

# **Au.D. Graduate Student Guide**

Department of  
Hearing, Speech, and Language  
Sciences

Gallaudet University  
Washington, DC

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## Mission Statement

The multi-faceted mission of the Department of Hearing, Speech, and Language Sciences is to:

- prepare the next generation of well-qualified speech-language pathologists and audiologists, who meet the requirements for professional licensure and/or certification, and meet Gallaudet's language and communication expectations, to provide the full range of speech, language, and hearing services to individuals of all ages from diverse language, cultural, and communication backgrounds, with particular focus on individuals who are deaf or hard of hearing,
- prepare the next generation of college and university Ph.D. faculty who are culturally sensitive, knowledgeable, and skilled in preparing future audiologists to work with culturally and linguistically diverse deaf and hard of hearing individuals of all ages,
- provide competent, culturally-sensitive, and communication-accessible speech, language, aural rehabilitation, and hearing services for the Gallaudet community and the Washington D.C. metropolitan area,
- conduct research to inform practice and advance speech, hearing, and language sciences,
- assist Gallaudet graduate programs in related fields by offering coursework with relevant knowledge about audiology, speech language pathology and aural rehabilitation to professional specialists in related fields who will be working with clients who are deaf and hard of hearing, and
- provide undergraduate students with coursework aimed at furthering their awareness and understanding of themselves as Deaf or hard of hearing people and to provide information aimed at reducing the communication challenges confronted by deaf individuals in a broad range of situations.
- advocate for meeting the language, communication, and cultural needs of deaf and hard of hearing individuals in all of our various professional organizations, and to promote this sense of advocacy in our students.

September 7, 2007

## About the HSLS Department

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

As a primary part of its activities, the Department provides diagnostic and rehabilitative services to the undergraduate and graduate students, faculty and staff of Gallaudet University. In addition, the Center serves those from throughout the Metropolitan D.C. community. These clinical services form the nucleus of on-campus practicum for Audiology and Speech-Language Pathology majors. Over 4,500 client contacts are made each year.

Diagnostic audiology services provided by the Hearing and Speech Center include routine pure tone and speech audiometry; immittance; hearing aid evaluations and checks; peripheral site-of-lesion and central auditory tests; assistive listening device (ALD) evaluations/demonstrations; and counseling associated with these services. In addition, the Clinic maintains a "walk-in" service designed to provide consultation to Gallaudet students, faculty and staff regarding problems with their hearing aids, questions about hearing loss, assistance in procuring new hearing aids and related matters. The Department provides hearing aid dispensing to Gallaudet students and to outpatients from the Washington, D.C. community.

Aural Rehabilitation services are offered to students, staff and faculty of the University. Therapy is focused on one or more of the following areas: (1) pronunciation skills, (2) speechreading, (3) speech-voice skills, (4) auditory training, (5) telephone training, (6) spoken or written language, and (7) communication strategies training, or a combination of areas. Rehabilitative services for outpatients include: individual therapy and group speechreading classes.

The Speech-Language Pathology services are provided to adults and children in the Washington, D.C. area having communication problems associated with: hearing loss, stroke and other neurological disorders, voice, stuttering, articulation, language, learning disabilities, cleft palate, cerebral palsy, and developmental disabilities. Diagnostic and treatment services provided include: assessment, screening, individual therapy, group therapy, and parent training.

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

Research and other scholarly endeavors are an important activity within the Department. Faculty, staff, and students are actively engaged in work furthering knowledge in Audiology and Speech-Language Pathology.

## **Au.D.: Program of Study**

### Year I - Pre-session

GPS 700 *Culture and Language Colloquium (2)*

*Strongly recommended*

### Year I - Fall semester

HSL 814 Acoustics and Instrumentation (3)

HSL 817 Anatomy and Physiology of Hearing and Balance(3)

HSL 822 Speech and Language Characteristics of Deaf and Hard of Hearing  
Individuals (2)

HSL 834 Diagnostic Audiology I (3)

HSL 840 Introduction to Practicum (1)\*

PST \_\_\_\_ Sign Language (2-3)\*\*

HSL 846 Clinical Applications of Sign Communication I (1)

### Year I - Spring semester

HSL 784 Research Methodology in Audiology and Speech-Language Pathology (3)

HSL 835 Diagnostic Audiology II (3)

HSL 840 Introduction to Practicum (1)\*

HSL 847 Clinical Applications of Sign Communication II (1)

PST \_\_\_\_ Sign Language (3)\*\*

HSL 850 Amplification I (3)

HSL 815 Psychoacoustics (3)

Year I - Summer session

HSL 818 Acoustic Phonetics (3)

HSL 824 Aural Rehabilitation I (3)

*Total credits for Year I: 38 - 41*

Year II - Fall semester

HSL 821 Informational Counseling and Interviewing Skills for Audiologists and  
Speech-Language Pathologists (3)

HSL 841 Clinical Practicum: Diagnostic (2)

HSL 842 Clinical Practicum: Aural Rehabilitation (1)

HSL 852 Amplification II (3)

HSL 861 Pediatric Audiology (3)

Year II - Spring semester

HSL 826 Aural Rehabilitation: Pediatric (3)

HSL 841 Clinical Practicum: Diagnostic (2)

HSL 842 Clinical Practicum: Aural Rehabilitation (1)

HSL 855 Communication Technology (3)

HSL 862 Central Auditory Processing (2)

HSL 883 Research Project in Audiology (1)

\_\_\_ \_\_\_ Elective (2-3)

Year II - Summer session

HSL 895 Cultural Diversity (1)

HSL 880 Internship (4)

HSL 883 Research Project in Audiology (1)

*Total credits for Year II: 33-34*

**CANDIDACY EXAM**

Year III - Fall semester

HSL 858 Cochlear Implants (3)

HSL 863 Community and  
Industrial Audiology (2)

HSL 880 Internship (4)

\_\_\_ \_\_\_ Elective (2-3)

HSL 883 Research Project in Audiology (1)

Year III - Spring semester

HSL 860 Aging (3)

- HSL 870 Seminar in Medical Audiology (2)
- HSL 880 Internship (4)
- HSL 883 Research Project in Audiology (1)
- HSL 866 Electrophysiological Measures in Audiology (3)

Year III - Summer Session

- HSL 873 Private Practice/Clinic Management (3)
- HSL 875 Professional Issues (1)
- \_\_\_ \_\_\_ Elective (if not taken in Fall) (2-3)

*Total credits for Year III: 31 - 33*

Year IV - Fall and Spring semesters

- HSL 890 Residency (6 credits per semester) (12)

*Total credits: 114 - 116 plus 2 for Culture and Language Colloquium*

Additional Requirements:

- Students must take a minimum of two electives following the first semester of the program.
- Following the third semester of the program, students must register for HSL 883 (Research Project in Audiology) for each semester until the research project is formally completed.

However, a thesis option or an EBP project may serve to satisfy this requirement. Students must complete all academic and practicum

requirements for the ASHA Certificate of Clinical Competency in Audiology (CCC-A).

- Students must successfully complete candidacy exams.
- Students must adhere to the provision of the ASHA and AAA code of ethics.
- Students must successfully complete ASL III and demonstrate ability to effectively communicate with deaf and hard of hearing clients.

^ Additional elective requirements for students in the PEAE Program.

Pending possible changes during the upcoming year.

## **Au.D.: Clinical Practicum**

During the first year of the Au.D. program, with the emphasis upon academic preparation, clinical practicum will be less intensive than in succeeding years. Clinical assignments will be scheduled in order to obtain a variety of experience and in support of academic coursework. Concurrent with clinical practicum will be a variety of training modules and introduction to the sign language used in professional settings. The nature and content of your clinical experience will increase as you acquire the basic grounding in diagnostic and therapeutic techniques throughout your first several semesters in the graduate program. During the second year of study, each student has a number of clinical practicum testing/rehabilitation assignments per semester in the Department clinics.

During the third year, students are assigned to off-campus internship sites for more intensive training. At internship sites students typically spend three days or more per week at an internship site in a hospital, clinic, or school. With the exception of the Kendall Demonstration Elementary School and the Model Secondary School for the Deaf, all sites are off-campus. Each facility has been approved by the Department of Audiology and Speech-Language Pathology and employs experienced clinical supervisors who hold the Certificate of Clinical Competence in Audiology from ASHA. Some facilities are pediatrically oriented; others primarily serve adults. Some are predominantly diagnostic; others are rehabilitative or educational in nature. Several of the facilities offer stipends. Internship supervisors receive no remuneration from Gallaudet University; they offer their services on a voluntary basis as a contribution to the profession and to our Department. It may be necessary for a security background check to be conducted for some clinical placements.

Following is a discussion of policies and procedures used by the Department of Audiology and Speech-Language Pathology to place students in internships and monitor their experiences.

Students are placed in internship sites at the discretion of the Department of Audiology and Speech-Language Pathology. If the Graduate Studies Committee believes that a student is not ready for outside placement, that student will continue to work in the Department Clinic.

