In addition to the above requirements, each student is required to participate in online discussions via the Blackboard Community – the AuD Discussion Board. This discussion board is divided into 4 subject areas: General Conversation and Miscellaneous Stuff, Interesting Cases, New Methods or Techniques, and I Wish I Had Learned About ....

When students are on campus, reliance on peers is a significant part of the educational experience. The intent of these online discussions is to foster that aspect of the educational experience. It is hoped that everyone will continue to learn from each other through reading and responding to each other’s posts.

Each student is required to post in the Interesting Cases area monthly. Finding interesting cases during the first few months of the experience is not difficult. Students are welcome to post specific information about cases in which they have been involved in any capacity. Further into the experience, students may be told that it is fine to switch to posting other topics or raising issues for discussion.

Although only required to post a case monthly, students are expected to check the discussion board frequently (at least weekly) and participate in other conversations.

Posting messages in the other areas is optional but encouraged. Discussing new methods or techniques is another way for everyone to continue learning from each other’s experiences. Discussions in that section as well as the “I Wish I Had Learned About ...” section are often used by the audiology faculty to make changes to course content and for determining clinic meeting content.

Dr. Coffin regularly follows the discussions in these forums. (Occasionally other audiology faculty members do as well.) However, since the primary purpose is to encourage continued reliance on the peer network, he often does not reply to individual messages. Specific questions for him or other faculty should be asked by phone or e-mail.

Students are not required to participate in online discussions until they begin their externship experience. Participation, however, is strongly encouraged to begin as soon as on-campus courses end. Obviously it will be difficult to post interesting cases prior to starting, however, reading these posts can help one prepare for the externship. These students may also have valuable input on topics raised in posts from other students. Students in the first three years of the program are also encouraged to read and participate in these discussions.

Continued participation after graduation is encouraged. Some alumni have remained active in the forum. Not only do they have much to offer, but they frequently draw upon the students’ knowledge to address situations faced in their practices.
Enrollment and Grades
Students in their 4th year externship must register for a total of three enrollments in SPAA 793. This will typically be done in the summer after the final semester of on-campus courses and again in each of the two following semesters (fall and spring.) It is the student’s responsibility to register for this each semester of the 4th year.

Each student will receive a grade for each enrollment in SPAA 793. Grades are based on preceptor input and fulfilling requirements outlined here; with the majority of the emphasis being placed on preceptor input. The summer enrollment will correspond with the first third of the experience, fall with the second third, and spring with the final third. (For example, if a student doesn’t start the 4th year experience until June, an incomplete will be submitted for the summer enrollment. This will be changed in October after preceptor feedback has been received.

Due to the timing of the semester schedules and the due dates for preceptor feedback, it is not uncommon to receive an incomplete each semester until the requirements for that section have been completed.

Changes in Sites or Preceptors
Occasionally situations may arise that result in a student changing sites and/or preceptors during the 4th year experience. Dr. Coffin needs to be notified by e-mail or phone as soon as such an issue is identified. At that time, the best solution will be found so that it has the least impact possible.

If this does occur, it is the student’s responsibility to submit an updated Assignment & Preceptor Information form as soon as possible.

Graduation
When to Apply
Each student should file an application for graduation before the start of the semester in which the degree is to be granted. The deadline for filing the application is the end of the fourth week of the semester of graduation.

Applying for graduation may be done online under the Completing Graduate Study area at www.bsu.edu/gradschool. Questions regarding the application for graduation should be directed to the Graduate School at 765-285-1297. Once the application is processed, a letter will be sent that outlines the details of commencement. This will include information about obtaining a doctoral gown, cap, and a spruce green hood. The regalia can be obtained from the Ball State Bookstore.

Early into the 4th year, students should begin thinking about whom they would like to hood them at graduation. Any audiology faculty with a doctoral degree (PhD or AuD) may do the hooping. This should be discussed with the chosen faculty member well in advance so that schedules can be arranged.

Graduation Day
Spring commencement ceremonies include a main ceremony for all graduates and then individual college ceremonies where students graduating with an undergraduate or master’s degree will be
recognized. Doctoral students will be recognized and receive diplomas at the main ceremony which is typically held outside at the Arts Terrace. Doctoral graduates are not required to attend the individual college ceremony, but may do so as a spectator if interested. Summer and Fall commencement ceremonies are typically held in Worthen Arena and all graduates are recognized in one ceremony.

Completion of Program Prior to Commencement

Most students attend the May or July commencement ceremony, depending on when the final externship is completed. Some students may choose to participate in the graduation ceremony the semester following program completion so they can graduate with other classmates. (e.g., someone eligible for the May commencement ceremony may choose to wait until July.) Anyone interested in doing this should contact Dr. Coffin before applying for graduation.

It is recognized that students who choose to do this, or those who complete their program requirements early in the semester, may wish to begin pursuing licensure / certification and begin using the AuD credential before attending the commencement ceremony. In order to accommodate this scenario, the following policy has been developed.

Upon completion of all degree requirements, and after all paperwork is submitted & approved, one is said to have earned a doctorate in audiology. (Note: The title of Doctor must be used only in accordance with state laws or regulations. See comment on practicing audiology below.)

Please note that the University documentation (i.e., transcripts) will not recognize the completion of the degree until after commencement.

The student must:

- Meet all graduation requirements
- Apply for graduation
- Submit final Semester Report (signed) *
- Submit final Competency forms (signed) *
- State in writing (e-mail is acceptable) that s/he has completed the program and request that the program be reviewed

* Faxes are acceptable; however an original signed copy must be received within 2 weeks.

Once all documentation has been received and verification has been obtained that all degree requirements have been met, the student will then be notified by regular mail that s/he has successfully completed the doctor of audiology program.

Earning the Degree versus Practicing Audiology

Completing all degree requirements does not necessarily allow for the practice of audiology or the use of the title “Doctor.” All state and local laws apply for the jurisdiction in which an individual intends to practice and/or resides. For example, in the state of Indiana, one cannot use the title of Doctor or the title of Audiologist until (1) the appropriate degree is granted from an accredited institution, AND (2) all requirements set forth by the Health Professions Bureau to practice audiology have been met. It is up to
each individual to research local laws and regulations pertaining to this issue in a particular geographic area.

Preceptor Manual
A manual was created to assist those who agree to work with Ball State University audiology students. Serving as a preceptor is no small task and should not be taken lightly. All students must read the preceptor manual prior to beginning their externship. Remember, the student is representing the University. Students should be prepared for questions that will likely be asked.

ASHA Certification
ASHA certification is a path that many audiologists choose to pursue. Specific information about ASHA certification, including how to apply, can be found online at http://www.asha.org/certification/AudCertification.htm. All students considering applying for ASHA certification should familiarize themselves with this information early in their externship.

The Ball State University AuD program is based on the 2007 certification standards. All students should apply under these standards.

In addition to certification information, the ASHA website also has valuable information for those seeking jobs and offers the ASHA Career Mover CD for new graduates.

State Licensure
In order to practice independently as an audiologist, most states require state licensure or registration. The requirements of each state vary, therefore each student is encouraged to research the requirements for any state in which they may wish to practice. Some states have very specific requirements. If these are known early enough in a student’s program, specific experiences can be sought to assist the meeting of these requirements. Just as the profession has transitioned to the doctoral degree, many state-licensing agencies are making a similar transition. (Indiana did so in 2005.)

A few states also require anyone dispensing hearing aids, including audiologists, to hold a separate hearing aid dealer’s license. Obtaining this license typically involves providing documentation and taking a test that is not part of this program. The program faculty members are willing to help students meet all requirements; however it is the student’s responsibility to research any and all requirements applicable to the state in which they anticipate practicing.
AUDIOLGY CLINIC INFORMATION

The General Clinic Process

Clinic Assignments
The Audiology Clinic Director creates a weekly master schedule for each academic term. Full operation of the clinic begins during the third week of the fall and spring semesters and during the second week of the summer semester. It is the responsibility of the Director and each student to insure that clinical assignments will fulfill ASHA practicum requirements.

First year students will typically be in clinic for two two-hour time slots per week. Each slot is usually with a different preceptor so the student can begin to see different clinic styles and methods. Second year students are typically scheduled for one three-hour time slot per week. This is usually divided into two 90-minute appointments with the same preceptor. Third year students are typically scheduled for one three-hour time slot divided into three 60-minute appointments.

Students in their second and third years will receive off-campus clinic assignments as well. During the regular academic year, the assignments are made for one or two full-days per week (typically one day unless scheduling allows additional days.) Students in the summer of their second year will complete a four-week full-time rotation during the first summer session of that term. See below for additional information.

Initial Conference with Preceptor
The clinician should schedule an initial conference with his/her preceptor at the beginning of each term. This initial meeting should be held as soon as possible after clinical assignments are made. It is the student’s responsibility to make the initial contact before the first patient appointment. Even if a student has previously worked with a preceptor, the student should at least ask if a meeting is necessary. The student may also be required to meet with the preceptor before or following each clinic session. Each preceptor has different requirements. Students should ask their preceptors to outline their requirements for clinic.

Contacting the Patient
The Clinic Services Secretary typically schedules patients, but students and preceptors may need to make appointments or contact patients for other reasons. Clinicians should check with the preceptor before contacting a patient for any reason. Local calls may be made from the phones in 204 A, 204 C, or 205. The phone in the main office should only be used with permission; typically when scheduling a patient. (Note that the clinic schedule is not to leave the main office area.) See the Clinic Services Secretary or the preceptor for the procedure for making long distance phone calls.

Patient confidentiality must always be respected. Prior to calling, review the Patient Information and Consent form in the patient’s chart to determine if there is permission to leave a detailed message with someone other than the patient or on voice mail. Unless a signed consent form indicating permission to leave a detailed message is on file, only leave enough information for the patient to return the call.
E-mail can be used to contact the patient, however, privacy with e-mails cannot be guaranteed. Caution should be exercised; only minimal information should be shared via any electronic communication and this should only be done with the patient’s prior permission as indicated on the Patient Information and Consent form.

**Patient Charts**

Patient charts are available on a checkout basis from the main office. Scheduled patient’s charts will typically be pulled by the Clinic Services Secretary and can be found, organized by day of appointment, in the office. Charts that have not been pulled are also located in the main office and can be obtained from the checkout window. The clinician should obtain all information concerning the patient from the patient chart. If the chart is not available, check with the preceptor. Patient charts should be reviewed well in advance of an appointment. Last minute searching for a chart is unacceptable.

Patient charts are **NEVER** to leave the clinic area. Parts of charts are **NEVER** to be removed. Non-compliance with these rules will be interpreted as a breach of professional protocol. When not being used, charts should either be returned to the office or placed in the filing cabinet in the 204 hallway under the student or preceptor’s name.

**Any charts checked out must be kept in an accessible location so that preceptors or office staff can find them when necessary.**

Charts should never be placed in lockers or taken to class without prior preceptor permission. Patient charts have specific organization guidelines. See Appendix D – Patient Chart Information for details. (Speech-Language Clinic charts follow a different format. Seek the assistance of someone in that clinic if needing to organize a speech-language chart.)

**Patient Privacy Documentation (HIPAA)**

Patient privacy rights are outlined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Privacy Rule is the section of the HIPAA Act that establishes regulations for the use and disclosure of Protected Health Information (PHI). PHI is any information about health status, provision of health care, or payment for health care that can be linked to an individual. This includes any part of a patient’s medical record or payment history.

As outlined, the clinic may disclose PHI to facilitate treatment, payment, or health care operations or if an authorization to do so has been obtained from the individual. However, when with any PHI disclosures, reasonable effort must be made to disclose only the minimum necessary information required to achieve its purpose.

The Privacy Rule also requires that reasonable steps be taken to ensure the confidentiality of communications with patients. For example, a patient can ask to be called at his or her work number, instead of home or cell phone number.

Clinicians need to be aware of these guidelines and verify that proper permissions have been obtained prior to releasing information or contacting patients. The patient information form allows patients to indicate contact preferences to facilitate this.
Privacy Documentation Procedures

1. Every new patient needs to be given the Notice of Privacy Practices (NPP) to read as well as complete and sign the Patient Information and Consent for Treatment (PICT) form (lavender).
2. The NPP is on a clipboard in the clinic hallway in the cabinet with the tracking forms. The PICT is in the same cabinet.
3. The patient should be given these forms in the clinic waiting room a few minutes prior to the appointment.
4. The PICT goes in the patient’s chart, the clipboard and NPP go back in the hallway cabinet unless the patient wishes to keep a copy for themselves.
5. If it is determined that the patient wants information released to another party or would like information requested from another party:
   a. If the patient wants information released to another party, he/she needs to complete the Patient Authorization for Use and Disclosure of Protected Health Information form.
      i. The authorization form is also located in the main clinic hallway cabinet with the other new forms or can be found in the audiology clinic filing cabinets. This form should be completed by the patient and then placed in the patient’s chart.
   b. If the patient information requested from another party, he/she needs to complete the Authorization for Release of Records to Ball State University Audiology and Speech Language Clinics.
      i. This release form is also located in the clinic hallway cabinet with the other forms and in the audiology clinic filing cabinets. This form should be completed by the patient.

Each clinician is responsible for ensuring a PICT is completed and signed in the patients chart. Effective summer 2008, these forms do not expire. If a patient has completed the PICT since then, they do not need to complete another unless their information or contact preferences have changed. Patients seen prior to summer 2008 will need to complete the new form.

Prior to the Appointment

Several things should be done prior to seeing a patient. First, gather all items that are necessary for that particular visit. This usually consists of a consent form, medical release form, child case history or adult case history form for a (new or returning patient), and audiogram. These forms are essential for any hearing evaluation and any known information should be filled out before seeing the patient. The logbook by each audiometer should also be checked to verify that the daily listening check has been performed. If using the Madsen Aurical, a patient record should be created in the computer before getting the patient from the waiting room. If seeing a patient for a hearing aid issue, verify at least one day prior to the appointment that the clinic has everything needed to work with that patient (i.e., hearing aids, programming cords, software, etc.). Hearing aids to be dispensed must be programmed with initial settings prior to the patient’s arrival.

Prior to seeing any patients, clinicians should review the Typical Appointment Protocol in Appendix C.
Late/No-Show Appointments
When a patient is late, wait fifteen minutes, advise the preceptor, and then call the patient at home. If no answer, the preceptor may require an additional fifteen minute wait. If the patient has not arrived within 30 minutes of the scheduled time, the patient is considered a no-show. Clinicians should check with their preceptor for other assignments.

Post-evaluation

Cleaning
It is the clinician’s responsibility to clean all clinic rooms used for a session. This includes placing used impedance tips, specula, or other reusable items in the proper receptacle. Tools and equipment used for a hearing aid check, impressions, cerumen management, etc. must be properly cleaned and returned to their proper places. This must be done as soon as possible following the session. Failure to do this may significantly impact the clinician’s clinic grade.

Superbill
The audiology superbill is used to track patient visits and procedures at this facility. It also serves as the patient receipt if charges were generated during the visit. This MUST be completed for each patient contact – including hearing aid checks or repaired hearing aids being picked up, even if the patient was not seen face to face. There is also a version of the superbill used when there is no charge for a visit. This is printed on green paper and marked with N/C. If the triplicate form was used, the white copy is given to the patient, the pink to the Clinic Services Secretary, and the yellow is placed in the superbill box by the faculty mailboxes. If the N/C superbill is used, it is placed in the box by the faculty mailboxes. Neither the Clinic Services Secretary nor the patient receives copies of the N/C superbill.

When completing the superbill, indicate all procedures done regardless of any charges. (If a procedure was done at no-charge, write N/C on the line next to the procedure. This is common when a procedure is done for the benefit of the clinician but was not a necessary part of the diagnostic or rehabilitative procedure.) Also choose the most appropriate diagnosis codes (up to 3). When possible, avoid using any codes that end with “unspecified.” Use any information obtained from the case history or the testing to determine the most appropriate codes. Up to 3 codes can be used for each patient visit (i.e., 389.11 - sensory hearing loss and 388.32 – Tinnitus, subjective). If the patient has normal hearing, using V72.19 – Other exam of ears and hearing is acceptable, but only if no other code can be used (i.e., tinnitus, dizziness, etc.)