Prior to assignments, internship coordinators meet with students to describe and discuss various internship options. The following criteria are used in making internship assignments:

1. Type of placement.

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

2. Student preferences.

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

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

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

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

#### Minor Area Practicum Requirement

Each student will be responsible for arranging and completing the 'minor area practicum requirement' ("speech hours") as defined by ASHA. ASHA stipulates 20 hours as meeting the minimum requirement in this category; however, many states require 35 hours to meet minimum state licensure or certification requirements. It is the student's responsibility to determine and then meet the criteria specified by the state in which the student ultimately intends to practice. Dr. Matthew Bakke and Ms. Susanne Scott will assist students in finding practicum opportunities.

## **Au.D.: AR Clinical Practicum**

The following is a description of the AR clinical practicum requirements for students enrolled in the Clinical Doctorate of Audiology program:

1. Approximately fifteen hours of client contact within a semester constitutes one AR clinical experience.
2. No less than forty hours across a minimum of three AR clinical experiences must be obtained prior to graduation.
3. Two out of the three AR experiences must be completed in the Gallaudet University Hearing and Speech Center.
4. The third AR clinical experience will be obtained outside the Center during the student's third year in one of his/her internship placements.
5. At the completion of each semester, the AR/SLP clinical team will review each student's AR experience to determine if he/she has demonstrated clinical competence in the domains specified on the Clinical Performance Evaluation prior to making recommendations regarding future clinical assignments.
6. AuD students will be registered for AR practicum during the Fall and Spring of their second year in the program. They will not be registered for AR practicum during the third year. However, they will be expected to acquire additional hours and experience in AR related areas during the third year (see #4 above).

## **Au.D.: Fourth Year Externship**

Audiology majors will be eligible for their Fourth Year Externship (FYE), or clinical externship, at the conclusion of the third year of study. The goal of the FYE is to provide each student with a breadth and depth of supervised, full-time clinical experiences that will lead to the competent and autonomous practice of Audiology. The FYE is a full time commitment and may take place at a local or distant location. The provision of training stipends is at the discretion of the site and is not guaranteed. Additional academic responsibilities are associated with the FYE, such as regular communication with the FYE Coordinator, on-line discussions, written reports, etc. Decisions relative to selection of FYE site(s) are made by the Department with input from the student and the FYE site. In cooperation with the FYE site(s), careful monitoring of student progress will continue through the Fourth Year. Upon successful completion of the FYE, each student will have met all academic and clinical requirements for the Certificate of Clinical Competence in Audiology.

### Knowledge and Skill Level Required for Entry into the FYE

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

At the end of the third year of the AuD. Program, students will be expected to have a solid foundation of skills and knowledge needed to function as a relatively independent clinician. At this stage, students are expected to demonstrate:

1. The ability to conduct procedures appropriate for a wide range of clients throughout the life span.
2. The ability to synthesize and integrate knowledge and skills obtained thus far in academic/clinical training.
3. The ability to apply critical thinking skills to unique clinical problems.
4. Familiarity with a range of professional issues related to the profession of Audiology. For example:
  - a. Ethical issues
  - b. The development of a private practice
  - c. Legislative processes impacting upon the profession

Specific knowledge and skills expected include:

1. Basic diagnostic audiometric techniques
2. Knowledge of electrophysiological procedures and experience with selected procedures
3. Counseling and case management
4. Rehabilitation/habilitation procedures for adults and children
5. Hearing aid/assistive technology assessment, fitting and follow-up

- a. Prescriptive methods
- b. Verification methods (real ear)
- c. Outcome measures
6. Communication with clients, other professionals, et al.

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

#### Procedure for Applying to FYE Sites

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

Some sites have made exclusive arrangements to take Gallaudet students, whereas others accept applications from students nationwide. Each site has different application procedures. Some prefer that to be contacted directly by the student; some prefer that the Externship Director make the initial contact. Regardless of the site's procedures, ours require that each student obtain permission from the Externship Director before contacting any site.

Each year, students will be provided with a list of approved Fourth Year Externship sites. This list will be available on Gallaudet's Blackboard site, [www.my.gallaudet.edu](http://www.my.gallaudet.edu), in an organization called "AuD Student Info." When available, information describing the application procedures for each site will be listed or provided as a link.

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

#### Site Qualification

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

of the specific placement, each student will have developed a very clear approach to case management as well as comfort with basic and advanced testing procedures so that he or she will enter the profession as a competent audiologist who can function independently.

It is recommended that each student become familiar with the current ASHA certification requirements, since these form the minimum requirements for the 4th year Externship. These requirements can be found in the Audiology handbook or on the ASHA website at: [www.asha.org/membership/aud/clinical\\_fellowship.htm](http://www.asha.org/membership/aud/clinical_fellowship.htm). According to these guidelines, each site must provide each student with full time employment with at least 80% of the workweek devoted to direct client contact under the supervision of an ASHA-certified audiologist. Specific procedures for monitoring progress will be put into place for each student. This will include regular communication between the student, the site supervisor(s), and the Externship Director. In addition, the site supervisor(s) must be willing to abide by the Department's grading policies.

## **Au.D.: Internship Listing**

A number of internship sites are available throughout the metropolitan Washington DC area. See the Au.D. internship coordinator for a list of these sites.

## **Copy Policy for Students**

1. Each Student will have access to 300 Copies for the entire school year. These copies are intended for copying clinic related items. All copying is to be done in the clinic records room (Room 122) during specific hours posted for graduate students.
2. You will receive a four (4) digit "copy code." Guard it with your life and do not give it to anyone! This code gives you access to the copier in the clinic office (NOT the department copier upstairs).
3. Once you reach you 300 limit, you have two (2) options:
  - 1) Use the student copier upstairs with your own supply of paper.
  - 2) Make copies elsewhere on campus
4. Reams of paper are available for use with the student copier at \$3.00 each. Please see the clinic manager, Shari Parks or Michelle Malta regarding this purchase.
5. Any Questions, Talk to Michelle Malta (Audiology Supervisor, Rm 118).

## **Permission to Participate in Graduation Activities Prior to Completion of All Academic Requirement**

NOTE \*\*\* This section applies only to those who will not complete ALL graduation requirements prior to graduation exercises in May. Most students will not have to refer to this section.

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

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

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

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

July 7,2002

## **Guideline for Sign Communication Within the Department**

In order to maintain an atmosphere of sensitivity, flexibility and cooperation within the Gallaudet community, the use of sign communication is strongly encouraged in public areas of MTB.

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

## **Policy Regarding Absences from Department**

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

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

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

## Grievances

On occasion, a student may encounter a situation where she believes there is a legitimate grievance regarding an academic or clinical decision. In such cases, the Department adheres to a very specific protocol to ensure that the grievance receives appropriate consideration.

The steps include the following:

- \* Address the concern with the individual (instructor, clinical educator, fellow student, etc.)
- \* If the issue is not resolved, meet with and discuss the issue with that person's immediate supervisor (for course related issues, see the program director for the particular program, for clinical issues, the Clinic Director).
- \* If the issue is still not resolved, meet with and discuss the issue with the Chair.
- \* If the issue is still not resolved satisfactorily, meet with and discuss the issue with the Dean of the Graduate School and Professional Programs. The Dean generally serves as the final arbiter, and may request that a hearing being convened to address the matter.
- \* On rare occasions, it may be appropriate to meet and discuss the issue with the Provost or President. The Dean's Office can provide details on these procedures should a student opt to pursue them.

To preserve your rights, it is important that you adhere to this chain of authority in airing your grievance. This also enhances the likelihood of getting the issue resolved in a satisfactory and timely way.

In addition to these University avenues for addressing grievances, it is also possible to contact the American Speech-Language and Hearing Association at 301 897 5700.

## **Awards and Honors**

### **AWARDS AND HONORS**

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

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

#### **HANDELSMAN-HENDRIX AWARD**

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

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

#### **ADRIENNE L. KAPLAN AWARD**

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

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

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

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

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

#### **THE AWARD FOR EXCELLENCE IN AUDIOLOGY**

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

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

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

#### HIGHBERGER FAMILY SCHOLARSHIP FUND AWARD

The award is presented to a graduate student who has demonstrated high academic achievement in a communication related discipline. The award is used to cover tuition costs for the graduate student selected. International students cannot be considered.

#### SELTZER LEAGUE AWARDS

Presented each year to graduating students in Audiology and in Speech-Language Pathology, the Seltzer League Award honors students who have demonstrated excellence in clinical and academic endeavors and who are expected to make significant contributions to their profession and to deafness. This recipient is selected by the Department (for a graduating student only).

#### ETHYL G. SIMPSON MEMORIAL SCHOLARSHIP AWARD

Mrs. Simpson gave a generous bequest to Gallaudet University to help support the graduate studies of women of Scandinavian heritage. An endowment fund was established through this bequest. Instructions through her will are to fund annual scholarships awards to Gallaudet graduate students of Scandinavian decent. Students wishing to be considered should submit his/her name and a brief bio in the spring semester following an announcement made via email from the Dean of Graduate School and Professional Programs.

#### PRESIDENTIAL SCHOLAR

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

#### GRADUATE OUTSTANDING ACHIEVEMENT AWARD

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

#### GRADUATE WRITING AWARD

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

## **Students with Special Needs**

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

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

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

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

For more information or assistance, contact:

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

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

## Academic Honesty

The Department, the University, and the professions of audiology and speech-language pathology expect that students adhere to a high level of ethical conduct. In particular it is expected that students exhibit academic integrity. This means that students avoid plagiarism and cheating in conjunction with academic and clinical activity. The University policy concerning what constitutes violations of academic integrity, and the process within the university in dealing with suspected violations of academic integrity, can be found in the graduate catalog at:

[http://gradschool.gallaudet.edu/gradschool/catalog/catalogs/2007\\_08/pdf/standards.pdf](http://gradschool.gallaudet.edu/gradschool/catalog/catalogs/2007_08/pdf/standards.pdf)

While most are aware of flagrant violations of academic integrity - copying a person's test, or cheating on an exam, it is not always as evident that certain practices might constitute a violation of academic integrity. The following are links to a few on-line documents that provide some guidance about appropriate procedures that should be used in citing or referencing the work of others. These should be useful as you work on your various written projects. If you have questions concerning whether or not to cite a particular reference, or whether or not it is necessary to credit an author, it is best to discuss this with the instructor.

The following is from the Oklahoma University Web site and defines a few common issues that would result in plagiarism:

### What is PLAGIARISM?

Here is OU's basic assumption about writing: all written assignments show the student's own understanding in the student's own words.

That means all writing assignments, in class or out, are assumed to be composed entirely of words generated (not simply found) by the student, except where words written by someone else are specifically marked as such. Including other people's words in your paper is helpful when you do it honestly and correctly. When you don't, it's a form of academic misconduct called plagiarism. Within the academic community and specifically at the University of Oklahoma, the following rules apply:

1. IT IS PLAGIARISM TO COPY WORDS AND PRESENT THEM AS YOUR OWN WRITING. It is the worst form of plagiarism to copy part or all of a paper from the Internet, from a book, or from another source without indicating in any way that the words are someone else's. To avoid this form of plagiarism, the paper must BOTH place the quoted material in quotation marks AND use an acceptable form of documentation to indicate where the words come from.
2. IT IS PLAGIARISM TO COPY WORDS, EVEN IF YOU GIVE THE SOURCE, UNLESS YOU ALSO INDICATE THAT THE COPIED WORDS ARE A DIRECT QUOTATION. Simply documenting the source in a footnote or bibliography isn't good enough. You must also indicate that the words themselves are quoted from someone else. To avoid this form of plagiarism, put all quoted words in quotation marks or use equivalent punctuation.

3. IT IS PLAGIARISM TO COPY WORDS AND THEN CHANGE THEM A LITTLE, EVEN IF YOU GIVE THE SOURCE. Repeating someone else's writing in different words so it's not a direct quotation is called "paraphrasing." Paraphrasing is fine when you indicate the source and the new expression is actually your own. When it's not -- when the expression remains substantially similar to the source as a whole or in one of its parts -- it's plagiarism.

Even if not specifically prohibited by the instructor, "writing" a paper by copying words and then altering them violates OU's basic assumption about writing and may easily result in a charge of academic misconduct. To count as "your own words," your paper must be so significantly different from your sources that a reasonable reader would consider it a new piece of writing. If it's not -- if "your writing" is substantially similar to somebody else's where individual variations would be expected, it's plagiarism.

4. EVEN IF YOU EXPRESS THEM IN YOUR OWN WORDS, IT IS PLAGIARISM TO PRESENT SOMEONE ELSE'S IDEAS AS YOUR OWN. It is plagiarism to present someone else's original arguments, lines of reasoning, or factual discoveries as your own, even if you put the material in your own words. To avoid this form of plagiarism, cite the source.

Click here for examples of these four kinds of plagiarism:

<http://www.ou.edu/provost/integrity/plagiarismexample.html>

(A Student's Guide to Academic Integrity at Oklahoma University, Retrieved October 31, 2006 from <http://www.ou.edu/provost/integrity/>)

For an explanation of what constitutes appropriate, or inadequate citing of references, see the

Princeton University Academic Integrity Policy, retrieved October 31, 2006 from <http://www.princeton.edu/pr/pub/integrity/index.html>

Finally, for information about how to cite various references using APA style, go to the following web site at Purdue University:

The Purdue OWL, 1995-2006, retrieved October 31, 2006 from <http://owl.english.purdue.edu/owl/resource/560/01/>

## **Standards of Professional Behavior and Communication for Graduate Students in HSLs**

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

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

## **Viewpoint-Conveying Expectations about Professional Behavior**

Conveying Expectations About Professional Behavior

Submitted by Michael Chial, Madison, WI

Printed in Audiology Today ... Volume 10 Number 4 Page 25

Only three learned professions were recognized as such at the beginning of this century: law, medicine, and theology. For good or ill, ours is an age in which occupations ranging from aroma therapy to zymometry claim to be "professions" and their proponents, "professionals." It can be argued that whether an occupation rises to the status of a profession is less a function of claims of importance than of underlying principled and values of practitioners. It also can be argued that professionalism (referring to "the manner, spirit and methods of a profession") is more about doing than about being.

Education and training in audiology necessarily emphasize scientific and technical knowledge, as well as clinical skill. Proper preparation also requires attention to the behaviors that distinguish professionals from amateurs and from dilettantes. These behaviors may not be taught, but they certainly can be learned. Perhaps too often we assume that formal statements of ethics and the actions of more experienced models are sufficient indicators of professional behaviors. As a result, students may be unclear about what is expected of them and when they will be accountable for those expectations. One solution is to state - in direct, behavioral terms - what is expected.

The following attempt to do so as simply as possible. It is not intended as rant and cant, but rather as a set of behavioral aspirations. Some of us may have fallen short of some of these aspirations at some time or other. That is less important than our efforts to do the right thing the next time.

## **Model Bill of Rights for People Receiving HSLS Services**

AUDIOLOGY TODAY - volume 10, Number 4

Submitted by Michael Chial, Madison, WI

MODEL BILL OF RIGHTS FOR PEOPLE RECEIVING

AUDIOLOGY OR SPEECH-LANGUAGE PATHOLOGY SERVICES

Clients as consumers receiving audiology or speech-language pathology services have:

The Right to be treated with dignity and respect.

The Right that services be provided without regard to race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.

The Right to know the name and professional qualifications of the person or persons providing services.

The Right to personal privacy and confidentiality of information to the extent permitted by law.

The Right to know, in advance, the fees for services, regardless of the method of payment.

The Right to receive a clear explanation of evaluation results; to be informed of potential or lack of potential for improvement; and to express their choices of goals and methods of service delivery.

The Right to accept or reject services to the extent permitted by law.

The Right that services be provided in a timely and competent manner, which includes referral to other appropriate professionals when necessary.

The Right to present concerns about services and to be informed of procedures for seeking their resolution.

The Right to accept or reject participation in teaching, research, or promotional activities.

The Right to the extent permitted by law, to review information contained in their records, to receive explanation of record entries upon request, and to request correction of inaccurate records.

The Right to adequate notice of and reasons for discontinuation of services; an explanation of these reasons, in person, upon request; and referral to other providers if so requested.

These rights belong to the person or persons needing services. For sound legal or medical reasons, a family member, guardian, or legal representative may exercise

these rights on the person's behalf.

March 1994 - ASHA

## **Au.D.: Candidacy Exam**

### **Purpose/STRUCTURE of the Candidacy Examination**

The AuD Candidacy Examination consists of two separate examinations, the Written Examination and the Oral Examination. Both must be completed successfully in order for the student to advance to candidacy. The AuD Candidacy Examination is one of three academic milestones. The two other milestones include: (1) systematic review of clinical and academic performance (end of Year 2-½) and (2) completion of the Research Project and accompanying paper.

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

### **DATES OF CANDIDACY EXAMINATIONS**

The Written Candidacy Examination is administered each year, during the week of Graduate Student Orientation. The Oral Candidacy Examination will be offered sometime during the first half of the fall semester (exact dates to be determined).

### **Written Candidacy Examination Details**

#### ***Format***

The written examination will consist of three integrative, case-related questions, focusing on the following areas:

1. Diagnostics, 2. Amplification/assistive technology, 3. Aural rehabilitation

Three hours of writing time will be given for each of the three questions, spread over the two-day period. It is expected that the time allotted for each question will permit each student to draft a well-crafted, grammatically correct, complete, and scholarly answer. While the examination will tap knowledge recall and comprehension, it will focus primarily on the evaluation of higher level cognitive skills critical for success in the discipline (see Table 1 at the end of this document).

#### ***Evaluative Procedures***

Each examination answers will be coded to protect each student's anonymity during the grading process. Readers will not collaborate with each other while grading answers. Teams of 2-3 academic and clinical faculty will evaluate each student's answer using a Form I[1], to ensure systematic assessment of several key areas. All

areas on the form must be judged as “pass” in order for the answer to be judged as a pass:

Each reader’s grades will be provided to the Department’s administrative assistant who will collate this information. The Candidacy Committee will then meet to discuss the results and reach consensus on the overall score for the written examination. Each student’s identify will be revealed only AFTER the overall score (pass or fail) for the examination is determined. The final score is then reported to the Graduate Studies Committee. Following approval by the Graduate Studies Committee, the chairperson of the Department will then send each student a letter detailing his or her performance.