Who gets a superbill:
1. Complete a superbill for each patient, each visit
2. Complete a superbill when checking a hearing aid that has been dropped off to be checked, even if the patient was not directly seen

Which superbill:
1. Do a standard superbill if there is a charge and a NC superbill if not
2. The superbill is related to the visit, not the reason for the visit
a. For example, if an HAC is done at no charge but the aid needs to be sent in (and sending it in will generate a charge) do a NC superbill for the HAC and a standard superbill when the patient picks up the repaired aid

**Which procedure codes:**

1. At least one procedure code must be indicated for each visit
2. Choose the procedure codes for ALL procedures done
   a. Do this even if a procedure was done and the patient is not to be charged for it. (i.e., ART is done for practice. The patient shouldn’t be charged for that procedure, but we need a record indicating it was done.)
   b. If the procedure code requires a quantity or additional information, provide it
3. If ear impressions have been done, indicate so. BUT patients are only charged for impressions if the impressions are to be given to them so they can order from another provider.
4. For hearing aid dispensing and ALD’s:
   a. You must provide the appropriate code. See below
   b. You must write in quantity and type (i.e. 2 ITE digital or 1 phone)

**Which diagnosis codes:**

1. At least one diagnosis code must be indicated for each visit
2. Choose the most appropriate diagnosis codes (up to 3)
3. Use codes designated as ‘unspecified’ ONLY if no other options are available
   a. The most common mistake is indicating 389.10 (SNHL, unspecified) when 389.11 (Sensory hearing loss) is more appropriate
   b. Use code the “V” codes (V72.11-Hearing exam following failed screening and V72.19-Other exam of ears and hearing) only as a last resort. If submitted to insurance, these codes are more likely to be denied.

Refer to the *Billing, Fees, and Coding Handbook* for APD coding suggestions. Printed copies of this can be found throughout the clinic. Additional information on fees, coding, and superbills can also be found in that document.

**Ordering Devices and Supplies**

The Clinic Graduate Assistant (GA), at the direction of the Audiology Clinic Director, is responsible for ordering supplies and other disposable items used in clinic. This includes items such as impression supplies, cleaning supplies, and re-sale items (e.g., dry-aid kits.) The clinic GA should be notified, in writing, of any items running low. Often these issues are noticed during the weekly clinic cleaning and should then be noted on the clinic-cleaning checklist. Issues noticed at other times should be noted and placed in the clinic GA’s mailbox.

The clinic GA is also responsible for tracking all clinic-related items shipped and received. S/he needs to be notified any time something is ordered (hearing aids, earmolds, etc.) so that the proper person is advised when it is received. The clinic GA also needs to be aware of any items shipped out that will be returned, such as hearing aids sent for repair. Notification is done via the “Look Out” form that is placed
throughout the clinic and can be found in the Audiology Student Section of the departmental website (http://www.bsu.edu/spaa/secure/audstudents/).

It is not necessary to provide the clinic GA with copies of repair or new-order forms. All notification of what was ordered or sent is done with the Look Out form.

**Chart Organization**

Proper chart organization is important so that anyone working with a particular patient can find information quickly and easily. Charts are divided into sections and all information within the chart has a proper place. Each chart divider has a description of the information to be contained within that section. See the Audiology Chart Organization section in Appendix D for further information.

An audiometric evaluation will often generate many small pieces of paper, such as tympanograms or hearing aid acoustical analyses. Small pieces of paper that are to be kept in the chart needs to be mounted on the appropriate form or on a full sheet of paper.

All patient contact also needs to be documented on the summary sheet in the patient’s chart. Be sure to include all relevant information from that session so that the next clinician knows what was done, why, and what, if anything, should be done next. Clinicians should check with their preceptor for any other specific information that should be included. Abbreviations are allowed in these notes; however they should be generally accepted and understood. See Medical Abbreviations Related to Audiology in Appendix D for specific suggestions and common abbreviations.

**Documentation and Reports**

A patient report or detailed letter is done for most evaluations. The style and format of the report or letter will vary depending on the type of patient, reason for the visit, testing done, and preceptor preferences. The student is expected to complete all paperwork, including a report if required, and turn it in to the preceptor within the specified time (usually 24 hours.) Patient reports are to be done using Microsoft Word and given to the preceptor by posting it to Blackboard or on paper, depending on the preceptor’s preference. (Note that as of fall 2009, the newest version of Blackboard no longer has the Drop box feature. New procedures are being investigated and will be announced.) The chart should also be given to the preceptor by placing it in the preceptor’s file folder in the 204 filing cabinet. Each preceptor has specific requirements for this stage of the process. (Additional information about preceptor preferences can be found on the Blackboard Community for each preceptor http://my.bsu.edu/) The preceptor will then evaluate the chart, including any written work, and return it to the student so that corrections can be made.

*** Please remember that charts should never be placed where others can easily access them. This includes student mail boxes and “wall pockets” by faculty offices. ***

A note about confidentiality and patient reports:

When submitting reports to the preceptor and during the revision process, all information that could be used to identify the patient is to be left out. The name should be replaced with patient initials. Date of birth, address, parent’s names, etc, are not to be put in the report until all revisions are done and the report is to be printed.
If reports or letters were written, the preceptor will print these on letterhead once all corrections have been made. (The student may be directed by the preceptor to do this.) All reports and letters are to be signed by the student and preceptor. All items will need to be copied before mailing; this is done by the office staff. The patient chart (properly organized) and a completed Audiology Work Request should be placed in the “audiology in-basket” located on the Clinic Services Secretary’s desk.

*It is the student’s responsibility to remove any rough drafts, notes, etc. before submitting the chart to the office. The chart should be completely organized and ready to be filed.*

If a letter or report was not necessary and the chart is no longer needed, it may be returned to the main office for filing after the preceptor approves of all work done.

NOTE: Accurate and complete documentation of patient contact is critical for professional and legal reasons. Errors on handwritten documents such as the summary sheet will occur. If an error occurs, place a single line through the error (error) and continue writing. Do not completely mark out an error and **NEVER USE WHITE OUT** on any patient document.

**Legal Release Forms**
Each patient must sign the *Patient Information and Consent* (PICT) form and this must be kept in the patient chart. This form includes information about contacting the patient and gives us permission to serve that person.

If any documentation is to be released to another agency, or if information is to be obtained from another agency, the appropriate release of records form must be completed and signed by the patient. These forms may be found with the other clinic forms located throughout the clinic.

See the section on *Patient Privacy Documentation (HIPAA)* for additional information.

**Clinical Fees**
Most patients seen in the audiology clinic will be charged for some or all of the services provided during a visit. Each procedure routinely performed has an associated fee listed on the fee schedule, which can be found by the checkout window in the main office and in the forms filing cabinets throughout the clinic. The pricing of hearing instrument accessories can also be found in the same location. Hearing aid pricing is more complex and can be found by using the *Hearing Aid Pricing Spreadsheet* located on the clinic computers. Certain groups of patients, such as employees of Ball State University, receive services at a special rate. A description of these groups and fee calculations can be found on the Billing, Fees, and Coding Handbook, which is located throughout the clinic.

Vocational Rehabilitation Services (VRS) often refers patients to the Audiology Clinic. VRS will pay for services provided as long as an authorization to perform those services has been received prior to the patient visit. The standard fee schedule applies to VRS patients with the exception of hearing aid related fees. See *Appendix E* for specific information about Vocational Rehabilitation Services.

**Appointment Cards, Reminder Cards, Tracking Cards**
Appointment cards are located by the Clinic Services Secretary’s desk and are to be used when scheduling a patient for a return visit. Reminder cards are to be completed for each patient with a
recommended return date more than a month away. Cards must be completed at the time of the visit. Blank cards can be found with the other clinic forms throughout the clinic.

General business cards are located throughout the clinic and can also be used to indicate appointment times or provide the patient with clinic contact information.

**Reminder Card Procedure:**
- Address the front of the card and indicate reason for return and the month/year on the back of the card.
- Include the month/year of return in the chart notes.
- The card should be turned in to the preceptor along with the chart after the visit.
- Once the preceptor verifies that the card was completed correctly, the card can be placed in the Clinic GA’s mailbox or basket on top of the student mailboxes in AC 204.
- The Clinic GA will then file the card by month appropriate month.
- At the beginning of the month, cards will be mailed to patients.

**Special Note:**
- If a patient is seen before the reminder card is sent, every attempt should be made to pull the card for the visit that is no longer necessary and replace it with the new return date.

**Patient Tracking Cards**
Some patients require follow-up and occasionally it is necessary to take reasonable steps to insure that this occurs. An example of this is if a child at risk for hearing loss and needs to be monitored every few months. In this case, the clinician will complete the *Follow-up Tracking Card*, which will be filed with the Reminder Cards mentioned above. Each month, the Clinic GA will review these cards and notify the preceptor when follow-up is necessary. These cards will be updated and reviewed until follow-up is no longer necessary. In addition to the tracking card, there is also a *Tracking Card Notice* that is kept in the patient chart. This is placed so that anyone looking in the chart will know that a tracking card has been filed. These cards are located in the clinic along with the other clinic forms.

**Tracking Card Procedure:**
1. Complete a follow-up tracking card and place it in the Clinic GA’s basket (on top of the student mailboxes.) The Clinic GA will then file the card in the reminder card box to ensure monitoring of this patient.
2. Complete the *Follow-up Tracking Card Notice* and place it in the patient’s file – on the left side of the chart on top of the note sheet.

After seeing a patient who has a follow-up tracking card, the clinician must obtain that patient’s follow-up card from the reminder card box* and do one of the following:

- If the patient still needs follow-up, update the follow-up card and re-file it in the proper section. It will then be monitored to insure that proper follow-up is occurring.
If the patient is being released from care and it is no longer necessary to insure additional follow-up visits, pull the card from the reminder card box. Complete the remainder of the card and place it, along with the Follow-up Tracking Card Notice, in the miscellaneous section of the patient’s chart.

* The reminder card box is currently located in the lower cabinets of AC 204C on the right side as you are walking into the room.

**Logging of Practicum Hours**
Tracking of practicum hours is an important part of documenting experiences obtained during the program. It is important that all clinic-related experience be closely tracked throughout the entire four years of the program. The practicum logs and associated database serve as the basis for documenting all experience requirements of the Ball State University AuD program and ASHA. Students are strongly encouraged to keep a running tally of their hours each semester. This running log can then be compared to the semester report provided at the end of each term.

**On-Campus Experiences**
Each on-campus clinical experience is to be logged on a practicum log sheet (purple, half sheet.) It is acceptable to record more than one patient per log as long as all patients were seen on the same day, are in the same age range, and were supervised by the same preceptor. This log is to be signed by the preceptor and returned to the student. Once signed, it should be recorded on the Semester Practicum Record for the appropriate age range.

Each Semester Practicum Record is 4 pages (one for each age group) and students should have one set per supervisor.

The signed practicum log (half sheet) should be kept in the enclosed envelope after it is recorded and this purple folder should remain in the student’s file folder in AC 204.

**Off-Campus Experiences**
Off campus experiences will be logged on the Practicum Log for Off Campus Experiences. All experiences should be recorded by age group – one age group per sheet. The primary preceptor should sign the log at the end of the experience. After being signed, the log should be placed in this purple folder.

**End of Semester**
All documentation must be turned in during finals week of the semester in which the experience occurred. This includes all on-campus practicum logs, the on-campus practicum record, and the off campus log, if applicable. Each category of hours must be totaled at the bottom of each sheet before being turned in.
Miscellaneous

Speech/Language Screening Units
Students should pay close attention to the number of speech/language screening units acquired and obtain them throughout the program. Students must have 20 units (1 unit equals one screening administration.) Be sure to log these as units, not time.

Observation Hours
Students should also pay close attention to observation hours. Students must have 25 observation hours prior to beginning the 4th year. These can be any instance where the student observes a procedure being done — this includes in-class demonstrations, which should be signed by the instructor.

Practicum Experiences with Multiple-Age Patients
If a student sees a group of patients and is unable to record the hours by specific age group, an additional page of the Practicum Record should be added to the purple folder. This should be clearly marked to indicate that it is for multiple ages.

Labs
Students performing labs on subjects other than themselves may count this time towards that semester’s practicum experience. This should be recorded on the practicum log and signed by the course instructor.

Student Monitoring of Practicum Hours
Students will be provided with a copy of their Practicum Hours Report at the start of the semester after the hours were obtained. It is the student’s responsibility to review these records and verify accuracy. The Clinic Director must be advised in writing of any issues identified.

Clinical Hours & Certification Standards
ASHA has established a set of standards that all students must meet prior to seeking certification in audiology. The Ball State University Doctor of Audiology program has developed additional standards that students must meet prior to graduating from this program.

1. ASHA states that students must obtain “Practicum experience that is equivalent to a minimum of 12 months of full-time, supervised experience.” They further define “full-time” as a minimum of 35 hours per week. This is interpreted to mean that students must obtain a minimum of 1,820 clock hours.
   a. Any hours earned in the area of Speech-language pathology will count toward the 1820 program hours, but will not be included in the 350 hours of patient contact required during the first 3 years.
   b. The 1,820 hours must be obtained prior to completion of the 4 year AuD program.
   c. In order to apply for ASHA certification, 1820 hours must be Category 1 hours only (see definitions below.)
2. Students enrolled in the Au.D program will need to obtain 350 hours of supervised Service Delivery Hours prior to beginning the 12-month clinical rotation.
a. The 350 hours may be Category 1 and/or Category 2 hours (service delivery only.)
b. Of the 350 hours, at least:
   i. 40 hours must be in the area of evaluation of children
   ii. 40 hours must be in the area of evaluation of adults
   iii. 80 hours must be in the area of amplification/assistive devices, with at least 10 spent working with children and 10 spent working with adults. The remaining 60 hours may be in either
   iv. 20 hours must be in the area of treatment (aural (re)hab)
   v. The remaining 170 hours may be earned through the provision of any audiology services

3. Students must obtain 25 observations hours. These hours should be spread out throughout the 4 years of the program.

4. Students must obtain at least 20 units in the provision of speech-language pathology services; this may include speech/language screenings and/or the evaluation/treatment of children/adults with speech/language disorders unrelated to hearing impairment.
   a. A unit is defined as one experience with an individual patient.

Definitions Related to Clinical Hours

- Service Delivery Hours – Time spent performing actual procedures within the scope of practice for audiologists. These hours do not include the categories of Consultation or Administrative / Record Keeping duties.
- Category 1 hours – Student must be appropriately supervised by a professional who holds a current certificate of clinical competence (CCC) issued by ASHA in the appropriate area (audiology or speech-language pathology).
- Category 2 hours – Student must be appropriately supervised while performing services related to the field of audiology. The preceptor does not need to hold a current certificate of clinical competence (CCC) issued by ASHA, but must provide appropriate supervision.
- Consultation hours - any activity in which the diagnosis or treatment of a patient is discussed with another professional (e.g. a physician, audiologist, speech-language pathologist, teacher, etc.)
- Record Keeping and Administrative Duties – All activities related to the provision of services, up to but not including the actual provision of those services. This includes all paperwork related to the diagnosis and treatment of a patient (e.g. report writing, chart documentation). It also includes tasks in preparation for the provision of services, such as choosing / programming hearing aids, preparing equipment and facilities, etc. This does not include pre-session discussions with preceptors. See below for time guidelines.
- Appropriate Supervision - Supervision must be sufficient to ensure the welfare of the patient and the student in accordance with the laws and Codes of Ethics pertaining to the practice of audiology.
Guidelines and time limits for hours related to Administrative & Recordkeeping activities

- Preparation for appointment, visit documentation (including a full report): up to 1.00 hour
- Preparation for appointment, visit documentation (letters, no report): up to 0.75 hours
- Preparation for appointment, visit documentation (no letters or report): up to 0.25 hours
- Ordering hearing aids/molds: up to 0.25 hours
- Preparing a device for dispense: up to 0.25 hours

(Additional time may be counted at the discretion of the preceptor.)

Obtaining Speech and Language Experience

Standard IV-C of the current ASHA certification standards states that anyone applying for certification in audiology must have the knowledge and skills necessary to screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate and culturally sensitive screening measures.