### **Oral Candidacy Examination Details**

#### ***Format***

The oral examination will last one hour, during which time a team of evaluators will ask the student any number of clinical and/or theoretical questions designed to tap the student’s academic and clinical knowledge gained in the program to date.

#### ***Evaluative Procedures***

Performance on the oral examination will be evaluated employing using the criteria seen on Form II.[2]

### **Examination Results**

Successful completion of the candidacy exams is necessary prior to internship/externship placement. One additional opportunity to take of the examination(s) may be permitted. Whether the entire examination or a portion of the examination will be required will be decided on an individual basis, taking into consideration each student’s performance. Should this re-take be necessary, each student will be required to develop a strategy for addressing the difficulties he or she experience on the examination(s). This will be done in concert with guidance from faculty and professional staff in the Department. This approach places responsibility for developing learning strategies on the student, with the faculty and staff functioning as mentors in the process. If a student fails either of the exams a second time, then he or she may be dismissed from the program.

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[1]See end of document.

[2] See end of document.

### **STUDYING HINTS**

1. In 1956, Benjamin Bloom[1] headed a group of educational psychologists who developed a classification system of levels of intellectual behavior important in learning. This hierarchy consists of six levels of learning within the cognitive domain, from simple recall or recognition of facts at the lowest level, through increasingly more complex and abstract mental levels, to the highest order which is classified as evaluation. The Candidacy Examinations are designed to tap a range of cognitive skills, but with a focus on higher-

functioning skills. Table 1 on the last page reviews the cognitive learning skills identified by Bloom and others and provides a list of verbal cues to help each student prepare for the kinds of questions that will be asked on the examinations.

2. Sample questions also will be provided to facilitate preparation.
3. When answering sample questions, students should strive for breadth and depth with justification whenever possible, including literature citation.
4. It is also helpful to first outline the answer as this will facilitate completeness.

Competence	Skills Demonstrated	Question Cues
Knowledge	<ul style="list-style-type: none"> <li>• Observation and recall of information</li> <li>• Knowledge of dates, events, places</li> <li>• Knowledge of major ideas</li> <li>• Mastery of subject matter</li> </ul>	<p>List, define, tell, describe, identify, show, label, collect, examine, tabulate, quote, name, who, when, where, etc.</p> <ul style="list-style-type: none"> <li>• List the 3 parts of the ear.</li> <li>• Who discovered the ear?</li> <li>• Where is the ear?</li> </ul>
Comprehension	<ul style="list-style-type: none"> <li>• Understanding information</li> <li>• Grasp meaning</li> <li>• Translate knowledge into new context</li> <li>• Interpret facts</li> <li>• Compare, contrast</li> <li>• Order, group, infer causes</li> <li>• Predict consequences</li> <li>• Describing in one's own words</li> <li>• Organization and selection of facts and ideas/Retelling</li> </ul>	<p>Summarize, paraphrase, describe, explain, interpret, contrast, predict, associate, distinguish, estimate, differentiate, discuss, extend, review, tell</p> <ul style="list-style-type: none"> <li>• Discuss how a sibilant is made.</li> <li>• What's the difference between compression and peak clipping?</li> <li>• Review how an audiometer is calibrated.</li> <li>• Interpret these test results.</li> </ul>
Application	<ul style="list-style-type: none"> <li>• Use information</li> <li>• Use methods, concepts, Theories in new situations</li> <li>• Problem-solving using required skills or knowledge</li> <li>• Applying information to produce some result;</li> <li>• Use of facts, rules and principles</li> </ul>	<p>Apply, demonstrate, calculate, complete, illustrate, show, solve, examine, modify, relate, change, classify, experiment, discover</p> <ul style="list-style-type: none"> <li>• How is...an example of...?</li> <li>• How is...related to...?</li> <li>• Why is...significant?</li> </ul>
Analysis	<ul style="list-style-type: none"> <li>• Seeing patterns</li> <li>• Organization of parts</li> <li>• Recognition of hidden meanings</li> </ul>	<p>Analyze, separate, order, explain, connect, classify, arrange, divide, compare, select, explain, infer, distinguish, calculate, diagram,</p>

	<ul style="list-style-type: none"> <li>• Identification of components</li> <li>• Subdividing something to show how it is put together; finding the underlying structure of a communication; identifying motives;</li> <li>• Separation of a whole into component parts</li> </ul>	<p>debate, solve, examine</p> <ul style="list-style-type: none"> <li>• What are the parts or features of...?</li> <li>• Classify...according to...</li> <li>• Outline/diagram...</li> <li>• How does...compare/contrast with...?</li> <li>• What evidence can you list for...?</li> <li>• What is the relationship between ...?</li> </ul>
Synthesis	<ul style="list-style-type: none"> <li>• Use old ideas to create new ones</li> <li>• Generalize from given facts</li> <li>• Relate knowledge from several areas</li> <li>• Predict, draw conclusions</li> <li>• Combination of ideas to form a new whole</li> </ul>	<p>Combine, integrate, modify, rearrange, substitute, plan, create, design, invent, what if?, compose, design, formulate, prepare, generalize, rewrite, setup, organize</p> <p>Be able to pull together many disorganized elements or part so as to form a whole.</p> <ul style="list-style-type: none"> <li>• What would you predict/infer from...?</li> <li>• What ideas can you add to...?</li> <li>• How would you design a rehabilitative plan for this client?</li> <li>• What might happen if you combined...?</li> <li>• What solutions would you suggest for...?</li> </ul>
Evaluation	<ul style="list-style-type: none"> <li>• Compare and discriminate between ideas</li> <li>• Assess value of theories, presentations, issues; resolving controversies or differences of opinion</li> <li>• Make choices based on reasoned argument</li> <li>• Verify value of evidence</li> <li>• Recognize subjectivity</li> <li>• Development of opinions, judgments or decisions</li> </ul>	<p>Assess, decide, rank, grade, test, measure, recommend, convince, select, judge, explain, discriminate, support, conclude, compare, summarize, measure, estimate</p> <ul style="list-style-type: none"> <li>• Do you agree...?</li> <li>• What do you think about...?</li> <li>• What is the most important...?</li> <li>• Place the following in order of priority...</li> <li>• How would you decide about...?</li> <li>• What criteria would you use to assess...?</li> </ul>

**Candidacy Examination Evaluation (Form I)  
Written Portion**

Each reader completes 1 form per question per student; detailed comments (in outline or bullet form) concerning student's performance are to be typed onto this form; copies are to be made and distributed to all Candidacy Committee Members; The form is also to be saved to a disk and given to Lillie AND uploaded to Blackboard.

STUDENT NUMBER:

READER:

QUESTION NUMBER:

	<b>P</b>	<b>F</b>
Breadth, depth of academic knowledge		
Breadth, depth of clinical knowledge		
Integration of material		
Organization of material		
Critical thinking skills		
Clarity of writing		
Correctness of content		
<b>OVERALL GRADE</b>		

COMMENTS: (go to second page if necessary):

Reader's Signature and Date:

**GALLAUDET UNIVERSITY – AuD PROGRAM  
Oral Candidacy Assessment Rating Form**

Student: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

Rating System: Please rate each item using the following scale:

3 = Superior 2 = Satisfactory 1 = Unsatisfactory

Note: Student must attain at least a satisfactory rating (2) in each area marked by an \*.

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**CONTENT**

- Accuracy of ideas\* \_\_\_\_\_ \*
- Use of supporting information \_\_\_\_\_
- Organized presentation of ideas \_\_\_\_\_
- Thoroughness of response \_\_\_\_\_
- Demonstration of critical thinking, problem solving and appropriate speculation\* \_\_\_\_\_ \*
- Integration of clinical and academic knowledge \_\_\_\_\_

Comments:

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**DELIVERY**

- Ideas are clearly articulated\* \_\_\_\_\_ \*
- Language appropriate for academic/professional discourse \_\_\_\_\_

Comments:

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**COMMUNICATION**

- Demonstrates professional demeanor\* \_\_\_\_\_ \*
- Is fluent and use appropriate rate \_\_\_\_\_
- Reflects before responding to questions \_\_\_\_\_
- Clarifies, paraphrases and uses examples \_\_\_\_\_

Comments:

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**POISE**

- Composure and confidence\* \_\_\_\_\_ \*
- Acknowledges not having an answer \_\_\_\_\_
- Does not demonstrate defensiveness \_\_\_\_\_

Comments:

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**TOTAL**

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Please add all numbers to determine a total and then use the following scale to determine an overall rating.