In 2006, the faculty reviewed this standard and the procedures then in use for obtaining this knowledge and experience. A new policy and procedure was developed as a result.

Policy
Audiology students will demonstrate knowledge and skills related to screening individuals for speech and language impairments and other factors affecting communication function. In addition to coursework included in the curriculum, AuD students will learn these skills through an annual in-service provided by a member of SLP faculty and perform screenings utilizing screening tools approved by the Speech Pathology and Audiology department.

Procedure
The approved screening protocols are broken into 3 age groups: pediatric (birth up to 5 years,) child (5 years up to 18 years,) and adult (18 years and older.) Using the departmental approved methods, students will be required to perform a minimum of 20 screening units across the lifespan. These forms can be found in the Audiology Student Section of the departmental website [http://www.bsu.edu/spaa/secure/audstudents/](http://www.bsu.edu/spaa/secure/audstudents/).

These screenings will be supervised by audiology faculty members who will also be trained on the screening measures by a member of the SLP faculty.

Each screening will be logged by recording 1 unit in the category of Speech/Language screening following the logging procedures mentioned in this handbook.

Practicum records for students with prior speech-language pathology practicum experience will be reviewed on an individual basis. As a guideline, students who have obtained a minimum of 10 hours performing speech and/or language services will be considered to have met this requirement as long as the hours were supervised and signed-off by an appropriate practitioner who had her/his Certificate of Clinical Competence in Audiology or Speech-Language Pathology at the time the supervision occurred.
All students who will be using these screening tools at any point during an academic year will be required to participate in the in-service offered that year. Students who enter the AuD program having met this requirement will need to attend an in-service during the first year of the program.

Supervision of Practicum
AuD student clinicians will often be assigned to more than one preceptor during each semester of practicum. According to ASHA guidelines supervision must be sufficient to ensure the welfare of the patient and the student in accordance with the ASHA Code of Ethics. The specific amount of direct supervision will depend upon individual needs. Regular preceptor-clinician conferences will be used to define the responsibilities of each person with regard to the needs of each individual patient. Students will have an opportunity to provide feedback to each of their preceptors at the end of each semester with the Evaluation of Supervision form.

Preceptor Evaluation of Sessions
The preceptor may provide written feedback about sessions. Please use these evaluations to plan upcoming sessions. Keep all written feedback for future reference.

Mid-term and Final Conferences
Midterm conferences will be conducted to provide the student with feedback about their progress to that point in the term. The evaluation will typically include an appraisal of the student’s strengths and weaknesses and suggestions for improvement. A final conference, including grade discussion, is to be scheduled for each clinician during the last week of classes or during finals week. Students should check with their preceptors about scheduling conferences.

Clinical Skills
Clinical skills are acquired over time. Learning the skills expected of a practicing audiologist requires time in the classroom learning the concepts and time in the clinic putting those concepts into practice. Students will be expected to demonstrate specific clinical skills after successfully completing the coursework for that area. However, students should not expect to be excused from doing a particular task merely because they have not completed the course. (i.e., A student may be expected to learn how to check and clean a hearing aid even though they have not had a class on hearing aids.) Appendix F contains clinical competencies that are each student is expected to demonstrate.

Clinic Grades
Each student will receive a single clinic grade for each term, regardless of the number of preceptors. If a student has more than one preceptor, all preceptors involved will discuss the student’s progress and performance. The final grade will be based upon each preceptor’s input and input from any off-campus preceptors. For graduate students, a grade of B- or lower is not acceptable and will require the student to repeat that enrollment. If a student earns a clinic grade of B- or lower in any two semesters, permission to continue in the program will need to be obtained from the Program Director. Clinical performance requires much more than just the technical aspects of service delivery. Professionalism is critical and clinic grades will be, at least in part, based upon the student’s professionalism. See the Professional Protocol section of this handbook for specific expectations related to this area.
Please refer to Appendix G for additional information on the AuD Program remediation plan.

**Student Evaluation of Preceptors**
At the end of each semester, all students enrolled in an on-campus clinical experience will have the opportunity to evaluate each preceptor with which they have worked by using a form approved by the department. Students are encouraged to provide constructive feedback by way of truthful answers to questions on the form and by adding their own comments. The preceptors in this program pride themselves on listening to students and using students’ feedback to improve the supervision offered in this program.

**Remediation**
A student who has difficulty applying material learned from class or clinic, even after observations and demonstrations by the supervisor and/or other clinicians, will be identified as one in need of remediation. Once a student has been identified for remediation, the preceptor will notify the Audiology Clinic Director, and a remediation program will be outlined. Please refer to Appendix G for additional information on the AuD Program remediation plan.

**Off-Campus Assignments**
Students in the second and third year of the program will receive an off-campus clinical assignment each semester. This assignment is in addition to the on-campus clinical responsibilities outlined here.

**Scheduling of Off-Campus Assignments**
During the fall and spring semesters these assignments are typically one day per week. In the event that a student’s class schedule does not permit one full-day assignment, two half-day assignments may be arranged. During the first summer session, second year students will be assigned to a facility for a 4-week full-time experience. All assignments are made according to student needs; requests are considered when possible.

**Off-Campus Locations**
Assignments during the fall and spring semesters will be within driving distance for each student. These are typically in Muncie, Anderson, Marion, and Indianapolis. Every attempt will be made to keep the assignment within a reasonable driving distance. Students who live outside of Muncie may request to have assignments in a particular geographic region. (For example, students who live north of Muncie may prefer to drive to Fort Wayne rather than Indianapolis.)

**Contacting the Off-Campus Preceptor**
Assignment information will either be sent via e-mail or placed in the student’s mailbox. This information will include the preceptor’s contact information. Contact should be made as soon as possible, preferably within 24 hours of receiving the assignment. During this initial contact, the student should confirm the schedule (days, start time, end time, etc.) and ask about information specific to that site such as the dress code and parking.
Schedule Changes and Cancellations

If the student or preceptor makes schedule changes or cancellations, the Clinic Director must be notified. Whenever possible, cancellations by the student should be made far in advance. Students do not need to seek permission of the Clinic Director to cancel due to illness or other emergency; however it is the student’s responsibility to notify the Clinic Director immediately after advising the off-campus preceptor of the situation. Notification by e-mail is sufficient. Please be aware that off-campus facilities often schedule patients differently on days that a student will be present. Last-minute cancellations can cause significant problems for the personnel at the site.

Review of Student Performance

Preceptors will complete a performance review for each student at the end of each semester. Preceptors are also asked to perform these evaluations periodically during the semester. Due to busy schedules, however, this may not always occur. Students are encouraged to seek input from the preceptor regarding their performance throughout the semester.

Professional Protocol

Students must remember that they are training to be Doctors of Audiology. At this level, professionalism is not only expected, it is imperative. Each AuD student should act and present themselves in a manner appropriate for a doctoring profession.

Professionalism is much more than the few characteristics or traits listed here. However, without these, professionalism will greatly suffer. The issues mentioned here are only starting points when evaluating a student’s professionalism.

Characteristics of Professionalism

Dependability

The student:

- Prepares for and conducts clinical services as assigned
- Prepares for and conducts meetings/conferences/consultations within appropriate time frame, including consistently attending clinic meetings
- Carries out all duties appropriate to case management (e.g. providing information to caregivers/significant others, collaboration with other professionals, making referrals, etc.)
- Makes appropriate arrangements and notifies all concerned parties regarding any schedule changes or cancellations.

Note: If an absence is anticipated, it is the student’s responsibility to discuss this with the preceptor(s) and find someone to cover that clinic assignment. Students should not expect the preceptor to find the replacement.

Punctuality/Absences

The student:

- Begins clinic appointments promptly
• Cancels appointments only with preceptor approval. Acceptable reasons for cancellation are acute illness or extreme personal emergency. Under these circumstances, it is the clinician’s responsibility to:
  o Notify preceptor,
  o Call patient/guardian, and
  o Discuss with preceptor the need for make-up appointments.

  Note: It is NOT appropriate to contact the main office to determine if patients have cancelled or are scheduled. This is the responsibility of the student and not the office staff.

• Submits all written assignments (e.g. test results, reports, letters, etc.) in acceptable form (appropriate grammatical usage, paragraph structure, punctuation, and spelling) by scheduled deadlines.
• Attends all meetings/conferences/consultations as required and is punctual.

Confidentiality
The student:
• Utilizes discretion concerning patient information in written and oral communication with others.
• Does not allow patient charts to be removed from the clinic areas.
• Does not discuss patients or clinicians outside of the clinic (i.e., hallways, library, etc.)

  (See above section on Confidentiality for additional information.)

Communication
The student:
• Utilizes appropriate written and oral communication and demeanor in all professional activities.
• Efficiently and effectively use written and oral communication to impart and elicit information in all professional activities.

Problem Solving
The student:
• Makes every effort to recognize professional limitations and stay within the boundaries of training.
• Makes every effort to accurately and effectively accept and evaluate one’s own work.
• Makes every effort to discuss areas of disagreement with the preceptor and/or other students in a calm, professional manner.
Personal Appearance/Dress Code

A Comment about Professional Dress
All students enrolled in clinic must remember the importance of professional dress when seeing patients. Obviously jeans and sweatshirts aren’t appropriate and wearing a tailored suit or dress can sometimes be overdoing it. But, there appears to be quite a gray area between what is acceptable and what isn’t. The Ball State Career Center has the website Dressing for Professional Success at www.bsu.edu/students/careers/students/interviewing/dressing/. Everyone is strongly encouraged to read this. Students should plan on dressing in at least business casual attire.

Students should keep in mind that they are representing Ball State University and the facility in which they are working (either the Ball State clinic or the assigned off-site facility) each time a patient is seen. It doesn’t matter if that patient is a student or the president of the University. Patients may be aware that they are being seen by a student, but that does not mean that their expectations are lower, either for the quality of services or the professionalism displayed by everyone. Each professional contact may also be a networking opportunity. One never knows who may be encountered again later in professional life. Remember, there is only one opportunity to make a first impression.

The more professional a student clinician dresses, the less that person will be seen as a student and the more he or she will be seen as the professionals they truly are.

Personal Appearance/Dress Code
Students must maintain a professional appearance anytime contact with patients or the public is expected. This includes lab assignments that involve actual patients.

The following dress code applies to all students enrolled in clinic (Speech and Audiology Clinics). This code also applies to student workers (equipment and materials room), students who will be in the main office working (including GA’s), and students observing in the clinic; although jeans and tennis shoes are permitted for these students. Students should follow these guidelines at all times when doing or representing clinic business.

When observing, interviewing at off-site placements, or conducting hearing/speech screenings, students should follow the dress code of that facility. When unsure of the dress code policy at another site, students should dress conservatively (i.e., no sandals, open toed shoes, high heels, Capri pants, sleeveless shirts.)

Clothes must cover all undergarments and be of sufficient length & size to cover the chest, shoulders, stomach area and lower back AT ALL TIMES.

- Clothing must be worn so that undergarments, stomach, and back area are not visible at any time, including when leaning over, bending, or reaching.
- Shirts must cover in such a way that cleavage, stomach, back, and bra straps are not visible at any time, including when leaning over, bending or reaching.
- Skirts & shorts should be at least knee-length when the student is standing.
The following items are NOT ALLOWED FOR CLINIC

- Jeans
- Any tops with bare shoulders and/or potential for bra straps to be exposed, including HALTER TOPS, TANK TOPS, or SPAGHETTI STRAPS
- Athletic tennis shoes
- Flip-flop style shoes (traditional sandals & slides are permissible)
- Skirts and shorts that are shorter than knee-length
- Any revealing clothing

Jewelry should be discreet and professional. Jewelry worn in body piercings should be limited to ears only.

Tattoos must be covered.

**Violations of the Dress Code**

First Offense: The student will be asked to change his/her clothing. If that is not an option, the student will be asked to put on a jacket that will be available in the SPAA office. The Clinic Director will also be notified of violations to the dress code.

Additional Offense: Each subsequent violation will result in a one-half letter grade reduction in the student’s overall clinic grade.

For violations by students not enrolled in clinic, such as observers or office workers, the student will be reported to the course instructor or faculty preceptor for appropriate action.

**Additional Comments about the Professional Protocol**

It is expected that all clinical practicum students will conduct clinical work in accordance with the Professional Protocol. Failure to meet these standards may result in action such as loss of patient contact. The specific actions are to be determined by the Audiology Clinic Director and the Clinical Preceptors directly involved. The result may also be lowering of the semester clinical grade and/or termination of clinical responsibilities.

**Other Clinic Commitments**

**Clinic Meetings**

In addition to seeing patients, all Doctor of Audiology students will be expected to attend the weekly clinic meeting. Clinic meetings provide an opportunity for the clinical preceptors and the students to communicate as a group. This time may be used to discuss relevant clinical issues, introduce new clinical information, or expand on topics discussed in the classroom. Students in their first semester of clinic are also expected to attend a second weekly meeting. The purpose of this meeting is to present information relevant to clinic that the students have not yet had in class but need to know for clinic.

**Weekly Clinic Cleaning**

Weekly clinic cleaning assignments will be made during the first week of clinic. Each student will be expected to clean the clinic during her/his assigned week. Assignments will be made in pairs and must
be completed on Friday of each week. (Depending on the needs of the clinic, assignments may occasionally be made to groups of 3 students.) The Clinic Cleaning Checklist is to be completed, with any problems noted, and turned in to the designated person by 5:00 p.m. on Friday of each week. The most recent version of the checklist can be found in the clinic filing cabinets.

All supplies, brochures, and forms are to be restocked as part of the weekly cleaning. Extra supplies can be found in the 204 hallway cabinets. If the supply of forms is low in any of the rooms, please indicate this on the cleaning checklist. If needed, forms should be taken from one of the other locations so that no location runs out before extra copies can be made. If copies are needed immediately, do not make copies of a copy. The Clinic Services Secretary has originals.

Extra brochures are stored in the cabinets in 205. Please check the supply of brochures in all locations and restock as needed. If the supply in the cabinet is running low, please indicate so on the checklist (before the last one is used.) The same rule applies to any supplies; if the supply is getting low, please indicate this on the checklist before the last items are used.

**Daily Equipment Checks**

First year students will be assigned the responsibility of checking the equipment on any day that it will be used. Students will be assigned in pairs and are expected to turn on and verify the operation of the audiometers, impedance bridges, otoscopes, and any other equipment indicated on the Instructions for Daily Equipment Checks. These instructions can be found in logbooks near the audiometers.

**Observation Procedures**

While all interested clinicians and patient’s guardians/spouses are encouraged to observe, preceptors have priority for observing when space is limited. Guardians/spouses have second priority for observing and seating.

Observations are a privilege that should not be abused. The following rules must be followed to maintain the professional operation of the clinic:

- No food or drink is allowed in the clinic areas.
- The preceptor should initiate all discussion. If communication is necessary, move away and whisper.
- Please dress professionally. (See [Professional Protocol](#) above.)
- Enter the room quietly and on time.
- Students may ask the clinician for his/her name, the patient’s name, and the purpose of the patient visit before the session begins, but not once the patient has arrived.
- Do not discuss patients or clinicians outside of the clinic (i.e., halls, library, etc.)

There may be special circumstances when a preceptor must ask observers to leave. Confidential matters with the patient and/or caregiver and the clinician may demand privacy. Please leave in an orderly manner when asked to do so. Preceptors must act in the patient’s best interests.
Infection Control / Blood Borne Pathogens

Although audiologists rarely have direct contact with a patient’s blood or other bodily fluids, situations exist that may place an audiologist at risk. Direct contact may occur during cerumen management or certain balance assessment and rehabilitation procedures. More commonly, however, indirect contact may occur during a routine hearing aid check as a result of blood mixed with cerumen on a patient’s hearing aid or earmold. It is impossible to know if something is contaminated. Therefore, the golden rule for infection control is ...

Anything that MAY be contaminated must be treated as if it IS contaminated.