Superior 42-51

Satisfactory 30-41

Unsatisfactory Under 29

Additional Comments:

**RATING KEY**

	<b>Superior (3)</b>	<b>Satisfactory (2)</b>	<b>UNSATISFACTORY (1)</b>
CONTENT	Discussion/responses to questions are accurate, incorporate complete supporting information, are organized and thorough, and demonstrate critical thinking. Student demonstrates strong ability to integrate clinical and academic knowledge.	Discussion, responses to questions are accurate, incorporate some supporting information, are generally organized and thorough, and demonstrate some evidence of critical thinking. Student demonstrates some ability to integrate clinical and academic knowledge.	Student lacks professional demeanor during discussion and responses to questions. Student does not reflect before responding to questions, and does not clarify or paraphrase, even when prompted.
DELIVERY	Discussion/responses to questions are clearly articulated, consistently employ language appropriate for academic/professional discourse	Discussion/responses to questions are generally clearly presented, employ language appropriate for academic/professional discourse.	Student demonstrates an inadequate professional demeanor during discussion and responses to questions. Student does not clarify or paraphrase, even when prompted.
COMMUNICATION	Student consistently demonstrates a professional demeanor during discussion and responses to questions,	Student tends to demonstrate a professional demeanor during discussion and responses to questions,	Student demonstrates an inadequate professional demeanor during

	is fluent, and presents at an appropriate rate. Student consistently reflects before responding to questions, clarifies and paraphrases without prompting, and uses relevant examples and analogies.	is fluent, and presents at an appropriate rate. Student reflects before responding to questions, clarifies and paraphrases when prompted, and exhibits the ability to use examples and analogies.	discussion and responses to questions. Student does not reflect before responding to questions, and does not clarify or paraphrase, even when prompted.
POISE	Throughout the examination, student consistently demonstrates composure and confidence, and willingness to acknowledge not having an answer without prompting. Student does not demonstrate defensiveness.	Student generally demonstrates composure and confidence and willingness to acknowledge not having an answer if prompted. Student does not demonstrate defensiveness.	Student demonstrates inadequate composure and confidence, and is not willing to acknowledge not having an answer, even when prompted. Student's interactions demonstrate defensiveness.

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[1]Bloom, B.S. (Ed) (1956 - 1964) Taxonomy of Educational Objectives, David McKay Company Inc, New York.

## **Au.D.: Research Project**

### Doctor of Audiology Research Project

The student will identify an area of study and research committee membership as part of the A&S 883 Research Project in Audiology course during the Spring semester of the second year. Final research committee membership and all student research projects will be approved by the AuD committee. When human subjects are involved, IRB approval would precede data collection. The final project will be presented during Spring semester of the third academic year with a written manuscript in JSHR or JAAA submission style due on the date of the presentation. Successful presentation of the research project constitutes promotion to doctoral candidate status

#### I. Courses, Procedures, and Program Requirements

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

B. Credit for conducting the research project will be obtained by taking A&S 883 (Research Project in Audiology). This course will be taken for one credit each semester beginning Spring Semester Year Two until the project is completed (Spring Semester Year Three usually).

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

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

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

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

#### II. Research Project Committee and Advisor

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

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

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

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

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

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

### III. Steps in Completing the Research Project

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

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

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

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

2. Does the student's performance within the program indicate she or he will be able to complete the research without detracting from their progress in professional training? Students on academic probation may be required to postpone the research project until they are removed from probationary status.

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

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

D. Obtain Approval of the Institutional Review Board (IRB) for Protection of Human Subjects. A copy of the proposal, along with an application for conducting research with human subjects must be submitted to the Board. Approval must be obtained prior to initiating the research.

E. Conduct the Research.

F. Prepare a Manuscript and Formal Presentation.

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

G. Convene the Research Meeting.

A research meeting will be held within a reasonable time after submitting the manuscript to the committee members. This meeting will permit the student to respond to questions or clarify issues raised by the committee members. It is important that the final manuscript be submitted to the committee so that there is sufficient time to read the document before the meeting is held. Approval by the Research Committee Advisor, in concurrence with the Department Chair, and other appropriate University officials, if necessary, will constitute completion of the manuscript. The manuscript must be completed prior to residency placement.

H. Finalize the Manuscript.

Copies of the final draft of the manuscript should be provided to each committee member. In addition, a specified number of copies of the manuscript must be submitted to the University. See the Graduate School's Dissertation Handbook for details.

#### IV. Manuscript Plan and Residency.

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

## Thesis Guidelines

The thesis option is offered to M.S. and Au.D. graduate students in the Department of Hearing, Speech, and Language Sciences. The option is offered to students interested in conducting research and who exhibit outstanding abilities in clinical and academic areas during their first year. Not all students will be selected to conduct a thesis and not all selected will choose to follow this track. Moreover, conduct of a thesis will depend to a large extent on the topic chosen, the availability and willingness of faculty and staff to participate, and the resources needed to conduct the proposed work.

The following guidelines are intended to describe the process and steps involved in pursuing a thesis.

### I. Courses, Procedures, and Program Requirements

A. Students must successfully complete A&S 784 (Research Methodology in Audiology and Speech-Language Pathology) prior to initiating a thesis. In addition, SLP students considering conducting a thesis should enroll in A&S 794: Preparing a Thesis Proposal, during the spring semester of the first year. This course is designed to help students prepare a proposal, but in no way commits students to the thesis option should they opt not to conduct a thesis. Audiology students will enroll for HSL 883 as preparation for the thesis proposal.

B. Credit for conducting the research thesis will be obtained by taking A&S 797 (M.S. Thesis) or HSL 895 (AU.D. thesis). This course will be taken twice for a total of 6 credit hours. The thesis courses can be taken in lieu of elective(s).

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

D. The thesis advisor (see below) will provide students with direction about additional courses that are required or desirable to complete their project. The advisor will inform students of additional course requirement with sufficient advance notice to enable the student to take the course.

E. Toward the middle of the Spring semester of the first year of study, students interested in pursuing the thesis option must submit a Thesis Plan to the Graduate Studies Committee. Upon acceptance of the Thesis Plan by the committee, the student is considered to be in the thesis track, and must satisfy all requirements of this track prior to graduation. (See IV below.)

F. For students pursuing the thesis track, the candidacy exam will be waived.

### II. Thesis Committee and Advisor

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

B. Advisor. An advisor should be selected on the basis of background in the content area selected for the thesis and experience in research design, quantitative methods, etc. In most cases this will be a faculty member from the Department. See section II.C. below for information

on selecting a thesis advisor from the professional staff, or from outside of the Department. Once an individual from within the Department has agreed to serve as thesis advisor, that person will discuss the matter with the Department Chair. The Chair's written approval will be necessary before an advisor can "officially" begin working with the student on the thesis.

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

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

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

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

### III. Steps in Completing the Thesis Option

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

B. Submit a Thesis Application plan. Submit a thesis application/plan to the Department's Graduate Studies Committee (GSC) (see Page 38). The plan will contain information about the committee composition, problem area, research question, needed resources, and estimated time-line. Much of this will be generated in conjunction with the Research Methods course. The information provided in the thesis application/plan should be adequate to enable the GSC to address the areas listed below. The plan should be submitted by spring mid-semester of the first year.

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

1. Is the topic within the scope of the student's professional area and the advisor's or committee's realm of expertise?
2. Does student's performance within the program indicate she or he will be able to complete the research without detracting from their progress in professional training? Students on academic probation will not be allowed to pursue the thesis option.
3. Are the Department's resources sufficient to permit successful conduct of the project?

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

D. Obtain Approval of the Institutional Review Board (IRB) for Protection of Human Subjects. A copy of the proposal, along with an application for conducting research with human subjects must be submitted to the Board. Approval must be obtained prior to initiating the research.

E. Conduct the Research.

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

G. Convene a Thesis Meeting. A thesis meeting will be held within a reasonable time after submitting the thesis document to the committee members. This meeting will permit the student to respond to questions or clarify issues raised by the committee members. It is important that the written document be submitted to the committee so that there is sufficient time to read the document before the meeting is held. Approval by the Thesis Committee Advisor, in concurrence with the Department Chair, and appropriate Deans will constitute completion of the thesis. To be eligible for Spring graduation, the written document must be completed, and the Thesis meeting concluded in advance of the deadline for graduation as stipulated in the University guidelines.

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

#### IV. Thesis Plan and Graduation

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

#### V. Progress toward completion of the thesis

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

1. Proposal completed by middle of Fall semester of year 2 (SLP) or year 3 (Au.D.).
2. Data collection completed by mid-February of the student' second year (SLP) or third year (Au.D.).
3. Student will complete write up, and present completed thesis to his/her committee by mid April of year 2 (SLP) or year 3 (Au.D.).
4. Under certain circumstances a student can request an extension of up to 1 year.

It is recognized that specific timelines are very much dependent on the particulars of each study, and that some flexibility re: timelines is needed. However, if a student fails to make sufficient progress particularly during the earlier, conceptual stages of the thesis, it is the prerogative of the

thesis advisor to recommend termination of the thesis to the Department's Graduate Studies Committee (GSC). Approval of this recommendation by the GSC will result in the student reverting to the non-thesis track of the program. The student would then be required to complete all requirements for the non-thesis track of the department in effect at the time the student entered the program. It is likely that students moving from the thesis to non-thesis track will encounter some delay in graduation as a result of changing tracks.