Obviously, the safest method of avoiding contact is to not handle anything that may be infected. If this is not an option, it is important to understand and use personal protective equipment (PPE). Gloves are the most common PPE and typically provide adequate protection for audiologists and staff members who may come in contact with hearing aids or other potentially infected items. Other types of PPE are goggles, face shields, and aprons. These items probably will not be needed in a typical audiologist’s office; however audiologists often find themselves working in medical settings where these items may be necessary.

Cleaning and disinfecting potentially contaminated items is also an important step in preventing the transmission of disease. A disinfectant wipe should be used on all hearing instruments before doing any service. Any instruments used to work on a hearing aid should also be disinfected between uses, as should the counter top or other work surface used. Earmolds and most instruments can be placed in a disinfectant solution in the ultrasonic cleaner.

Despite careful use of PPE, hand washing is still a critical component of any infection control plan. Hands should be washed for a minimum of 30 seconds before and after each patient and after contacting potentially infectious items. Hand sanitizing stations are located in the main clinic by the materials room and in rooms 204 and 205 of the audiology clinic. Hand sanitizer should not replace hand washing, but may be used in those instances when hand washing is not feasible.

See Appendix B for detailed procedures regarding blood borne pathogens and infection control in an audiology clinic.

University Policy – Bloodborne Pathogens/Universal Precautions

The university complies with the Occupational Safety and Health Act’s Bloodborne Pathogen Standard as adopted by the Indiana Occupational Safety and Health Act. In compliance with this Standard, “universal precautions” are required whenever a person may come into direct contact with blood or other body fluids.
APPENDIX A – Grievance Procedures

Procedures for Complaints against Graduate Education Programs
A complaint about any accredited program or program in Candidacy status may be submitted by any student, instructional staff member, speech-language pathologist, audiologist, and/or member of the public.

Criteria for Complaints against Graduate Education Programs
For a complaint to be considered by the CAA, it must:
(a) be against an accredited education program or program in Candidacy status in speech-language pathology and/or audiology,
(b) relate to the Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology, and specify where possible the relevant standards,
(c) include verification and documentation (e.g., copies of grievance processes, communications verifying completion of processes, etc.) if the complaint is from a student or faculty/instructional staff member at that institution, that the complainant exhausted all relevant institutional grievance and review mechanisms before submitting a complaint to the CAA, if relevant to the complaint.

The complaint must clearly describe the specific nature of the complaint and the relationship of the complaint to the accreditation standards, and provide supporting data for the charge. The burden of proof rests with the complainant. All written testimony must include the complainant’s name, address, and telephone contact information and the complainant’s relationship to the program in order for the Accreditation Office to verify and communicate with the source of the complaint.

All complaints must be signed and submitted in writing to the Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology, American Speech Language-Hearing Association, 10801 Rockville Pike, Rockville, MD 20852. Complaints will not be accepted by email or facsimile.

Determination of Jurisdiction
Within 15 days of receipt of the complaint, Accreditation Office staff will acknowledge receipt of the complaint and will forward a redacted copy of the complaint to the Executive Committee of the CAA. The original letter of complaint is placed in an Accreditation Office file separate from the program’s accreditation file.

The Executive Committee determines whether the complaint meets the above-specified criteria. Staff, because of the need to redact the complaint, verifies the accreditation status of the program against which the complaint is filed, and communicates this information to the Executive Committee with the redacted complaint. Although complainants are encouraged to specify the accreditation standards as the basis for the complaint, the Executive Committee will verify the relevant standards related to the complaint as part of its jurisdiction review.

An affirmative vote by two-thirds of the voting members of the Executive Committee, exclusive of the chair, is required to proceed with an investigation of a complaint.
If the Executive Committee of the CAA makes the determination that the complaint does not meet the above-listed criteria, the complainant is informed within 30 days of the letter transmitting the complaint to the EC that the CAA will not review the complaint.

Evaluation of Complaint
If the Executive Committee of the CAA determines that the complaint satisfies the above-listed criteria, the CAA will evaluate the complaint.

The chair of the CAA informs the complainant within 30 days of the letter transmitting the complaint to the chair that the Council will proceed with an evaluation, including the specification of the standards upon which the investigation will be based. Because it may be necessary to reveal the identity of the complainant to the affected program or to other potential sources of relevant information, the complainant will be required to sign a waiver of confidentiality within 30 days of the letter indicating that the CAA will proceed with its evaluation. The complainant is given the opportunity to withdraw the complaint during that time. If the complainant does not wish to pursue the matter, the investigation is concluded. If the complainant does not wish to withdraw the complaint, the complainant is asked to keep the initiation of an investigation confidential.

Within 15 days of receipt of the waiver of confidentiality, the chair of the CAA notifies the program director and the institution’s president or president’s designee by certified return receipt mail that a complaint has been registered against the program, including the specification of the standards upon which the investigation will be based. The notification includes a redacted copy of the complaint without revealing the identity of the complainant. The program’s director and the institution’s president or president’s designee are requested to provide complete responsive information and supporting documentation that they consider relevant to the complaint within 45 days of the date of the notification letter.

Within 15 days of receipt of the program’s response to the complaint, the chair of the CAA forwards the complaint and the program’s response to the complaint to the CAA. The materials are redacted and the identity of the complainant and the program under investigation is not revealed to the members of the CAA or to recipients of requests for information, unless a majority of CAA members consider such disclosure necessary for the proper investigation of the complaint. If the majority of Council members conclude that individuals other than the complainant, the program director, and the institution’s president or president’s designee may have information relevant to the complaint, the chair of the CAA requests such information.

After reviewing all relevant information, the CAA determines the course of action within 30 days. Such actions include, but are not limited to the following:

- Dismissal of the complaint;
- Recommending changes in the program within a specified period of time and as they relate to standards (except for those areas that are solely within the purview of the institution);
- Continuing the investigation through an onsite visit to the program;
- Placing the program on probation;
- Withholding/withdrawing accreditation.
If the CAA determines that a site visit is necessary, the program director and the institution’s president or president’s designee are notified, and a date for the site visit is expeditiously scheduled. The program is responsible for expenses of the site visit. The site visit team is selected from the current roster of CAA site visitors. During the site visit, emphasis is given only to those standards with which the program is allegedly not in compliance. The site visit team submits a written report to the CAA no later than 30 days following the site visit. As with all other site visits, only the observations of the site visitors are reported; site visitors do not make accreditation recommendations. The CAA forwards the report to the program director and the institution’s president or president’s designee within 15 days. The program or institution should provide a written response to the chair of the CAA within 30 days of the date on which the report is postmarked to the program director and the president or president’s designee. The purpose of the response is to verify the accuracy of the site visit report.

The CAA reviews all evidence before it, including the site visit report and the program’s response to the report, and takes one of the following actions within 21 days:

- Dismisses the complaint;
- Recommends modifications of the program within a specified period of time (except for those areas that are solely within the purview of the institution);
- Places the program on probation;
- Withholds/withdraws accreditation.

If the CAA withholds/withdraws accreditation, the program director and the institution’s president or president’s designee are informed within 15 days of the CAA decision that accreditation has been withheld/withdrawn. Notification also includes justification for the decision, and informs the program of its option to request Further Consideration. Further consideration is the mechanism whereby the program can present documentary evidence of compliance with the appropriate standards and ask the CAA to reevaluate its decision to withhold/withdraw accreditation.

If the program does not exercise its Further Consideration option, the CAA’s decision to withhold/withdraw accreditation is final and no further appeal may be taken. If accreditation is withheld/withdrawn, the chair of the CAA notifies the Secretary of the U.S. Department of Education at the same time that it notifies the program of the decision.

If the program chooses to request Further Consideration, the CAA must receive the request within 30 days from the date of the notification letter. With the request for Further Consideration, the program must submit additional written documentation to justify why accreditation should not be withheld/withdrawn. A hearing with the CAA is not provided for Further Consideration requests. The CAA will evaluate the request for Further Consideration and take one of the following actions within 30 days:

- Recommends modifications of the program within a specified period of time (except for those areas that are solely within the purview of the institution);
- Places the program on probation;
- Withholds/withdraws accreditation.

Within 15 days of its decision the CAA notifies the program and the complainant of its decision.
If the CAA decision after Further Consideration is to withhold/withdraw accreditation, the program may appeal the decision in accord with the Appeal Procedures described in Chapter VI of this manual.

**Summary of Time Lines**
The following summarizes the time lines in the complaint process, beginning from the date a complaint is received.

- Complaint is acknowledged within 15 days of receipt and forwarded to CAA Executive Committee (EC)
- If EC determines that complaint does not meet criteria for complaints, complainant is informed within 30 days that CAA will not review
- If EC determines that complaint meets criteria, complainant is informed within 30 days of the determination that CAA will proceed with evaluation
- Complainant is given 30 days to sign waiver of confidentiality or withdraw the complaint
- Within 15 days of receipt of waiver of confidentiality, the complaint is sent to the program for response within 45 days
- Within 15 days of receipt of program’s response, Chair forwards complaint and program response to CAA for review
- Within 30 days, CAA determines course of action
- If CAA determines that a site visit is necessary, it is scheduled and site visit team submits report to CAA within 30 days of visit
- Site visit report is forwarded to program for response within 30 days
- CAA takes action within 21 days of program response
- If CAA withholds or withdraws accreditation, program is notified within 15 days of CAA decision
- If program does not request Further Consideration, decision is final and CAA notifies Secretary of U.S. Department of Education; if program requests Further Consideration, CAA must receive within 30 days from notification and takes action within thirty 30 days
- CAA informs program and complainant within 15 days of decision

**Procedures for Complaints against the Council on Academic Accreditation**

**Criteria for Complaints against CAA**
Complaints against the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) must relate to the accreditation process, decisions, or actions or activities of the council.

Complaints may be filed by any student, instructional staff member, speech-language pathologist, audiologist, and/or member of the public. All complaints must be signed and in writing to the vice president for academic affairs (vice president), American Speech-Language-Hearing Association, 10801 Rockville Pike, Rockville MD 20852. The burden of proof rests with the complainant. Complaints will not be accepted by email or facsimile.

**Determination of Jurisdiction**
Receipt of a complaint is acknowledged by the ASHA Accreditation Office staff and forwarded to the vice president within 15 days of receipt of the complaint. The original letter of complaint is filed in the ASHA Accreditation Office. The vice president determines whether the complaint meets the above-specified
criteria. If the vice president makes the determination that the complaint does not meet the above criteria, the complainant is informed within 30 days of transmitting the complaint to the vice president that the complaint will not be evaluated.

Evaluation of Complaint

If the vice-president determines that the complaint meets the above criteria, the complaint will be evaluated as specified below.

1. The vice president informs the complainant within 30 days of the letter transmitting the complaint to the vice president that the evaluation will proceed. Because it may be necessary to identify the complainant to the CAA, a review committee, or to other sources of relevant information, the complainant will be required to sign a waiver of confidentiality within 30 days of the letter indicating that the complaint will be evaluated. The complainant is given the opportunity to withdraw the complaint during that time. If the complainant does not wish to pursue the matter, the process is concluded. If the complainant wishes to proceed, the complainant is asked to keep the initiation of an investigation confidential.

2. Within 15 days of receipt of the complainant’s waiver of confidentiality, the vice-president notifies the CAA that a complaint has been registered against the Council and that the evaluation is in process. Notification includes a redacted copy of the complaint without revealing the identity of the complainant. The CAA is requested to provide complete responsive information and supporting documentation that it considers relevant to the complaint within 45 days of the date of the notification letter.

3. Within 30 days of receipt of the complainant’s waiver of confidentiality, the vice president shall appoint a Review Committee to review the complaint against the Council. To assure that the committee is thoroughly familiar with accreditation standards and Council policies and procedures, the Committee shall consist of three past members of the CAA who have served during the preceding 5 years, none of whom shall have any relationship or conflict of interest with the complainant. Within 15 days of receipt of the CAA’s response to the complaint, the vice-president forwards the complaint and the CAA response to the complaint to the Review Committee.

4. After reviewing all relevant information, the Review Committee shall determine the course of action within 60 days from the date material related to the complaint is mailed to the Review Committee. Such recommendations may include, but are not limited to:
   - Dismissal of the complaint;
   - Recommended changes in Council policies and procedures within a specified time period;
   - Other recommendations.

5. Within 15 days of the conclusion of its evaluation of the complaint, the Review Committee will forward its recommendations to the vice president. Such recommendations will be disseminated to the CAA for its review. A full discussion of the recommendations of the Review Committee shall be placed on the agenda for the next regularly scheduled meeting of the CAA and for consideration of appropriate Council action. In the event that more immediate action is required, the CAA may have a conference call for discussion and consideration of appropriate Council action.
6. The vice president will notify the complainant of Council action on the complaint within 15 days of the Council’s decision in the matter. Decisions of the Council relative to complaints may not be appealed.

Summary of Time Lines

- Complaint is acknowledged and forwarded to vice president within 30 days of receipt
- If vice president determines that complaint does not meet criteria for complaints, complainant is informed within 30 days that complaint will not be evaluated
- If the vice president determines that complaint meets criteria, complainant is informed within 30 days that evaluation will proceed
- Complainant is given thirty (30) days to sign waiver of confidentiality or withdraw the complaint
- Within 15 days of receipt of waiver of confidentiality, the complaint is sent to the CAA for response within 45 days
- Within 30 days of receipt of waiver of confidentiality, the vice president appoints Review Committee to review complaint
- Within 15 days of receipt of CAA’s response, the vice president forwards complaint and CAA response to Review Committee
- Within 60 days, Review Committee determines course of action
- Review Committee forwards recommendations to vice-president within 15 days of decision, and vice president disseminates recommendations to CAA
- CAA discusses Review Committee recommendations at its next regularly scheduled meeting (or by conference call if immediate action is required) and takes appropriate action
- Vice President notifies complainant of CAA action within 15 days of CAA decision
APPENDIX B – Infection Control and Blood Borne Pathogens

INTRODUCTION
All blood and bodily substances must be regarded as infectious or hazardous. Universal precautions will be standard for all patient contact to prevent contact with blood or other potentially infectious substances. Therefore, precautions used to prevent transmission of potentially infectious organisms are to be practiced on all patients. These precautions are consistent with the recommendations from the Centers for Disease control, Joint Commission for Accreditation of Healthcare Organizations, American Hospital Association, and Occupational Safety and Health Administration.

Transmission contacts of concern include: clinician to patient, (including anyone who accompanies the patient) patient to clinician, patient to patient, or clinician to clinician. Bodily substances include all bodily fluids, excretions, secretions, tissues, sputum, or any other drainage from a patient or employee. Every clinician must execute cautionary procedures in preparation for any possible eventuality of bodily substance contact. Clinician judgment is critical because the task one has to perform for the patient will determine the precautions to be taken.

The following procedures are recommended for everyone’s health and safety. These should be followed as often as possible. Questions or concerns should be directed to the Audiology Clinic Director.

PROCEDURE 1 – Handling ITEs, ClCs and Earmolds
How many times does a patient simply hand their ITE, CIC or earmold directly from their ear to someone’s bare hand? This is a practice that must be controlled because the danger of spreading fungal and bacterial infections is very high. The appliance may also have blood or ear drainage on it. Some basic procedures should be followed to assure that the hearing instrument is disinfected prior to the clinician or support staff handling it. One solution is to wear gloves when receiving the aid, but if this seems impractical try these simple alternatives:

1. Have the patient place the hearing aid or earmold in a disinfectant towelette. Once in the towelette, wipe the aid or earmold all over, disinfecting it.
2. Have the patient place the appliance in a bowl or a dish, and then disinfect it with a wipe.
3. Have the patient place the earmold in an ultrasonic cleaner containing a disinfectant solution.

(Note: If the aid is given to the Clinic services secretary or other office personnel, they are to have the patient place the aid in an envelope and write their name, phone number, description of problem, etc.)