## Thesis Application

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

Name:

Tentative Title:

Problem Area:

Research Question (if possible):

Population:

Advisor (should be contacted prior to submission):

Tentative Committee Members:

Brief Time-Line:

Needed Resources (personnel, subject payment, etc.):

Additional information or comments that might help the committee evaluate your application:

## Protection Against Sexual Harassment

### GENERAL POLICY

Gallaudet University is committed to providing a living and learning environment free from physical intimidation and acknowledges the seriousness of sexual misconduct. Gallaudet takes the necessary steps to reduce the need for reactive intervention by providing preventive and risk education and training and by preparing and disseminating educational pamphlets, fact sheets, and articles related to sexual misconduct. Gallaudet also attempts to eliminate pressure that might lead students to suppress a sexual misconduct charge or to minimize its seriousness by providing a process whereby the parties involved are treated with dignity; privacy and confidentiality are maintained to the fullest extent possible; allegations of sexual misconduct are investigated promptly and thoroughly; and the alleged victim is provided with full support and assistance.

Sexual misconduct by any Gallaudet student occurring on University property or at a University sponsored event is a violation of the Student Code of Conduct and warrants administrative and/or disciplinary action. Incidents of sexual misconduct are addressed in accordance with the procedures. Any student found responsible of sexual misconduct may be subject to disciplinary action up to and including expulsion. Criminal prosecution may also be pursued.

### DEFINITION

For the purposes of this policy, sexual misconduct is defined as sexual contact without consent or against the will of the student, including forced viewing, unwanted touching, rape, sodomy, and penetration with objects. Sexual harassment, which refers to the misuse of power to coerce sexual activity or to create an offensive working and learning environment, is covered by the University's policy on sexual harassment. Any violation of the University's policy on sexual harassment is a violation of the Sexual Misconduct Policy and is subject to the same disciplinary procedure as any other infraction of the Student Code of Conduct. Refer to the Administration and Operations Manual for a detailed definition of the Sexual Harassment Policy.

### CAMPUS PROCEDURES

#### A. Immediate Response

A student who experiences sexual misconduct should first go to a place where he or she is in no immediate danger. Any student in a medical or other emergency situation should immediately call the Department of Public Safety (DPS) at 651-5444 (TTY) or 651-5555 (Voice). Students off-campus should call 911.

#### B. Reporting

Making the decision whether or not to report a sexual assault is the beginning of the process by which many students get back control over their lives. Though the reporting and disciplinary process can be difficult, it is often worth the effort. Students sometimes feel empowered by their attempt to bring the accused to justice. The decision whether or not to report has numerous economic, psychological, social, and emotional consequences. Students must make the decision which best allows them to continue a healthy and productive life.

There are several options for students to get assistance after a sexual misconduct incident (including going to any of the offices listed under “Campus and Community Resources”). The Department of Public Safety (DPS) is the department on campus that accepts and investigates formal reports and the Office of Student Conduct is another place where students can report the incident. Students also have the option of reporting the incident to the D.C. Police Department. If a student wants to contact D.C. police, DPS can assist in making that contact, in which D.C. police will assume the lead in the investigation. A student making a report to DPS can bring a support person of her/his choice when filing. More information about external procedures and resources is described below.

Students can also choose to file an anonymous report, either with the Coordinator of Health and Wellness Programs in Ely 103 or with any of the Campus Resources listed later in this section. The person a student talks to about a sexual misconduct policy violation is required by federal law to file an anonymous report under the Cleary Act.

If a student is concerned about future confrontation with the accused, the University will try to help prevent any unwanted contact when requested to do so. In cases involving an imminent threat to safety and well-being of students, the University may take immediate action by having the accused removed and/or banned from the campus.

**C. Follow-up Care**

Regardless of whether or not a student chooses to formally report sexual misconduct, it is important that he or she get appropriate medical attention and emotional support. Students can contact any of the listed campus resources for confidential help in deciding what to do next or for assistance in accessing other resources. Students living off-campus and students who choose not to formally report an incident can still receive services from any of the offices listed under “Campus and Community Resources.”

**D. Off-Campus Incidents**

Only sexual misconduct by a Gallaudet student occurring on University property or at a University sponsored event is a violation of the Student Code of Conduct. However, Gallaudet can still provide students with services such as counseling and referral, even if the incident occurred off-campus. Students who wish to report off-campus incidents should report to the local police in the jurisdiction where the incident occurred.

**E. Disciplinary Process**

The Student Conduct Board, which is responsible for the resolution of sexual misconduct complaints against students, is a fact-finding and decision-making body consisting of students, a faculty/staff member, a non-voting hearing coordinator, and a non-voting Coordinator of Student Conduct. The Board has responsibility for hearing complaints against students, determining whether a student is responsible for a violation of the Student Code of Conduct, and deciding on disciplinary sanctions or imposing corrective actions.

The disciplinary hearing procedures are described in the Student Handbook and are the same as those for other offenses committed by students, except

that the accuser and the accused are entitled to have a support person present during the Student Conduct Board proceeding. Because the disciplinary process is an internal review, the support person must be a full time University faculty, staff member, or student.

**F. Appeals**

As a safeguard against procedural or erroneous action, an appeal process is available. The process is described in the Student Conduct Program section in this handbook.

**G. Complaints Against a Faculty or Staff Member**

Students who wish to file a formal complaint against a faculty or staff member should contact the EEO (Equal Employment Opportunity) officer who will consult with the appropriate administrative officer to determine how the investigation will be conducted.

## **EXTERNAL PROCEDURES**

The Sexual Misconduct Policy is part of the broader Student Code of Conduct which sets the standard of behavior for Gallaudet students. Deciding whether a student has violated this policy is made either through the disciplinary process, or, in some circumstances, through an administrative process. These are not legal processes. The purpose of campus disciplinary process is to decide if a student is responsible for violating the Student Code of Conduct, not whether a student is guilty of breaking the law.

Sexual abuse, sexual assault and rape are all common terms for acts similar to those defined as “sexual misconduct” in the Sexual Misconduct Policy. In the District of Columbia, sexual abuse is the legal term used to describe those acts which cause another person to engage in or submit to a sexual act or have sexual contact with the initiator by:

- Using force;
- Threatening or placing another person in reasonable fear;
- Rendering the other person unconscious;
- Giving the person, without their permission, a drug intoxicant, or similar substance that impairs his or her ability to appraise or control his or her conduct;
- Where the initiator knows or has reason to know that the other person is not able to appraise the nature of the conduct, is not able to decline participation in the conduct, or is not able to communicate their unwillingness to engage in the sexual act; and/or
- Having sexual contact or engaging in a sexual act without that other person’s permission.

For a complete description of District of Columbia laws against rape and sexual abuse, see D.C. Law 10-257, the “Anti-Sexual Abuse Act of 1994.”

Students interested in pursuing a legal case against another individual must bring their complaint to the District of Columbia police. DPS can assist in making this contact. Because acts in violation of D.C. Law are also violations of the Sexual Misconduct Policy and/or other policies in the Student Code of Conduct, some

students choose to file both a criminal case and a campus disciplinary case. The legal process would determine if the accused is guilty of a crime beyond a reasonable doubt. The campus disciplinary system would determine whether the accused student has, more likely than not, violated the Sexual Misconduct Policy and/or other policies in the Student Code of Conduct.

## ASHA: Code of Ethics

Last Revised January 1, 2003

Reference this material as: American Speech-Language-Hearing Association. Code of ethics (revised).ASHA Supplement, 23, in press.

Index terms: ASHA reference products, ethics (professional practice issues), ethics and related papers

Document type: Ethics and related documents

### Preamble

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

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

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

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

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

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

### Principle of Ethics I

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

### Rules of Ethics

A. Individuals shall provide all services competently.

B. Individuals shall use every resource, including referral when appropriate, to

ensure that high-quality service is provided.

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

D. Individuals shall not misrepresent the credentials of assistants, technicians, or support personnel and shall inform those they serve professionally of the name and professional credentials of persons providing services.

E. Individuals who hold the Certificates of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, students, or any nonprofessionals over whom they have supervisory responsibility. An individual may delegate support services to assistants, technicians, support personnel, students, or any other persons only if those services are adequately supervised by an individual who holds the appropriate Certificate of Clinical Competence.

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

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

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

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

J. Individuals may practice by telecommunication (for example, telehealth/ehealth), where not prohibited by law.

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

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

M. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.

N. Individuals shall use persons in research or as subjects of teaching demonstrations only with their informed consent.

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

#### Principle of Ethics II

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

#### Rules of Ethics

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

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

C. Individuals shall continue their professional development throughout their careers.

D. Individuals shall delegate the provision of clinical services only to: (1) persons who hold the appropriate Certificate of Clinical Competence; (2) persons in the education or certification process who are appropriately supervised by an individual who holds the appropriate Certificate of Clinical Competence; or (3) assistants, technicians, or support personnel who are adequately supervised by an individual who holds the appropriate Certificate of Clinical Competence.

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

F. Individuals shall ensure that all equipment used in the provision of services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

#### Principle of Ethics III

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

#### Rules of Ethics

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

B. Individuals shall not participate in professional activities that constitute a conflict of interest.

C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal financial interest.

D. Individuals shall not misrepresent diagnostic information, research, services rendered, or products dispensed; neither shall they engage in any scheme to defraud in connection with obtaining payment or reimbursement for such services or products.