Other things to consider about handling earmolds, ITEs and ClCs include:

1. Always wear gloves when cleaning aids on the repair bench. The chance of encountering dried blood or mucus within cerumen found in the sound ports or on the aid is very high.
2. Sterilize the picks and probes used to clean the aid when encountering blood, drainage, or cerumen that contains either. Disinfect, rather than sterilize, these tools when blood, drainage or cerumen containing either is not found.
3. Never use the diagnostic stethoscope on an aid that has not been disinfected properly. Always disinfect the stethoscope using a disinfectant towelette prior to attaching it to another aid or storing it.
PROCEDURE 2 – Hand washing
The single most important activity that limits the spread of infectious disease is regular, thorough, hand washing. It is important to always wash hands before and after eating, adjusting contact lenses, handling waiting room toys, performing sterilization procedures, applying cosmetics or lip balm, smoking, or handling un-disinfected earmolds, ITEs, and CICs. Always wash hands after removing gloves, contacting any potential or actual contamination, toileting, or completing the day’s work. Using the following hand-washing guidelines will help prevent the spread of infectious diseases:

1. Remove all rings and put them in a safe place away from drains. Microorganisms cannot be eliminated from skin beneath rings, and growth is facilitated in warm, moist dark spaces such as exist under rings. Such colonization is a risk to the patient and to the clinician.
2. Wash hands before and after each patient. When water is not available use a no-rinse antibacterial hand disinfectant. De-germing agents may be used as an interim hand wash when sinks are not available, or time does not permit. However, washing with soap and water must be performed as soon as possible. When water is available use a medical grade antibacterial soap containing emollients to keep hands from drying out.
3. Start the water and apply a medical grade liquid antibacterial soap. Lather up the soap, scrubbing the palms, the backs of hands, up over wrists and onto forearms for a minimum of fifteen seconds. Clean all surfaces, especially under fingernails and between fingers.
4. Thoroughly rinse off the soap under running water.
5. Dry hands by blotting, using a paper towel. Rubbing with paper towels is chafing to the skin.
6. Turn off the water using the paper towel, not clean hands.
7. Use hand lotion as needed to keep hands from chapping. Avoid petroleum based lotions as these negatively affect latex gloves.

PROCEDURE 3 – Sanitization
Instruments that contact blood, mucus (ear drainage), or cerumen (which may contain either) must be sanitized prior to reuse or storage. Also, those contacting saliva or any other infectious substance should be sanitized when possible. Gross contamination must be cleaned away first. When using heat sterilization, follow the manufacturer’s guidelines. If using chemical sterilization with 2% glutaraldehyde, the following steps are recommended.

1. Prepare the solution in a covered, plastic tray that is approved for use with glutaraldehyde. Wear gloves when handling the solution. Use glutaraldehyde in an ultrasonic cleaner only if the instruments have been cleaned first, since glutaraldehyde will not clean them. Also if using in an ultrasonic cleaner be sure it is covered to contain the potentially irritating fumes.
2. Clean the instruments then submerge them. Ten minutes for high-level disinfection, ten hours for sterilization.
3. Remove instruments and rinse with sterile water or wipe with a disinfectant towelette to remove the residual glutaraldehyde. Allow to air dry.
4. Change the solution every 28 days as instructed on the label or sooner if the solution becomes visibly soiled or viscous.
Glutaraldehyde fumes may irritate the eyes and nose, and can cause respiratory problems in some individuals. Persons who handle the chemical should wear gloves. Persons who pour or mix the solution should also consider wearing eye protection. The chemical should always be stored in a covered tray.

PROCEDURE 4 – Gloves

Follow these guidelines for proper use of gloves:

1. Select latex (or vinyl if the patient or clinician shows a sensitivity to latex) examination gloves that fit properly. Properly fitted gloves will fit tightly, like a second skin. This is important because loose fitting gloves cause frustration due to a lack of dexterity. This frustration is the main reason people stop wearing gloves.
2. Always change gloves between patients. If a glove becomes torn or perforated in any way, replace it. Never reuse disposable gloves.
3. If questioned about the use of gloves, explain that gloves are worn to protect patients and to provide the best in modern care. Most people expect gloves to be worn. Audiologists, speech-language pathologists, and other healthcare professionals wear gloves as a precautionary measure.
4. Place bandages on open sores or cuts prior to putting on gloves.
5. Double-glove when treating patients known to be infected with HIV or hepatitis B.
6. Use the following procedure to safely remove gloves, making sure that the hands do not make contact with potentially infectious material on the surface of the glove. First, peel off one glove from wrist to fingertip, and then grasp it in the gloved hand. Next, using the bared hand, peel off the second glove from the inside, tucking the first glove inside the second glove as it is removed. Wash hands thoroughly when completed.

PROCEDURE 5 – Surface Disinfection

Surface disinfection is a two-step process. The process requires cleaning to remove gross contamination and disinfecting to kill the germs. Many products contain a cleaning agent compounded with a disinfectant and, as a result, these products may be used for both cleaning and disinfecting. A fast and efficacious program of surface disinfection incorporates the following steps:

1. Select a tuberculocidal, hospital-grade, EPA registered disinfectant/cleaner. These are available in sprays or wipes (pre-moistened towelettes).
2. Spray surface with disinfectant/cleaner and wipe away all gross contamination using a paper towel, or coarse brush if necessary. If using a towelette, wipe the surface thoroughly.

3. Spray or wipe the surface again, this time leaving it wet for the time specified on the label, then wipe dry or allow it to air dry. It is during this dwell time, when the surface is wet, that the germs are killed.

PROCEDURE 6 – Waiting Room and Motivational Toys
Children often place office toys in their mouths. These mouthed toys are common vectors for passing disease. The following information can be used to address this issue and insure a safer environment for children and those who work with them.

1. Always use nonporous, easily cleaned toys, preferably those that can get wet. This allows the use of spray disinfectants, or a disinfectant towelette on the toys.

2. Disinfect these toys daily or on a routine basis.

3. Be careful when handling these toys and be sure to wash hands thoroughly using an antibacterial soap after touching them. Wearing gloves to handle the toys would be advisable.

4. Replace old, broken or worn out toys.

5. Avoid placing stuffed animals, small toys and non-washable items in environments frequented by young children. Machine washable stuffed animals are available and recommended.

6. Designate a clearly marked storage bin “TO BE DISINFECTED” with a cover to place soiled toys or objects to be disinfected at a later time.
APPENDIX C – Typical Appointment Protocol

- Check patient’s chart ahead of time, have room and forms ready. Attempt to anticipate all needed items (brochures, impression materials, stickers, etc.)
- Prepare all needed equipment. This includes starting Noah and entering/retrieving patient information prior to bringing patient in.
- Greet patient in waiting room, escort to appropriate test room.
- Make any needed additional introductions (preceptor, observers, etc.)
- Obtain case history information and orient the patient to what will occur.
- Have the patient sign the release forms and indicate YES or NO on the optional form. Explain both forms thoroughly and encourage the patient time to read them thoroughly. (It is strongly recommended that each student read these forms and make sure she/he can explain them clearly.)
- Check ears with otoscope, make relevant notations.
- Perform appropriate tests.
- Counsel patient (and/or others) as appropriate.
- Escort patient to reception desk and fill out billing form (superbill.) Have patient pay the clinic services secretary, if applicable.
- Meet with preceptor to discuss the session.
- Complete necessary written work (forms, reports, letters, etc.), organize the chart, and turn in to the preceptor within 24 hours of the evaluation by placing the file in the preceptor’s folder in the 204 hallway filing cabinet. If preferred by the preceptor, submit the report electronically via Blackboard and place addressed envelopes in the chart.
- Record clinical experience using log form and turn in to preceptor for signature.
- Check your e-mail, mailbox, and chart folder daily. Do any follow-up needed for the patient (correct forms, reports, letters, etc.) Return revisions to preceptor if requested (within 24 hours) or turn in signed letters/report to be mailed to clinic services secretary.
- Organize the chart and put it in the “to be filed” box in the clinic office.

NOTE: These procedures may vary depending on the preceptor and the session. Be sure to check with the preceptor to insure that the proper protocol is followed.
APPENDIX D - Patient Chart Information

Chart Handling
The current week’s charts are on in the main office on the shelves at the north end, arranged by day of the week. If a chart is not there, it may be filed in the office or it may not have been made yet. Charts for patients not seen within the past two to three years may be filed in basement storage.

The following procedures will be used:

- If the chart is located with the current week’s charts, fill out a Chart Request Form, place the form in a red Out Guide and place the Out Guide from where the chart was taken.
- If it is a new patient and the chart has not been created, and the information is needed, ask the Clinic Services Secretary for the Intake Sheet (This sheet is not to leave the front office and is to be returned immediately).
- If it is a current patient, and the chart is not in the box on the Clinic Services Secretary’s desk, fill out a Chart Request Form and take it to the check-out window in the office being sure to observe any posted check out guidelines.

After seeing the patient and a report is to be printed
After the report has been approved by the preceptor, printed, and signed, it needs to be copied and mailed. Organize the chart by removing rough drafts, notes, etc. Be sure all summary sheet notes have been completed and, other than placing copies of correspondence in the chart, the chart is ready to be filed. Place a completed Audiology Work Request in the chart and put the chart in the “audiology in-basket”, that is on the small cabinet next to the Clinic Services Secretary’s desk. Reports and letters are then copied and mailed by the office staff.

After seeing the patient and a report is NOT needed
Organize the chart by removing rough drafts, notes, etc. Be sure all summary sheet notes have been completed and the chart is ready to be filed. Place the chart in the basket by the patient check-in window or take chart to Check Out Window in the Office being sure to observe check out times.

The exact procedures may vary depending on the type of patient and the preceptor.

NOTE: The chart handling procedures are periodically reviewed. Students will be notified if any changes are made to the procedures.

Charts must always be kept in a location accessible to faculty and staff. This means keeping them in the main office area or in the clinician’s file in the 204 hallway cabinet. Obviously the chart is needed when seeing the patient and when doing the paperwork. It is acceptable to check out the chart ahead of time, but it should not be taken to class or anywhere inaccessible to office personnel or preceptors. This is vital since no one knows when a patient may call with a question or problem.
**Audiology Chart Organization**

Materials related to each patient visit should be kept in the patient’s chart in the manner listed below. Each patient contact should be logged on the summary sheet with all pertinent data regarding that contact.

**Left Side**

<table>
<thead>
<tr>
<th>Item</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary (Log) sheets (most recent to front)</td>
<td>top</td>
</tr>
<tr>
<td>Patient Information and Consent form</td>
<td>under log sheet</td>
</tr>
<tr>
<td>(most recent to front)</td>
<td></td>
</tr>
<tr>
<td>Release of Information forms</td>
<td>above intake</td>
</tr>
<tr>
<td>Intake forms (most recent to front)</td>
<td>bottom</td>
</tr>
</tbody>
</table>

**Right Side**

<table>
<thead>
<tr>
<th>Item</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiograms (most recent to front)</td>
<td>top</td>
</tr>
<tr>
<td>Word Lists (if used)</td>
<td>behind corresponding audio</td>
</tr>
<tr>
<td>Tympanograms (most recent to front)</td>
<td>under all audiograms</td>
</tr>
<tr>
<td>Special Diagnostic tests</td>
<td>behind category divider *</td>
</tr>
<tr>
<td>Reports and letters</td>
<td>behind category divider</td>
</tr>
<tr>
<td>Hearing aid/ALD information**</td>
<td>behind category divider</td>
</tr>
<tr>
<td>Outside correspondence</td>
<td>behind category divider</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>behind category divider</td>
</tr>
<tr>
<td>Case History information</td>
<td>behind category divider</td>
</tr>
</tbody>
</table>

* See description and specific order on each category divider.

**Items that should not be kept in the chart:**

- Drafts of reports and letters – These should be removed by the clinician after the final copies are printed.
- Work requests
- Sticky notes, notes on scratch paper, phone messages, etc. – these should all be copied to the summary (log) sheet if needed

*Note – ALL items in the chart are to be punched and placed in the appropriate location. Small sheets of paper (such as ANSI specs, real ear tracings, etc.) should be taped to a full size sheet of paper and placed appropriately.*

**Important:** Use caution when taping anything printed on thermal paper (tympanograms, acoustic reflexes, hearing aid acoustical analysis). If the tape covers anything printed on the paper, it will fade within a few weeks and completely disappear within months.
Chart Notes

Chart notes provide an opportunity for one clinician to communicate with another. They should be used to convey any information regarding what has been done or what needs to be done in the future. Essentially, you need to write anything that you would share with a co-worker who is about to see one of your patients. This is also your opportunity to share information, impressions, “gut feelings”, etc. that are not always appropriate in reports and letters.

Typically, the following will need to be included:

- **Date**
- **Type of visit**
  - HAC, HAD, HE, EM, etc.
- **Reason for visit**
  - Why the patient is here
  - Patient’s chief complaints
  - Pertinent historical information
  - Reason for referral
- **What was done**
  - Types of testing
  - Work done on hearing aid
  - Tasks attempted but unable to be completed
- **Results**
  - What was found during testing
  - Impressions of those results
- **Discussion**
  - Issues discussed with patient
  - Patient’s attitude toward issues discussed
  - Potential future issues that may arise
- **Recommendations**
  - Outline who is to do what and when
  - What is to happen next
- **Signature** (one that is legible)

It is not always necessary to include all of this in every chart note. For example, if a report was done and has much of this information, the note may reference the report. It is important, however, that all of this information be somewhere in the patient’s chart and clearly identifiable as being related to a particular encounter.
### Medical Abbreviations Related to Audiology

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tr>
<td>a</td>
<td>before</td>
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<tr>
<td>ABR</td>
<td>auditory brainstem response</td>
</tr>
<tr>
<td>AC</td>
<td>air conduction</td>
</tr>
<tr>
<td>a.d. (AD)</td>
<td>right ear</td>
</tr>
<tr>
<td>AEP</td>
<td>auditory evoked potential</td>
</tr>
<tr>
<td>AER</td>
<td>auditory evoked response</td>
</tr>
<tr>
<td>ART</td>
<td>acoustic reflex threshold</td>
</tr>
<tr>
<td>a.s. (AS)</td>
<td>left ear</td>
</tr>
<tr>
<td>AU</td>
<td>each ear</td>
</tr>
<tr>
<td>BC</td>
<td>bone conduction</td>
</tr>
<tr>
<td>b.i.d.</td>
<td>twice daily</td>
</tr>
<tr>
<td>BOA</td>
<td>behavioral observation audiometry</td>
</tr>
<tr>
<td>BP</td>
<td>blood pressure</td>
</tr>
<tr>
<td>BPPV</td>
<td>benign paroxysmal positional vertigo</td>
</tr>
<tr>
<td>c</td>
<td>with</td>
</tr>
<tr>
<td>CC</td>
<td>chief complaint</td>
</tr>
<tr>
<td>CHL</td>
<td>conductive hearing loss</td>
</tr>
<tr>
<td>CI</td>
<td>cochlear implant</td>
</tr>
<tr>
<td>CMV</td>
<td>cytomegalovirus</td>
</tr>
<tr>
<td>CNS</td>
<td>central nervous system</td>
</tr>
<tr>
<td>c/o</td>
<td>complaining of</td>
</tr>
<tr>
<td>CPA</td>
<td>cerebellopontine angle</td>
</tr>
<tr>
<td>CSF</td>
<td>cerebrospinal fluid</td>
</tr>
<tr>
<td>CT</td>
<td>computed tomography</td>
</tr>
<tr>
<td>CVA</td>
<td>cerebrovascular accident</td>
</tr>
<tr>
<td>d/c</td>
<td>discharge</td>
</tr>
<tr>
<td>DPOAE</td>
<td>distortion product otoacoustic emissions</td>
</tr>
<tr>
<td>EAA</td>
<td>electroacoustic analysis</td>
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<td>EAC</td>
<td>external auditory canal</td>
</tr>
<tr>
<td>EAM</td>
<td>external auditory meatus</td>
</tr>
<tr>
<td>ECochG</td>
<td>electrocochleography</td>
</tr>
<tr>
<td>ECoG</td>
<td>electrocochleography</td>
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<tr>
<td>EEG</td>
<td>electroencephalogram</td>
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<tr>
<td>EMG</td>
<td>electromyogram</td>
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<tr>
<td>ENG</td>
<td>electronystagmography</td>
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<tr>
<td>ENoG</td>
<td>electroneuronography</td>
</tr>
<tr>
<td>EP</td>
<td>evoked potential</td>
</tr>
<tr>
<td>ETD</td>
<td>eustachian tube dysfunction</td>
</tr>
<tr>
<td>f/u</td>
<td>follow up</td>
</tr>
<tr>
<td>FXN</td>
<td>Function</td>
</tr>
<tr>
<td>HA</td>
<td>hearing aid or headache</td>
</tr>
<tr>
<td>HI</td>
<td>hearing impaired/impairment</td>
</tr>
<tr>
<td>hx</td>
<td>history</td>
</tr>
<tr>
<td>IAC</td>
<td>internal auditory canal</td>
</tr>
<tr>
<td>IHC</td>
<td>inner hair cell</td>
</tr>
<tr>
<td>IOM</td>
<td>intraoperative monitoring</td>
</tr>
<tr>
<td>L or LT</td>
<td>left</td>
</tr>
<tr>
<td>LBN</td>
<td>left beating nystagmus</td>
</tr>
<tr>
<td>ME</td>
<td>middle ear</td>
</tr>
<tr>
<td>MRI</td>
<td>magnetic resonance imaging</td>
</tr>
<tr>
<td>NIHL</td>
<td>noise induced hearing loss</td>
</tr>
<tr>
<td>NL</td>
<td>normal limits</td>
</tr>
<tr>
<td>OAE</td>
<td>otoacoustic emissions</td>
</tr>
<tr>
<td>OE</td>
<td>otitis externa</td>
</tr>
<tr>
<td>OHC</td>
<td>outer hair cell</td>
</tr>
<tr>
<td>OM</td>
<td>otitis media</td>
</tr>
<tr>
<td>OME</td>
<td>otitis media with effusion</td>
</tr>
<tr>
<td>OPK or OKN</td>
<td>optokinetic test</td>
</tr>
<tr>
<td>p</td>
<td>after</td>
</tr>
<tr>
<td>p.r.n.</td>
<td>as needed</td>
</tr>
<tr>
<td>q</td>
<td>every</td>
</tr>
<tr>
<td>q.d.</td>
<td>every day</td>
</tr>
<tr>
<td>q.h.</td>
<td>every hour</td>
</tr>
<tr>
<td>q.i.d.</td>
<td>four times daily</td>
</tr>
<tr>
<td>q.n.</td>
<td>every night</td>
</tr>
<tr>
<td>q.o.d.</td>
<td>every other day</td>
</tr>
<tr>
<td>R or RT</td>
<td>right</td>
</tr>
<tr>
<td>RBN</td>
<td>right beating nystagmus</td>
</tr>
<tr>
<td>RE</td>
<td>right ear</td>
</tr>
<tr>
<td>RFC</td>
<td>return for credit</td>
</tr>
<tr>
<td>r/o</td>
<td>rule out</td>
</tr>
<tr>
<td>RTC</td>
<td>return to clinic</td>
</tr>
<tr>
<td>s</td>
<td>without</td>
</tr>
<tr>
<td>SNHL</td>
<td>sensorineural hearing loss</td>
</tr>
<tr>
<td>SOM</td>
<td>serous otitis media</td>
</tr>
<tr>
<td>S/P or SP</td>
<td>status post</td>
</tr>
<tr>
<td>TEOAE</td>
<td>transient evoked otoacoustic emissions</td>
</tr>
<tr>
<td>t.i.d.</td>
<td>three times daily</td>
</tr>
<tr>
<td>TM</td>
<td>tympanic membrane</td>
</tr>
<tr>
<td>TMJ</td>
<td>temporomandibular joint</td>
</tr>
<tr>
<td>TT</td>
<td>transtympanic</td>
</tr>
<tr>
<td>tx</td>
<td>therapy</td>
</tr>
<tr>
<td>URI</td>
<td>upper respiratory infection</td>
</tr>
<tr>
<td>VRA</td>
<td>visual reinforced audiometry</td>
</tr>
<tr>
<td>WNL</td>
<td>within normal limits</td>
</tr>
<tr>
<td>x</td>
<td>times, multiply (i.e., repeat x2)</td>
</tr>
</tbody>
</table>
APPENDIX E – Vocational Rehabilitation Services (VRS)

Effective July 1, 2006, VRS implemented new policies and procedures for supplying their clients with hearing aids. These new policies and procedures are outlined below. The main goal of this program is to ensure that the patient has hearing sufficient to adequately perform current job duties.

Who is a candidate for amplification assistance

This refers only to hearing aid candidacy. VRS counselors use other criteria to determine if someone is a candidate to receive any services through VRS.

All of the following must apply:

- Four frequency PTA (500, 1k, 2k, and 4k Hz) in better ear must be 40 dB or worse AND unaided WRS must be less than 70% @ 50 dB in soundfield
- Functional limitations as a result of the hearing loss must result in a substantial impediment to employment
- Regular use of hearing protection must not be a work requirement for the patient. (If it is, the patient will not qualify)
- If seeking to replace current devices:
  - Patient must have a change in hearing (>10 dB) OR a change of employment that changes listening needs
  - VRS will not replace due to age of hearing aids alone
  - If current devices are no longer functional, they must be beyond repair. (The audiologist must determine and clearly state if it is possible to repair the current hearing aids)

Basic Procedure for obtaining hearing aids

The specific order of the steps may vary. VRS will either refer a patient to this clinic or clinicians may refer a patient to VRS. VRS will not pay for any services unless they have issued an authorization prior to the service being performed.

1. The patient will have an audiologic evaluation done by an audiologist (see Diagnostic Tests section below) and a medical evaluation, typically from an ENT.
2. The audiologist will complete the Report of Hearing and Ear Assessment form. (This form will be sent along with the authorization for the test or provided separately if testing has already been completed.) See figures 1 though 4.
3. Based on this information, the counselor will determine if the patient is eligible to receive hearing aids.

The Hearing Aid Recommendation Letter, which includes a list of approved devices, will be mailed to the audiologist by the VR counselor. (See figures 5 through 9.) The audiologist then recommends specific devices and provides all information needed to order the recommended devices. (Be sure to state ALL features, including shell color, device options, etc., since this is the only opportunity to provide this information.)
• Only approved manufacturers can be used. If the patient has special occupational needs that cannot be met by any of the devices listed, section 2 of the Hearing Aid Recommendation Letter can be completed.
• All special requests must be fully justified and based solely on the patient’s employment needs.
• Special requests will be forwarded to Indianapolis for individual consideration which will delay the approval process.

1. The VR counselor will provide a list of dispensers (audiologists and hearing aid dispensers) to the client who will choose a provider to do the fitting.
2. The VR counselor will order hearing aids from manufacturer and provide the dispenser with the Authorization for Service which includes the client ID number and manufacturer authorization (RS-1) number. See figure 10.
3. For ITE hearing aids, the dispenser takes impressions and sends them to the manufacturer, noting the client ID number and RS-1 number. Earmolds for BTE devices are ordered by the dispenser in the usual manner, using the dispenser’s account number and paid for by the dispenser.
   o The cost for earmolds is included in the fitting fee and the patient is not to be billed.
   o It is not necessary to reference any authorization or client ID numbers when ordering earmolds.
   o Earmolds may be ordered from any earmold manufacturer.
4. The chosen dispenser will receive the hearing aids and an Approval to Dispense form (do not dispense hearing aids prior to receiving this). (See figure 11.) Contact the counselor if the aids have arrived but the Approval to Dispense form has not been received.
5. Manufacturer will mail hearing aids to Audiologist, which will include the shipping information and client ID number but not the invoice, which is sent directly to VRS.
6. VRS must be notified once the hearing aid(s) have been received. The Approval to Dispense form will be issued if not already done. Do not dispense devices prior to notifying VR and receiving this form.
7. At the time of dispense, the audiologist must have the patient sign the Approval to Dispense form and return it to VRS. During this or the first follow-up visit, aided testing must be done. See the Assessment of Hearing Aid Performance section below.
8. The patient will have a 30 day trial period and it is the patient’s responsibility to notify us within this time of any problems.
   o The VR Counselor should be updated on the patient’s progress by e-mail during the trial period.
   o Notify the VR Counselor by e-mail of any problems or concerns.

Diagnostic Tests
The audiolologic assessment will be reported using the Report of Hearing and Ear Assessment form. Specific information is needed that may not routinely be included in a routine evaluation. Please review all authorization paperwork for specific tests required. If referring a patient to VRS, review the Report of
**Hearing and Ear Assessment** form (figures 1 through 4) for specific tests. Use red/blue ink where appropriate on the form.

**Summary of initial audiologic assessment**
- Pure tone air and bone conduction
- Speech reception thresholds
- Word recognition scores
  - One list in each ear using headphones/insert earphones at 50 dB HL
  - One list in soundfield unaided at 50 dB HL with 50 dB HL of noise presented from behind patient
  - One list in each ear at MCL using headphones/insert earphones
  - Other presentation levels may be used as necessary as long as the above are completed
- Calculate PTA using 3 and 4 frequencies
  - 500, 1000, and 2000 Hz - AND -
  - 500, 1000, 2000, and 4000 Hz (note this is different than the 4 frequency PTA used in this clinic)

**Assessment of hearing aid performance**
This is to be completed during the fitting appointment or at the first follow-up visit. All testing is to be done aided and in the soundfield. Real ear assessment and/or speech mapping may be completed, but is not required by VRS.

- Air conduction thresholds
- WRS at 50 dB HL

**Miscellaneous Hearing Aid Information**
- Dispensing fee – includes the following:
  - Ear impressions
  - Earmolds (BTE’s)
  - Fitting and adjusting aids/molds
  - Verification of fit (to be done at fitting or at first follow-up visit)
    - Should include aided soundfield testing (pure tones, WRS aided @ 50 dB.)
  - Trial period
  - HACs within the trial period (maximum of 4 in first 90 days.)
    - Notify counselor after follow-up visits with brief description of problems and what was done
  - Hearing aid kit – to include the following:
    - Cleaning Tools
    - Dri-Aid kit
    - One pack of batteries per hearing aid
REPORT OF HEARING AND EAR ASSESSMENT
State Form 36055 (R6 / 9-98) / VRS 2051

TO EXAMINER(S): Please send completed report to:

PART I (to be completed by counselor or applicant)
The information recorded on this form by the VR counselor is to provide the examiner with pertinent background to assist in evaluating the extent of hearing impairment of this referral. It is not to be used for any other purpose.

GENERAL INFORMATION
Name of applicant (last, first, middle initial) | Date of birth | Current occupation:

Home address (number and street, city, state, ZIP code)

Telephone number (home / business including area code)

Purpose of examination:

CASE HISTORY
Is the applicant experiencing any of the following conditions? (medical or other evidence attached - check 3 those that apply)

☐ Visible congenital or traumatic deformity of the ear.
☐ History of active drainage from the ear within the previous 90 days.
☐ History of sudden or rapidly progressive hearing loss within the last 90 days.
☐ Acute or chronic dizziness.
☐ Unilateral hearing loss of sudden or recent onset within the previous 90 days.
☐ Continuous head noise or ringing in the ears (tinnitus).
☐ Cerumen accumulation (ear wax) or foreign body in the ear canal.

Is there any remarkable ear pathology? (specify treatment and / or surgery - give types and dates)

Is the applicant under any medication?
☐ Yes ☐ No
If yes, specify the medication and the reason for which it is being used:

What is the cause of hearing loss and when did it take place? (This information is to be provided if the applicant is able to answer this question.)

Is the applicant using a hearing aid?
☐ Yes ☐ No
If yes, specify in what situations the hearing aid is being used:

Is the applicant having difficulty utilizing a hearing aid?
☐ Yes ☐ No
If yes, specify what reason(s):

Is there a family history of hearing impairment or deafness? If yes, what relation(s):
☐ Yes ☐ No

What is the applicant's preferred mode of communication?
☐ Discriminating Speech Through a Hearing Aid ☐ Paper and Pencil
☐ Sign Language ☐ Braille
☐ Speechreading ☐ Tactile Sign
PART II (To be completed by examiner)

HEARING SCREENING (Administered at 20 dB HL)

<table>
<thead>
<tr>
<th></th>
<th>500 Hz</th>
<th>1000 Hz</th>
<th>2000 Hz</th>
<th>4000 Hz</th>
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<tbody>
<tr>
<td>Right</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Left</td>
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<td></td>
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</tbody>
</table>

Signature of examiner

Date

IF THERE IS A CHECK ( ) IN ALL EIGHT (8) BOXES, DO NOT CONTINUE!

PART III (to be completed by physician)

DIAGNOSIS

1. Type of hearing impairment:
   - Sensori-neural
   - Conductive
   - Mixed
   - Central

2. Pathology of hearing loss:

3. Characteristics of hearing impairment: (check 3 those that apply)
   - Stable
   - Fluctuant
   - Improving
   - Slowly Progressive
   - Why?
   - Rapidly Progressive
   - Why?

PROGNOSIS AND RECOMMENDATIONS

1. Prognosis as to receptivity of hearing impairment to treatment:

2. Treatment recommended - medical, surgery, or other therapy:

3. New hearing aid(s) recommended?
   - Yes
   - No
   - Right Ear
   - Left Ear
   - If so, describe characteristics of amplification:

4. Are you aware of any hearing-related conditions (such as Meniere's Disease, Tinnitus, Recruitment, etc.) which would restrict the type of work activity performed by this individual?
   - Yes
   - No
   - If so, please specify condition and related restriction:

Place:

Signature of Physician

Date (month, day, year)

Title

Page 2

Figure 2 - Report of Hearing and Ear Assessment
Figure 3 - Report of Hearing and Ear Assessment
Special tests:

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Additional comments:

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<table>
<thead>
<tr>
<th>Current aid in:</th>
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<tbody>
<tr>
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<td>Left ear</td>
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<table>
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<th>Satisfactory?</th>
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<tbody>
<tr>
<td>Yes □ No</td>
<td>Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Can it be repaired?</th>
<th>Can it be repaired?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □ No</td>
<td>Yes □ No</td>
</tr>
</tbody>
</table>

Signature of physician or audiologist

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
</tr>
</thead>
</table>
Re: Client ID 5156

This letter is to request a device recommendation for hearing aids, including options and other features.

A Device Recommendation Form with a Hearing Aid Checklist has been provided for you to select the recommended hearing aid (with options).

If other features are recommended, please specify in the area provided in Section 1 of the Device Recommendation Form and provide a brief explanation as to the need for the feature.

Section 2 of the Device Recommendation Form is optional; it is to be completed if the recommended hearing aid (with options) is not found on the attached checklist. Please note that if Section 2 is utilized, special review and approvals are required by Vocational Rehabilitation Services. Please provide a detailed explanation in Section 2 in order to expedite the review process. I will contact you if additional information is needed.

Please return the completed form and checklist to the office address in the letterhead above. If you have any questions, please contact me using one of the methods shown below:

Phone: 765-282-9863
TTY: 765-282-9863
Fax: 765-282-1714
Email: Alice.Reichard@fssa.in.gov

Thank you.

Sincerely,
Alice Reichard
Vocational Rehabilitation Counselor

Figure 5 - Hearing Aid Recommendation Letter
Device Recommendation Form

Section 1

Other Features / Explanation for Items from Checklist:

Section 2

If the recommended device and options are NOT shown on the checklist, please provide the following information (attach additional sheets or documentation as needed).

Recommended Device (Make/Model):
- [ ] Left [ ] Right
- [ ] Left [ ] Right

Other Features / Explanation:

Please explain the following:
- The uniqueness of the client's vocational need as directly related to the hearing loss
- Why none of the devices on the checklist meet the need
- Why the recommended device does meet the need

Audiologist Signature ___________________________ Date _____________ License# _____________

Figure 6 - Hearing Aid Recommendation Letter
**Hearing Aid Checklist**

Please specify a hearing aid from the list below by selecting a hearing aid and checking the appropriate box indicating into which ear the aid is to be fitted.