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

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

#### Principle of Ethics IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of allied professions. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

#### Rules of Ethics

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

B. Individuals shall not engage in dishonesty, fraud, deceit, misrepresentation, sexual harassment, or any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

C. Individuals shall not engage in sexual activities with clients or students over whom they exercise professional authority.

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

E. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.

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

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

H. Individuals shall not discriminate in their relationships with colleagues, students, and members of allied professions on the basis of race or ethnicity, gender, age,

religion, national origin, sexual orientation, or disability.

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

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

## ASHA: Scope of Audiology Practice

Scope of Practice  
Audiology

Ad Hoc Committee on Scope of Practice in Audiology

This scope of practice in audiology statement is an official policy of the American Speech-Language Hearing Association (ASHA). The document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Audiology and approved in 1995 by the Legislative Council (8Ð95). Members of the ad hoc committee include David Wark (chair), Tamara Adkins, J. Michael Dennis, Dana L. Oviatt, Lori Williams, and Evelyn Cherow (ex officio). Lawrence Higdon, ASHA vice president for professional practices in audiology, served as monitoring vice president. This statement supersedes the Scope of Practice, Speech-Language Pathology and Audiology statement (LC 6-89), Asha, April 1990, 1--2.

Scope of Practice in Audiology

Preamble

This statement delineates the scope of practice of audiology for the purposes of (a) describing the services offered by qualified audiologists as primary service providers, case managers, and/or members of multi-disciplinary and interdisciplinary teams; (b) serving as a reference for health care, education, and other professionals, and for consumers, members of the general public, and policy makers concerned with legislation, regulation, licensure, and third party reimbursement; and (c) informing members of ASHA, certificate holders, and students of the activities for which certification in audiology is required in accordance with the ASHA Code of Ethics.

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

This scope of practice does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.

The schema in Figure 1 depicts the relationship of the scope of practice to ASHA's policy documents of the Association that address current and emerging audiology

practice areas; that is, preferred practice patterns, guidelines, and position statements. ASHA members and ASHA-certified professionals are bound by the ASHA Code of Ethics to provide services that are consistent with the scope of their competence, education, and experience (ASHA, 1994).

Audiologists serve diverse populations. The client population includes persons of different race, age, gender, religion, national origin, and sexual orientation. Audiologists' caseloads include persons from diverse ethnic, cultural, or linguistic backgrounds, and persons with disabilities. Although audiologists are prohibited from discriminating in the provision of professional services based on these factors, in some cases such factors may be relevant to the development of an appropriate treatment plan. These factors may be considered in treatment plans only when firmly grounded in scientific and professional knowledge.

### Figure 1. Conceptual Framework of ASHA Policy Statements

The documents depicted in this diagram together serve as a guide to professional practice in audiology.

#### Definition of an Audiologist

Audiologists are autonomous professionals who identify, assess, and manage disorders of the auditory, balance, and other neural systems. Audiologists provide audiological (aural) rehabilitation to children and adults across the entire age span. Audiologists select, fit, and dispense amplification systems such as hearing aids and related devices. Audiologists prevent hearing loss through the provision and fitting of hearing protective devices, consultation on the effects of noise on hearing, and consumer education. Audiologists are involved in auditory and related research pertinent to the prevention, identification, and management of hearing loss, tinnitus, and balance system dysfunction. Audiologists serve as expert witnesses in litigation related to their areas of expertise.

Audiologists currently hold a master's or doctoral degree in audiology from an accredited university or professional school. ASHA-certified audiologists serve a 9-month postgraduate fellowship and pass a national standardized examination. Where required, audiologists are licensed or registered by the state in which they practice.

Audiologists provide services in private practice; medical settings such as hospitals and physicians' offices; community hearing and speech centers; managed care systems; industry; the military; home health, subacute rehabilitation, long-term care and intermediate-care facilities; and school systems. Audiologists provide academic education in universities to students and practitioners in audiology, to medical and surgical students and residents, and to other related professionals. Such education pertains to the identification, assessment, and nonmedical management of auditory, balance, and related disorders.

#### Scope of Practice

The practice of audiology includes:

1. Activities that identify, assess, diagnose, manage, and interpret test results related to disorders of human hearing, balance, and other neural systems.

2. Otoloscopic examination and external ear canal management for removal of cerumen in order to evaluate hearing or balance, make ear impressions, fit hearing protection or prosthetic devices, and monitor the continuous use of hearing aids.
3. The conduct and interpretation of behavioral, electroacoustic, or electrophysiologic methods used to assess hearing, balance, and neural system function.
4. Evaluation and management of children and adults with central auditory processing disorders.
5. Supervision and conduct of newborn hearing screening programs.
6. Measurement and interpretation of sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment.
7. Provision of hearing care by selecting, evaluating, fitting, facilitating adjustment to, and dispensing prosthetic devices for hearing loss including hearing aids, sensory aids, hearing assistive devices, alerting and telecommunication systems, and captioning devices.
8. Assessment of candidacy of persons with hearing loss for cochlear implants and provision of fitting, programming, and audiological rehabilitation to optimize device use.
9. Provision of audiological rehabilitation including speechreading, communication management, language development, auditory skill development, and counseling for psychosocial adjustment to hearing loss for persons with hearing loss and their families/caregivers.
10. Consultation to educators as members of interdisciplinary teams about communication management, educational implications of hearing loss, educational programming, classroom acoustics, and large-area amplification systems for children with hearing loss.
11. Prevention of hearing loss and conservation of hearing function by designing, implementing, and coordinating occupational, school, and community hearing conservation and identification programs.
12. Consultation and provision of rehabilitation to persons with balance disorders using habituation, exercise therapy, and balance retraining.
13. Design and conduct of basic and applied audiologic research to increase the knowledge base, to develop new methods and programs, and to determine the efficacy of assessment and treatment paradigms; dissemination of research findings to other professionals and to the public.
14. Education and administration in audiology graduate and professional education programs.
15. Measurement of functional outcomes, consumer satisfaction, effectiveness, efficiency, and cost-benefit of practices and programs to maintain and improve the quality of audiological services.

16. Administration and supervision of professional and technical personnel who provide support functions to the practice of audiology.
17. Screening of speech-language, use of sign language (e.g., American Sign Language and cued speech), and other factors affecting communication function for the purposes of an audiologic evaluation and/or initial identification of individuals with other communication disorders.
18. Consultation about accessibility for persons with hearing loss in public and private buildings, programs, and services.
19. Assessment and nonmedical management of tinnitus using biofeedback, masking, hearing aids, education, and counseling.
20. Consultation to individuals, public and private agencies, and governmental bodies, or as an expert witness regarding legal interpretations of audiology findings, effects of hearing loss and balance system disorders, and relevant noise-related considerations.
21. Case management and service as a liaison for the consumer, family, and agencies in order to monitor audiologic status and management and to make recommendations about educational and vocational programming.
22. Consultation to industry on the development of products and instrumentation related to the measurement and management of auditory or balance function.
23. Participation in the development of professional and technical standards.

#### Outcomes of Audiology Services

Outcomes of audiology services may be measured to determine treatment effectiveness, efficiency, cost-benefit, and consumer satisfaction. In the future, specific outcome data may assist consumers to make decisions about audiology service delivery. The following listing describes the types of outcomes that consumers may expect to receive from an audiologist.

1. Interpretation of otoscopic examination for appropriate management or referral;
2. Identification of populations and individuals at risk for hearing loss or related auditory disorders, normal hearing or no related auditory disorders, communication disorders associated with hearing loss, at risk of balance disorders, and with tinnitus.
3. Professional interpretation of the results of audiological findings;
4. Referrals to other professions, agencies, and/or consumer organizations;
5. Counseling for personal adjustment and discussion of the effects of hearing loss and the potential benefits to be gained from audiological rehabilitation, sensory aids including hearing and tactile aids, hearing assistive devices, cochlear implants, captioning devices, and signal/warning devices;
6. Counseling regarding the effects of balance system dysfunction;

7. Selection, monitoring, dispensing, and maintenance of hearing aids and large-area amplification systems;

8. Development of a culturally appropriate, audiologic, rehabilitative management plan including, when appropriate:

- Fitting and dispensing recommendations, and educating the consumer and family/caregivers in the use of and adjustment to sensory aids, hearing assistive devices, alerting systems, and captioning devices;
- Counseling relating to psychosocial aspects of hearing loss and processes to enhance communication competence;
- Skills training and consultation concerning environmental modifications to facilitate development of receptive and expressive communication;
- Evaluation and modification of the audiologic management plan.

9. Preparation of a report summarizing findings, interpretation, recommendations, and audiologic management plan;

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

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

12. Planning, development, implementation, and evaluation of hearing conservation programs.

## References

American Speech-Language-Hearing Association. (1997). Preferred practice patterns for the profession audiology.

American Speech-Language-Hearing Association. (1994, March). Code of ethics. *Asha*, 36 (Suppl. 13), 1-2.

American Speech-Language-Hearing Association. (1995, March). Reference list of position statements, guidelines, definitions, and relevant papers. *Asha*, 37 (Suppl. 14), 36-37.