<table>
<thead>
<tr>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>GN Hearing Care Corporation (GN Resound)</td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td>Right</td>
</tr>
<tr>
<td>Canta 210 CIC</td>
<td>Canta 230 ITC with included feature: Volume Control</td>
</tr>
<tr>
<td>Left</td>
<td>Right</td>
</tr>
<tr>
<td>Canta 250 ITE - Full Shell with included features: Directional Microphone, T-Coil, Volume Control</td>
<td>Canta 270 BTE with included features: Directional Microphone, Power BTE, T-Coil, Volume Control (Power BTE Only)</td>
</tr>
<tr>
<td>Left</td>
<td>Right</td>
</tr>
<tr>
<td>NewTone Plus BTE with included features: T-Coil, Volume Control</td>
<td>NewTone Plus ITE - Full Shell with included features: T-Coil, Volume Control</td>
</tr>
<tr>
<td>Left</td>
<td>Right</td>
</tr>
<tr>
<td>NewTone Plus ITC</td>
<td>NewTone Plus CIC</td>
</tr>
<tr>
<td>Left</td>
<td>Right</td>
</tr>
<tr>
<td>RP10 CIC</td>
<td>RP10-B CIC w/program push button</td>
</tr>
<tr>
<td>Left</td>
<td>Right</td>
</tr>
<tr>
<td>RP10-BP Power CIC w/push button</td>
<td>RP10-P Power CIC</td>
</tr>
<tr>
<td>Left</td>
<td>Right</td>
</tr>
<tr>
<td>RP30 ITC</td>
<td>RP30-D Directional ITC</td>
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<tr>
<td>Left</td>
<td>Right</td>
</tr>
<tr>
<td>RP30-D Directional Power ITC</td>
<td>RP30-P Power ITC</td>
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<tr>
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<td>Right</td>
</tr>
<tr>
<td>RP40-D Directional Half Shell</td>
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<td>RP50-D Directional Power Full Shell</td>
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<td>Left</td>
<td>Right</td>
</tr>
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<td>RP70 BTE</td>
<td>RP70-D Directional BTE</td>
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<tr>
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<td>Right</td>
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<tr>
<td>RP70-DI Directional, DAI BTE</td>
<td>RP70-DV Directional, Volume Control BTE</td>
</tr>
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<tr>
<td>RP70-DV1 Directional, Volume Control, DAI BTE</td>
<td>RP70-I Direct Audio Input BTE</td>
</tr>
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<tr>
<td>RP70-V Volume Control BTE</td>
<td>RP70-VI DAI, Volume Control BTE</td>
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<tr>
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</tr>
<tr>
<td>Oticon, Inc.</td>
<td></td>
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</tr>
<tr>
<td>Atlas ITC</td>
<td>Atlas CIC</td>
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</tr>
<tr>
<td>Atlas Plus ITC</td>
<td>Atlas Plus CIC</td>
</tr>
<tr>
<td>Left</td>
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</tr>
<tr>
<td>Gaia ITC</td>
<td>Gaia CIC</td>
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<tr>
<td>Left</td>
<td>Right</td>
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<tr>
<td>GO BTE with included features: Tamper Resistant Battery Drawer, Tamper Resistant Volume Control</td>
<td>GO ITE - Half Shell with included features: Allergenic Protective Coating, High VC Knob, Removal Notches, Select-A-Tube, Tamper Resistant Battery Drawer, Volume Control</td>
</tr>
<tr>
<td>Left</td>
<td>Right</td>
</tr>
<tr>
<td>GO ITE - Full Shell with included features: Allergenic Protective Coating, High VC Knob, Removal Notches, Select-A-Tube, Tamper Resistant Battery Drawer, Volume Control</td>
<td>GO ITC</td>
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Figure 7 - Hearing Aid Recommendation Letter
<table>
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<td>GO CIC</td>
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<tr>
<td>Left</td>
<td>Right</td>
<td>GO ITE - Low Profile with included features: Allergenic Protective Coating, High VC Knob, Removal Notches, Select-A-Tube, Tamper Resistant Battery Drawer, Volume Control</td>
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<tr>
<td>Left</td>
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<td>Phonak LLC</td>
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<td>Amio 22 ITE - Half Shell</td>
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<td>Amio 22 ITC</td>
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<td>Amio 22 CIC</td>
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</tr>
<tr>
<td>Left</td>
<td>Right</td>
<td>Solo T Limiting ITE</td>
</tr>
<tr>
<td>Left</td>
<td>Right</td>
<td>Solo T Limiting Half Shell</td>
</tr>
<tr>
<td>Left</td>
<td>Right</td>
<td>Solo T Limiting ITC</td>
</tr>
<tr>
<td>Left</td>
<td>Right</td>
<td>Solo T Limiting CIC</td>
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<td>Supero 411 BTE - P with included feature: T-Coil</td>
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<td>Cielo S BTE with included features: Directional Microphone, T-Coil</td>
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<td>Infiniti Pro ITE with included feature: Directional Microphone</td>
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<td>Add optional T-Coil</td>
</tr>
<tr>
<td>Left</td>
<td>Right</td>
<td>Infiniti Pro HS with included feature: Directional Microphone</td>
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<tr>
<td>Left</td>
<td>Right</td>
<td>Add optional T-Coil</td>
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<tr>
<td>Left</td>
<td>Right</td>
<td>Infiniti Pro ITC with included feature: Directional Microphone</td>
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**Figure 8 - Hearing Aid Recommendation Letter**
<table>
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<td>Infiniti Pro BTE with included features: Directional Microphone, T-Coil</td>
<td></td>
</tr>
<tr>
<td>Infiniti Pro Dir BTE with included features: Directional Microphone, T-Coil</td>
<td></td>
</tr>
<tr>
<td>Infiniti Pro Dir BTE with included features: Directional Microphone, T-Coil</td>
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</tr>
<tr>
<td>Infiniti Pro S BTE with included features: Directional Microphone, T-Coil</td>
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<tr>
<td>Infiniti Pro SP BTE with included features: Directional Microphone, T-Coil</td>
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<tr>
<td>Infiniti Pro SP BTE - P with included features: Directional Microphone, T-Coil</td>
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<td>Music Pro BTE with included features: Directional Microphone, T-Coil</td>
<td></td>
</tr>
<tr>
<td>Music Pro ITE - Half Shell with included feature: Directional Microphone</td>
<td></td>
</tr>
<tr>
<td>Add optional T-Coil</td>
<td></td>
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<td>Music Pro ITE - Full Shell with included feature: Directional Microphone</td>
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<td>Add optional T-Coil</td>
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<tr>
<td>Add optional T-Coil</td>
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<tr>
<td>Phoenix CIC</td>
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<td>Phoenix 104 BTE with included features: Directional Microphone, T-Coil</td>
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</tr>
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<td>Phoenix 204 BTE with included features: Directional Microphone, T-Coil</td>
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<td>Phoenix 213 BTE with included features: Directional Microphone, T-Coil</td>
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<td>Phoenix 304 BTE with included features: Directional Microphone, T-Coil</td>
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<td>Phoenix 313 BTE with included features: Directional Microphone, T-Coil</td>
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<td>Phoenix One ITE with included feature: Directional Microphone</td>
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<tr>
<td>Add optional T-Coil</td>
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<tr>
<td>Phoenix One HS with included feature: Directional Microphone</td>
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<td>Add optional T-Coil</td>
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<td>Phoenix One ITC with included feature: Directional Microphone</td>
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<td>Add optional T-Coil</td>
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</tr>
<tr>
<td>Phoenix One CIC</td>
<td></td>
</tr>
</tbody>
</table>

Figure 9 - Hearing Aid Recommendation Letter
Figure 10 - Authorization for Service

*** THIS IS NOT A BILL ***

STATE OF INDIANA
DIVISION OF DISABILITY AND REHABILITATIVE SERVICES
VOCATIONAL REHABILITATION SERVICES

AUTHORIZATION/SUPPLEMENT/CANCELLATION TO PROVIDE PRODUCT AND/OR SERVICES

AUTHORIZATION [X] SUPPLEMENT [] CANCELLATION []

Document No: PO 725 07 07-1319581 07-28-2006 0031185680246
Tran. Department Year Authorization Number Date Sales Tax Exemption No.

Action: E Check No: 

Vendor/Claimant: W9 RCVD Date:
(Name and Address)
BALL STATE UNIVERSITY
DEPT OF SPEECH&AUDIOLOGY, AC BLDG, 104
MUNCIE, IN 47306
Vendor Group ID: 15

Mail Bill To:
VOCATIONAL REHABILITATION SERVICES
ALICE REICHARD
261 EAST CHARLES ST., SUITE 130
MUNCIE, IN 47305-2435
(765) 282-9863

Customer Information
(Name and Address)

DOCUMENT TOTAL: $700.00

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<th>DEPT</th>
<th>ORGN Status/CC</th>
<th>SERV CODE</th>
<th>OBJ</th>
<th>QTY.</th>
<th>UNIT COST</th>
<th>R/E DATE</th>
<th>DESCRIPTION</th>
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<td>12-03</td>
<td>15</td>
<td>1.00</td>
<td>$700.00</td>
<td>07-28-2006</td>
<td>09-30-2006</td>
<td>HEARING AID DISPE...</td>
<td>$700.00</td>
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Special Provisions:

Product Detail:

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<th>Style</th>
<th>Info</th>
<th>Quantity</th>
<th>Unit Cost</th>
<th>Amount</th>
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</table>

Effective 1 March 2006 Vocational Rehabilitation Services pays at Medicaid rate for medical services.

07-28-2006 __________________________ 07-28-2006 __________________________ 07-28-2006 __________________________
Date - Counselor Signature Date - Area Supervisor Signature Date - Region Manager Signature

ALICE REICHARD A11AR110
## APPROVAL TO DISPENSE HEARING AID/S

THIS APPROVAL AUTHORIZES THE VENDOR TO DISPENSE THE HEARING AID EQUIPMENT TO THE CUSTOMER, AS SPECIFIED BELOW

### TICKET DETAIL INFORMATION

<table>
<thead>
<tr>
<th>VR Dispensing #</th>
<th>00060</th>
<th>VR Counselor Name</th>
<th>Alice Reichard</th>
</tr>
</thead>
<tbody>
<tr>
<td>VR Auth #</td>
<td>071319581</td>
<td>VR Counselor Email</td>
<td><a href="mailto:Alice.Reichard@fssa.in.gov">Alice.Reichard@fssa.in.gov</a></td>
</tr>
<tr>
<td>VR Client #</td>
<td>5156/001</td>
<td>VR Counselor TTY</td>
<td>765-282-9863</td>
</tr>
<tr>
<td>Hearing Aid</td>
<td>Cielo Dir BTE, Cielo Life BTE</td>
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### CONTACT INFORMATION

<table>
<thead>
<tr>
<th>DISPENSER</th>
<th>CLIENT</th>
<th>EQUIPMENT VENDOR</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BALL STATE UNIVERSITY</td>
<td>SIEMENS HEARING INSTRUMENTS</td>
<td></td>
</tr>
<tr>
<td>DEPT OF SPEECH &amp; AUDIOLOGY, AC BLDG, 104</td>
<td>10 CONSTITUTION AVE, PO BOX 1397</td>
<td></td>
</tr>
<tr>
<td>MUNCIE, IN 47306</td>
<td>PISCATAWAY, NJ 08855</td>
<td></td>
</tr>
</tbody>
</table>

### NOTICE TO THE VR CLIENT

YOU HAVE A 30 DAY TRIAL PERIOD FROM THIS DATE ________ IN WHICH TO RETURN THE HEARING AID EQUIPMENT TO THE DISPENSER IF IT IS NOT SATISFACTORY. PLEASE ARRANGE TO BE FITTED WITH THE HEARING AIDS AS SOON AS POSSIBLE.

I have received the hearing aids and understand the above timeframes in which I must return the aids if they are not satisfactory.

Customer Signature __________________________ Date Signed (month, day, year) __________________________

---

Figure 11 - Authorization to Dispense
APPENDIX F – Clinic Objectives and Competencies
Objectives and competencies have been clearly outlines in 9 documents. One set of competencies covers the general clinic experience and the remaining 8 relate to specific clinic encounters. The 9 documents are:

- SPAA 749 General Competencies
- Adult Hearing Evaluation
- Pediatric Hearing Evaluation
- Auditory Processing Evaluation
- Otoacoustic Emissions Evaluation
- Evoked Potential Evaluation
- Vestibular Evaluation and Treatment
- Cerumen Management
- Hearing Instruments

Items from each of these forms are on the following pages. Preceptors will rate each item using a 1 to 5 rating scale based on the amount of supervision required. Students will not expect to demonstrate competence for any particular skill until they have had the appropriate courses and/or experiences.

Explanation of Rating Scale Used

1. Maximal Guidance
   Specific direction from preceptor (e.g., role-playing, demonstration) does not alter unsatisfactory performance and/or evaluations skills; inability to make change.

2. Moderate Guidance
   Needs general and some specific direction from preceptor to perform competently and evaluate self/client accurately. Operates independently 50% of the time.

3. Demonstrates independence but needs general direction from preceptor to perform competently and evaluate self/client accurately. Operates independently 60 – 70% of the time.

4. Minimal Guidance
   Demonstrates independence by taking initiative and making changes when appropriate; displays superior competencies and evaluates self/client accurately. Operates independently 80 – 100% of the time.
Competencies – General

**Preparation/Planning:**
1. Student prepares for session by seeking out and reviewing available patient information (prior to pre-session meeting with preceptor, if possible)
2. Student provides appropriate input during pre-session meeting with preceptor
3. Student prepares for session by obtaining / completing all needed forms and setting up necessary equipment

**Interviewing:**
1. Student begins and ends the interview appropriately
2. Student uses interpersonal skills / professional demeanor appropriate for informant
3. Student questions are formed clearly and are productive in terms of the quality / quantity of informant’s response
4. Student is able to modify subsequent questions based on responses given
5. Student sequences and switches topics smoothly
6. Student extracts pertinent / accurate information from the interview
7. Student correctly determines the patient’s chief complaints
8. Student provides accurate and clinically relevant responses to comments, questions, and concerns of the patient and/or caregiver
9. Student appropriately records case history information obtained

**Management / Post-Diagnostic:**
1. Student accurately integrates all diagnostic information to form overall impressions of results
2. Student appropriately counsels patient, family, and/or other professionals concerning test results, interpretations, and implications
3. Student makes appropriate recommendations and referrals based upon case history and test results
4. Student appropriately communicates with patient, family, and/or other professionals concerning management recommendations
5. During counseling, student appropriately addresses patient’s chief complaints and/or reasons for visit
6. Student has appropriate responses to patient questions

**Documentation / Report Writing:**
1. All written work (reports, letters, etc.) is completed in a timely manner according to preceptor’s specifications and/or verbal/written template
2. Identifying information in all documentation is accurate and complete
3. Purpose of evaluation is accurately indicated
4. Student accurately reports history & background information
5. Student accurately states results in a clear and concise manner
6. Reported impressions accurately include nature and severity of problem, etiology, and prognosis when applicable
7. Recommendations are accurate, complete, and concise
8. Student appropriately integrates information
9. Student uses appropriate grammar, punctuation, and spelling
10. Student demonstrates knowledge and appropriate use of terminology
11. Student exercises appropriate caution in making statements outside of profession
12. Information is appropriate for intended recipient
13. Student knows when/how to deviate from routine format for reports
14. Student appropriately documents visit in the patient’s chart
15. All relevant sections of test forms are complete (audiogram, immittance, etc.)
16. Chart is organized according to clinic specifications
17. When appropriate, student correctly completes all sections of the superbill including appropriate procedure and diagnostic coding
18. Student enters appropriate information into practice management software

**Personal Qualities:**
1. Student recognizes professional abilities and limitations
2. Student’s dress, voice, and manner are appropriate for evaluation
3. Student accurately self-evaluates strengths and weaknesses
4. Student seeks preceptor assistance when appropriate
5. Student is punctual for pre-session meetings with preceptor
6. Student is punctual for diagnostic evaluation
Competencies – Adult Hearing Evaluation