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## **ASHA: Membership & Certification**

Students should refer to the most recent Membership & Certification Handbook published by American Speech-Language Hearing Association (ASHA) for a detailed description of Certification Standards.

## **ASHA: Clinical Competence**

Students should refer to the most recent Membership & Certification Handbook published by American Speech-Language Hearing Association (ASHA) for a detailed description of Certification Standards.

## **ASHA: Standard IV, National Exam in Audiology**

Applicants must pass the national examination in the area for which the Certificate is sought.

Implementation:

The national examination in audiology is designed to assess, in a comprehensive fashion, the applicant's mastery of knowledge of professional concepts and issues to which the applicant has been exposed throughout professional education and clinical practicum. The applicant must pass the examination in audiology within 2 years of the date the course work and practicum submitted by the applicant are approved by the CCB. The current passing score is 600.

An applicant who fails the examination may retake it. If the examination is not successfully passed within a 2-year period, the applicant's certification file will be closed. If the examination is passed at a later date, the individual will have to reapply for certification under the standards in effect at the time of reapplication and will be required to pay the appropriate application fees.

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## **ASHA: Standard V, The Clinical Fellowship - Audiology**

### STANDARD V: THE CLINICAL FELLOWSHIP - AUDIOLOGY

After completion of academic course work (Standard II) and clinical practicum (Standard III), the applicant then must successfully complete a Clinical Fellowship.

#### **Implementation:**

The clinical fellowship is designed to foster the continued growth and integration of the knowledge, skills, and tasks of clinical practice in audiology consistent with ASHA's current Scope of Practice.

The clinical fellowship must be completed within 4 years of the date the academic course work and practicum were completed. Otherwise, the individual must reapply for certification and must meet the standards in effect at the time of reapplication.

Once initiated, the clinical fellowship must be completed within a maximum of 36 consecutive months.

Because standards may change, it is to the applicant's advantage to initiate the clinical fellowship experience as soon as possible after the academic course work and practicum have been completed.

The Fellowship will consist of at least 36 weeks of full-time professional experience or its part-time equivalent.

#### **Implementation:**

Full-time employment is defined as a minimum of 30 hours per week in direct patient/client contact, consultations, record-keeping, and administrative duties relevant to a bona fide program of clinical work. Part-time equivalency is defined as follows:

15 19 hours/week over 72 weeks  
20 24 hours/week over 60 weeks  
25 29 hours/week over 48 weeks

***Note: Professional experience of less than 15 hours/week does not meet the requirement and may not be counted toward the clinical fellowship. Similarly, experience of more than 30 hours/week may not be used to shorten the clinical fellowship to less than 36 weeks.***

***The Fellowship must be completed under the supervision of an individual who holds the Certificate of Clinical Competence in the area for which certification is sought.***

#### **Implementation:**

It is the applicant's responsibility to locate and obtain a qualified clinical fellowship supervisor for the clinical fellowship. A family member or individual related in any way to the clinical fellow may not serve as a clinical fellowship supervisor. In the case of multiple clinical fellowship supervisors, a primary clinical fellowship supervisor must be designated, and each clinical fellowship supervisor must hold the Certificate of Clinical Competence in speech-language pathology.

It is incumbent upon the clinical fellow to ascertain the current certification status of the clinical fellowship supervisor at the initiation of the clinical fellowship and periodically throughout the clinical fellowship experience.

Clinical fellowship supervision must include the personal and direct involvement of the clinical fellowship supervisor in any and all ways that will permit the clinical fellowship supervisor to monitor, evaluate, and improve the clinical fellow's performance. Therefore, it is important to set goals initially and to revise them as needed.

The clinical fellowship experience should be divided into three segments, each representing one third of the total time spent in employment (e.g., a 36-week clinical fellowship would be divided into three 12-week segments; a 72-week clinical fellowship would be divided into three 24-week segments).

The clinical fellowship supervisor must engage in no fewer than 36 supervisory activities during the clinical fellowship experience. This supervision must include 18 on-site observations of direct client contact at the clinical fellow's work site (one hour equals 1 on-site observation; a maximum of 6 on-site observations may be accrued in one day). At least 6 on-site observations must be accrued during each third of the experience. These on-site observations must be of the clinical fellow providing screening, evaluation, assessment, habilitation, and rehabilitation.

In addition, the supervision must include 18 other monitoring activities. At least 6 other monitoring activities must be completed during each of the three segments of the clinical fellowship. These other monitoring activities may be executed by correspondence, review of video tapes and/or audio tapes, evaluation of written reports, phone conferences with the clinical fellow, evaluations by professional colleagues, and so forth.

The CCB may allow the supervisory process to be conducted in other ways; however, a request to do so must be submitted in written form to the CCB for prior approval, and the request must include a description of the supervision that would be provided. The proposed mechanism for supervision should not be initiated until the CCB has approved the submitted plan. (See "Alternate Mechanism for Supervision" for additional information.)

The professional experience shall involve primarily clinical activities.

### **Implementation:**

Eighty percent (80%) of the work week must be in direct clinical activities (i.e., assessment, diagnosis, evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management process of individuals

who exhibit communication disabilities. For example, in a 30-hour work week, at least 24 hours must consist of direct clinical activities; in a 15-hour work week, at least 12 hours must consist of direct clinical activities.

The supervisor periodically shall conduct a formal evaluation of the applicant's progress in the development of professional skills.

### **Implementation:**

The clinical fellowship supervisor must use the Clinical Fellowship Skills Inventory Audiology at least once during each of the three segments of the fellowship to evaluate the clinical fellow's clinical skills. This evaluation must be shared and discussed with the clinical fellow, and the form must be signed and dated by both. All clinical fellowship evaluations must be carried out by the primary clinical fellowship supervisor, who must sign the final report. Within 4 weeks of the completion of the clinical fellowship experience, the clinical fellow and the clinical fellowship supervisor must complete, sign, and submit a Clinical Fellowship Report form and the Clinical Fellowship Skills Inventory Rating Form to the National Office for review by the CCB.

If the clinical fellowship is initiated and successfully completed in a program accredited by the Professional Services Board (PSB) of ASHA, approval of the clinical fellowship is automatic. In such instances, the director of the PSB program must sign the Clinical Fellowship Report verifying compliance with the clinical fellowship requirements as stated above.

If the clinical fellowship supervisor does not recommend approval of the clinical fellowship experience at its completion, he/she must so indicate on the appropriate section of the Clinical Fellowship Report, sign the report, and provide a rationale and documentation for why the fellow is not being recommended for certification. Then, within 30 days, the clinical fellowship supervisor must submit the signed Clinical Fellowship Report and the Clinical Fellowship Skills Inventory Rating Form, as well as a letter of explanation and supporting documentation, to the CCB.

Following a negative recommendation, the clinical fellow may complete an entirely new clinical fellowship experience and/or request a Special Review by the CCB.

In order to request a Special Review, the clinical fellow must submit the signed Clinical Fellowship Report and the signed Clinical Fellowship Skills Inventory Rating Form (if not already submitted), a letter of explanation, and supporting documentation of current clinical skills within 30 days of completing the experience. The supporting documentation attesting to current clinical skills must be provided by individuals who hold a current CCC. It may be necessary for the CCB to share this information with the clinical fellowship supervisor and to solicit any

additional information the clinical fellowship supervisor wishes to provide. The CCB will then review all information submitted to determine whether the clinical fellowship experience will be approved.

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## ASHA: Alternative to Clinical Fellowship Form

Request for Alternative to Clinical Fellowship

Please complete this form if you are requesting an exception to the required clinical fellowship experience. You may make this request only if you did not complete a traditional clinical fellowship, but graduated from a doctoral level program that incorporated the additional clinical experience into the academic program. Approval of this request will allow you to meet the current certification Standard V: Clinical Fellowship.

Please verify the following statement by your signature below:

\_\_\_\_ I have completed a minimum of 1,080 hours of clinical experience (The equivalent of 30 hours per week for 36 weeks), which was initiated after completion of appropriate graduate course work and clinical observation, beyond the required 350 hours of clinical practicum.

\_\_\_\_ Further, during this extended clinical experience, my clinical supervisors completed at least 18 on-site observations and 18 other monitoring activities during this period, and a formal evaluation of my clinical performance using the Clinical Fellowship Skills Inventory (CFSI). I have enclosed with my application a completed CFSI related to this experience. I affirm that the supervisors of my clinical experience maintained current ASHA certification throughout the entire period.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Please have the Program Director of your graduate program verify the following by his/her signature below:

\_\_\_\_ I affirm that my evaluation of this applicant for ASHA certification addresses the individual's current clinical diagnostic and treatment skills, as identified in the current Clinical Fellowship Skills Inventory. I further affirm that appropriate supervision, evaluations, observations, and monitoring activities were provided during the clinical experience. I verify that this individual has successfully demonstrated the skills necessary for independent practice.

Signature of Program Director: \_\_\_\_\_

Date: \_\_\_\_\_

Include this form with your application materials

## **ASHA: State Licensure**

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

Information for Maryland and Virginia may be obtained from:

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

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

The District of Columbia does not have state licensure at this time.

For further information, contact the American Speech-Language-Hearing Association, Rockville, Maryland (301-897-5700).