Assessment:
1. Student determines appropriate procedures based on case history, other test data
2. Student properly instructs patient on test protocols and procedures
3. Student properly performs otoscopy
4. Student accurately and efficiently obtains air conduction thresholds
5. Student accurately and efficiently obtains bone conduction thresholds
6. Student accurately and efficiently obtains speech reception thresholds
7. Student accurately and efficiently obtains word recognition scores in quiet
8. Student accurately and efficiently obtains word recognition scores in noise
9. Student accurately and efficiently obtains most-comfortable-level (MCL)
10. Student accurately and efficiently obtains loudness discomfort level (LDL)
11. Student correctly determines when masking is appropriate
12. Student accurately masks using accepted method and/or preceptor guidelines
13. Student correctly recognizes inconsistencies within test results
14. Student appropriately modifies test protocol to resolve inconsistencies
15. Student recognizes need to obtain tympanograms
16. Student accurately and efficiently obtains tympanograms
17. Student recognizes need to obtain acoustic reflex thresholds
18. Student accurately and efficiently obtains acoustic reflex thresholds
19. Student recognizes need to assess acoustic reflex decay
20. Student accurately and efficiently assesses acoustic reflex decay
21. Student recognizes need for special tests (i.e., SISI, tuning forks, etc)
22. Student accurately and efficiently performs necessary special tests
23. Student is familiar with and properly troubleshoots equipment functions
24. Student accurately integrates all diagnostic information to form overall impressions of results
Competencies – Pediatric Hearing Evaluation

Assessment:

1. Student determines appropriate procedures to be completed based upon case history, age, other available data, etc.
2. Student properly performs otoscopy
3. Student properly instructs parent and/or child on test protocol and procedures
4. Student accurately obtains a speech reception threshold or speech awareness threshold based on the communication abilities of the child
5. Student accurately and efficiently obtains thresholds using visual reinforcement audiometry
6. Student accurately and efficiently obtains thresholds using conditioned play audiometry
7. Student recognizes the need to obtain bone conduction thresholds
8. Student accurately and efficiently obtains bone conduction thresholds
9. Student recognizes the need to perform word recognition testing
10. Student accurately and efficiently performs word recognition testing
11. Student, as tester, is able to obtain accurate results when working with an assistant
12. Student is able to obtain accurate results when working without an assistant
13. Student is able to assist by helping condition and reinforce the child during play audiometry (when someone else is doing the testing)
14. Student accurately interprets the test results
15. Student accurately and efficiently obtains most-comfortable-level (MCL)
16. Student accurately and efficiently obtains loudness discomfort level (LDL)
17. Student correctly determines when masking is appropriate
18. Student accurately masks using accepted method according to preceptor guidelines
19. Student recognizes need to obtain tympanograms
20. Student accurately and efficiently obtains tympanograms
21. Student recognizes need to obtain acoustic reflex thresholds
22. Student accurately and efficiently obtains acoustic reflex thresholds
23. Student recognizes need to assess acoustic reflex decay
24. Student accurately and efficiently assesses acoustic reflex decay.
25. Student recognizes need for special tests (i.e., SISI, tuning forks, etc)
26. Student accurately and efficiently performs necessary special tests
27. Student identifies inconsistencies within the test results
28. Student modifies test protocol to address inconsistencies within the test results
29. Student is familiar with and properly troubleshoots equipment functions
30. Student accurately integrates all diagnostic information to form overall impressions of results
Competencies – Auditory Processing Evaluation

Assessment:
1. Student properly performs otoscopy on patient
2. Student determines appropriate procedures to be completed based upon case history and other test data
3. Student properly instructs patient on test protocols and procedures
4. Student accurately administers and interprets a hearing evaluation to assess the patient’s hearing ability, per preceptor guidelines (i.e., hearing evaluation, tympanograms, speech testing, etc.)
5. Student correctly interprets the results from the hearing evaluation
6. Student accurately selects appropriate APD test battery, per preceptor protocol
7. Student accurately and efficiently administers appropriate APD test battery
8. Student accurately and efficiently scores APD test results
9. Student accurately interprets APD test results
10. Student correctly recognizes inconsistencies within the test results
11. Student modifies test protocol to address inconsistencies within the test results
12. Student is familiar with and properly troubleshoots equipment functions
13. Student accurately integrates all diagnostic information to form overall impressions of results
14. Student properly performs otoscopy on patient
15. Student determines appropriate procedures to be completed based upon case history and other test data
Competencies – Otoacoustic Emissions

Screening:
1. Student selects appropriate test protocol (TEOAE, DPOAE) and equipment
2. Student properly instructs patient / caregiver on test protocol and procedure
3. Student chooses the appropriate probe tip for the patient
4. Student successfully maintains proper probe seal throughout test
5. Student accurately and efficiently obtains reliable test results
6. Student accurately interprets test results
7. Student is familiar with and properly troubleshooting OAE equipment
8. Student accurately integrates all diagnostic information to form overall impressions of results

Diagnostic:
1. Student selects appropriate test protocol (TEOAE, DPOAE) and equipment
2. Student properly instructs patient / caregiver on test protocol and procedure
3. Student chooses the appropriate probe tip for the patient
4. Student successfully maintains proper probe seal throughout test
5. Student accurately and efficiently obtains reliable test results
6. Student accurately interprets test results
7. Student is familiar with and properly troubleshooting OAE equipment
8. Student accurately integrates all diagnostic information to form overall impressions of results
Competencies – Evoked Potential Evaluation

Evoked Potential Hearing Screening:
1. Student determines appropriate test battery and procedures based upon all available information (case history, test data, referral information, etc.)
2. Student appropriately prepares room / equipment (selection of transducers, test parameters, etc.)
3. Student properly instructs patient for testing
4. Student properly prepares patient for testing (electrode selection, preparation, and placement)
5. Student properly administers selected tests
6. As needed student modifies test protocols during testing (based on results obtained, patient status, etc.)
7. Student is familiar with and properly troubleshoots equipment functions
8. Student accurately integrates all diagnostic information to form overall impressions of results

Evoked Potential Threshold Testing (ABR, 40 Hz, ASSR):
1. Student determines appropriate test battery and procedures based upon all available information (case history, test data, referral information, etc.)
2. Student appropriately prepares room / equipment (selection of transducers, test parameters, etc.)
3. Student properly instructs patient for testing
4. Student properly prepares patient for testing (electrode selection, preparation, and placement)
5. Student properly administers selected tests
6. As needed student modifies test protocols during testing (based on results obtained, patient status, etc.)
7. Student is familiar with and properly troubleshoots equipment functions
8. Student accurately integrates all diagnostic information to form overall impressions of results

Sensory-Diagnostic and Neuro-Diagnostic Testing:
1. Student determines appropriate test battery and procedures based upon all available information (case history, test data, referral information, etc.)
2. Student appropriately prepares room / equipment (selection of transducers, test parameters, etc.)
3. Student properly instructs patient for testing
4. Student properly prepares patient for testing (electrode selection, preparation, and placement)
5. Student properly administers selected tests
6. As needed student modifies test protocols during testing (based on results obtained, patient status, etc.)
7. Student is familiar with and properly troubleshoots equipment functions
8. Student accurately integrates all diagnostic information to form overall impressions of results
Competencies - Vestibular Evaluation and Treatment

Assessment / Treatment:
1. Student determines appropriate test battery and procedures based upon all available information (case history, test data, referral information, etc.)
2. Student prepares the patient for testing, including preparing for and placing the electrodes or goggles
3. Student properly instructs patient on test protocols and procedures
4. Student correctly determines any contraindications to performing any subtest
5. Student properly performs otoscopy on patient
6. Student calibrates the equipment to the patient, repeating as needed
7. Student properly performs all appropriate positional / positioning tests
8. Student properly performs all appropriate visual / oculomotor tests
9. Student correctly performs caloric stimulation tests
10. Student correctly determines need for ice water caloric stimulation tests
11. Student correctly performs ice water caloric stimulation tests
12. Student is able to accurately and efficiently obtain test results using electrodes
13. Student is able to accurately and efficiently obtain test results utilizing goggles
14. Student recognizes the need to perform a canalith repositioning maneuver
15. Student properly performs the appropriate canalith repositioning maneuver
16. Student correctly recognizes inconsistencies within the test results
17. Student appropriately addresses any inconsistencies within the test results
18. Student is familiar with and properly troubleshoots equipment functions
19. Student accurately integrates all diagnostic information to form overall impressions of results
Competencies – Cerumen Management

Assessment / Treatment:
1. Student accurately determines if cerumen management is indicated
2. Student appropriately determines that no contraindications to cerumen management are present
3. Student makes appropriate recommendations / referrals if cerumen management is contraindicated
4. Student chooses appropriate cerumen removal technique
5. Student prepares equipment appropriate for chosen method of cerumen removal
6. Student appropriately advises patient of the risks associated with cerumen management
7. Student uses appropriate infection control measures when preparing for, performing, and cleaning after cerumen management
8. Student correctly performs cerumen management using irrigation
9. Student correctly performs cerumen management using suction
10. Student correctly performs cerumen management using instrumentation
11. Student appropriately counsels patient about ear hygiene
12. Student makes appropriate recommendations for follow-up
Competencies – Hearing Instruments

**Hearing Aid Evaluation:**
1. Student appropriately counsels patient and/or significant others regarding hearing aid technology and options
2. Student recommends appropriate hearing aids based on patient needs
3. Student discusses recommendations using terminology appropriate for the audience
4. Student appropriately responds to patient questions and concerns
5. Student properly performs otoscopy on patient before and after ear impressions
6. Student takes earmold impressions appropriate for device(s) being ordered
7. Student helps patient establish realistic expectations for use of recommended devices
8. Student appropriately discusses fees associated with devices
9. Student orders devices according to clinic and manufacturer guidelines
10. Student files appropriate paperwork with the clinic (copy of order forms, etc.)

**Hearing Aid Fitting:**
1. Student prepares for session prior to appointment by programming / setting hearing aids
2. Student appropriately counsels patient regarding hearing instrument use / care
3. Student properly instructs patient on realistic expectations
4. Student is able to successfully instruct the patient / caregiver how to insert / remove device(s)
5. Student appropriately addresses patient questions / concerns
6. Student performs verification of device performance, (i.e., real ear measures, functional gain, speech testing
7. Student correctly troubleshoots issues with device (fit, frequency response, etc.)
8. Student appropriately modifies hearing aid/earmold fit
9. Student appropriately modifies programming / frequency response of devices
10. Student recommends aural rehabilitation when appropriate
11. Student recommends appropriate time frame for return visit
12. Student has knowledge of and appropriately uses computer applications/equipment related to hearing aid fitting

**Hearing Aid Check:**
1. Student appropriately troubleshoots the device(s) to determine cause of problem
2. Student appropriately recognizes need for an otoscopic examination
3. Student correctly completes a listening check on the device(s)
4. Student successfully completes an electroacoustic analysis of the device(s)
5. Student successfully develops plan of action based on patient’s complaints and analysis of the situation
6. Student properly cleans the device(s)
7. Student appropriately modifies hearing aid/earmold fit
8. Student appropriately modifies programming / frequency response of devices
9. Student appropriately determines need for devices to be sent to repair facility
10. Student is able to properly replace earmold tubing
11. Student appropriately determines necessity of new earmolds
12. Student successfully performs basic repairs on devices (replace battery doors, wax guards, etc.)
13. Student appropriately discusses results / recommendations / implications with patient
14. Student recommends appropriate time frame for return visit
15. Student correctly completes necessary manufacturer forms (repair, order, etc.)
16. Student files appropriate paperwork with the clinic (copy of order forms, etc.)
17. Student has knowledge of and appropriately uses computer applications and equipment related to the hearing aid check
APPENDIX G - AuD Program Remediation Plan

This document summarizes our plan to identify and assist students in the AuD program that may be having difficulty meeting expected competency levels or otherwise appear to be having difficulty in the program.

Students’ competency and general status will be monitored via two general methods:

- Academic and clinical performance in classes and clinical practicum;
- Periodic clinical and written examinations specifically designed to monitor students’ competencies as they proceed through the program.

Academic and Clinical Performance

Monitoring of Academic and Clinical Progress throughout the Semester

Academic and clinical performance will be monitored and students who are in need of special assistance will be identified. This remediation plan will be applied to students who, at midterm or after:

1. Are achieving a grade in any SPAA class below a B or who otherwise exhibit performance or behavior felt by the instructor to be in need of special attention
2. Are achieving a grade in clinic from any clinical preceptor, including off-campus preceptors, below a B or who otherwise exhibit performance or behavior felt by the preceptor to be in need of special attention

Identification of issues within a course or clinical assignment

1. Instructors will notify the student and the AuD Program Director if performance within a class is identified as needing special attention.
2. Preceptors will notify the student and the Audiology Clinic Director if performance in clinic is identified as needing special attention.

Remediation steps

If an issue with a student’s academic performance is identified, the instructor and the AuD Program Director will each meet with the student and discuss the situation. If the identified issue is related to a student’s clinical performance, the preceptor and Audiology Clinic Director will each meet with the student.

In either situation, the existence of a problem will be made clear to the student. The student and faculty member/preceptor will discuss possible steps to eliminate the problem. Examples of specific steps might include such things as increased student study time, student asking more questions, student periodically meeting with course and/or clinical instructors, reduced work load for the student (e.g., taking fewer classes, reduction of on or off-campus commitments, etc.)

If clinical performance issues are identified, the primary preceptor should work with the student and Clinic Director to develop specific remediation goals. These goals are to be outlined on the Remediation
Goals for Clinical Issues form. After the student signs the form, copies must be given to the student and the Clinic Director. The student’s preceptor(s) and the Clinic Director will work together to insure that the student reaches the specified goals in the agreed upon time period.

Monitoring of Progress at Conclusion of each Semester
Grade reports for each student will be reviewed by the AuD Program Director (or designee) within three weeks of the end of each semester to identify:

1. Students who receive a grade in any graduate class below a B
2. Students whose cumulative GPA is less than a 3.2 at the end of a semester
3. Students whose GPA for a specific semester is below a 3.0

Remediation steps
The AuD Program Director will meet with the student and discuss the situation. The existence of a problem will be made clear to the student and possible steps to eliminate the problem will be identified and discussed. Examples of specific steps might include such things as increased student study time, student asking more questions, student periodically meeting with course and/or clinic instructors, reduced work load for the student (e.g., taking fewer classes, reduction of on or off-campus commitments, etc.)

Performance on Periodic Practical and Written examinations
During the fall semester of their second year, students will be evaluated via a practical examination. Students in the fall semester of their third year will be evaluated via practical and written exams.

Practical examinations
Students will be given practical clinical examinations in the first month of the fall semester of their second and third years of study. Their performance on these examinations will be classified as follows:

1. Passed with honors
2. Passed
3. Partial or conditional pass with specific items of deficiency noted
4. Failed

Partial or conditional pass
For students who achieve a partial or conditional pass, a remediation plan will be indicated to the student for the areas not passed. The remediation plan will require a mechanism for the student to demonstrate competency for any identified deficiencies (e.g., re-examination or demonstration of competency). Ordinarily, the student will have until end of the second week of the next semester to complete the remediation plan and demonstrate competency. Students who fail to demonstrate competency in the allotted time will have their conditional pass changed to a fail and will need to proceed accordingly (see next paragraph).
Failing the Exam

Students who fail the examination will be given the opportunity to take a second examination. Ordinarily, the second examination will be taken by the end of the following semester. The status of a student who fails the exam a second time will be discussed by the audiology committee. The committee will determine if the student is allowed to continue in the program and, if so, what must occur in order for the student to satisfactorily complete this requirement.

Written Examination

Students will be given a comprehensive written examination in the first half of the fall semester of their third year of study. Each examination will be divided into five areas and students will be graded as follows:

1. Strong pass (grade of 95% or better)
2. Pass (grade of 85-94%)
3. Marginal pass (grade of 80-84%)
4. Fail (grade of 79% or less)

Students who pass all questions with a grade of 95% or better will be considered to have passed with honors. Students with scores of 79% or less will need to remediate and knowledge in the deficient area(s) will be reassessed. The status of a student who fails the exam a second time will be discussed by the audiology committee. The committee will determine if the student is allowed to continue in the program and, if so, what must occur in order for the student to satisfactorily complete this requirement.

Students are encouraged to discuss problem areas with appropriate faculty to obtain input on how to prepare for the second examination in view of the deficiencies observed on the first examination.

The status of a student who fails the exam a second time will be discussed by the audiology committee. The committee will determine if the student is allowed to continue in the program and, if so, what must occur in order for the student to satisfactorily complete this requirement.