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PROGRESS THROUGH THE AUD PROGRAM

Curriculum Planning/Supervisory Committee

1. Students will enroll in coursework each semester based on the advisement memos sent out by the Au.D. Graduate Coordinator.

2. Establishment and Functions of the Supervisory Committee
   a) The supervisory committee must be formed by the student prior to the completion of his or her second semester in the program, and shall consist of a chair and one member, both of whom are members of the Audiology graduate faculty.
   b) The committee can be established by seeing the graduate secretary in Dauer 336.
   c) Curriculum monitoring with the supervisory committee will focus on the overall AuD curriculum requirements, the previous coursework of the student, and the needs and interests of the student.

Layout of the AuD Program

The curriculum of the AuD is designed to meet the needs of comprehensive audiologic practice. The goal of the curriculum is to educate professionals who are able to function and work independently upon graduation. The curriculum is also designed to provide a sound foundation for those students who are interested in pursuing graduate work toward a Ph.D. in audiology.

The program is a 45-month course of study emphasizing the principles and practices underlying the evaluation and (re-)habilitation of human auditory and vestibular disorders. It incorporates didactic instruction overlapping with clinical rotations during the first 8 semesters of the program, followed by competency-based evaluations of critical clinical reasoning skills and a 12-month clinical externship. The audiological externship during the final year of the program provides the student with the opportunity to hone their clinical skills in a variety of areas. Therefore, potential externships sites must meet with the approval of the AuD faculty. The highest priority requirements for an externship site are:

1. The availability of on-site supervision by an appropriately credentialed, doctoral-level audiologist;
2. The availability of a range of experience appropriate to the student's needs.

The Director of Clinical Education makes externship assignments. The Director will attempt to meet student's interests and preferences. The externship experience may or may not be a paid position. Students will need to successfully interview with potential externship preceptors. The Director of Clinical Education will place any student who is unable to successfully interview for an externship in an appropriate site.

Completion of the program leads to the Doctor of Audiology (Au.D.) degree, and eligibility for the Certificate of Clinical Competence in Audiology (CCC-A, awarded by the American Speech-Language-Hearing Association), Board Certification in Audiology from the American Academy of Audiology, and for state licensure/registration in Audiology.
**Annual Reviews of Student Progress/Performance**

Written comprehensive examinations will be administered annually in May for 1st and 2nd year students and in January or February for 3rd year students. Comprehensive examinations are designed to assess and facilitate retention and integration of knowledge within the field of clinical audiology. Content areas included in the annual comprehensive examination will be those covered in the student's curriculum to date. Failure of any comprehensive exam question will result in the student being required to take another exam in that cognate area within six weeks of the initial examination. Failure on the second comprehensive exam will result in the denial of continued enrollment. If any student fails more than two components of the written comprehensive exam, he/she will be placed on probation and a contract for expected improvement will be established in conjunction with the Director of Audiology. The contract must be successfully completed or the student will be denied continued enrollment.

1. **First Year**: Written examinations will be developed for all students by the audiology faculty. The Director of Audiology will give feedback to the student and he/she will be given the opportunity to reply.

2. **Second Year**: Written examinations will be developed for all students by the audiology faculty. Products from independent research projects will also be evaluated. The Director of Audiology will provide the student with feedback on his/her performance, and he/she will be given the opportunity to reply.

3. **Third Year**: Students will be evaluated in written and practical comprehensive examinations. The third year practical examination is designed to establish clinical competencies in a range of areas of clinical audiology prior to undertaking the fourth year externship. Practical comprehensive examinations will be administered in early spring. The Director of Audiology will provide feedback to the student on his/her performance and he/she will be given the opportunity to reply.

Students must pass all portions of the written and practical comprehensive examinations prior to beginning their audiology externship. Failure of any portion of the practical comprehensive exam will result in the student being required to repeat that portion of the exam within four weeks of the initial examination. Failure of the repeated practical comprehensive examination will result in the student being placed on probation and deferral of the audiology externship. During the deferral period, the student will complete a practicum placement designed to help him/her develop the appropriate competencies. Certain portions of the practical comprehensive exam may be met through supervised independent completion of specified clinical activities during clinical practica.

4. **Fourth Year**: The Director of Clinical Education will evaluate the student's performance in the clinical externship and will provide a written summary to the Director of Audiology. Feedback will be given to the student and he/she will be given the opportunity to reply.

**Adequate Progress**

Students in the AuD program are expected to maintain adequate academic and clinical progress. Satisfactory grades within the Au.D. program are defined as B- or better for all courses with a SPA prefix, and as a C or better in all other courses. Students will be required to repeat courses with SPA prefixes in which they earn a grade of
C+ or less. No course may be repeated more than once for an improved grade. Failure to obtain a satisfactory grade upon repeating a course will result in denial of continued enrollment in the Au.D. program.

Au.D. students showing questionable academic or clinical progress will undergo a review of their progress by the faculty. Questionable academic or clinical progress includes but is not limited to:

a) those students earning a C+ or less in one or more courses,
b) those students who fail sections of the comprehensive exams, and
c) students making limited or suspect progress in their clinical practica.

This review will include a discussion of the student's performance with faculty and preceptors with whom the student has worked, followed by a meeting with the student. Possible outcomes of this review include:

1) Generation of a written contract describing the progress required during the next semester to permit continuation in the program, and how this progress will be assessed;
2) Denial of continued enrollment in the Au.D. program.

Students earning 2 or more grades of C+ or less in SPA courses including clinical courses, or 3 or more grades of C+ or less in any courses will be denied continued enrollment in the Au.D. program.

**Exit Interview/Certification for Graduation**

During the Final Semester of the fourth year of the AuD program, the student will schedule an exit interview with the AuD Graduate Coordinator. During the Exit Interview, the student will provide evidence of completion of all AuD and applicable graduate school requirements:

1. Coursework
2. Practicum hours
3. Forwarding Address, telephone and e-mail
4. Review of Program turned in
5. NESPA/PRAXIS exam score (Transcript requested to be sent to AuD program)

The Exit Interview must take place no later than 10 days prior to the date of that semester's commencement exercises. Following the Exit Interview, the Graduate Coordinator will certify students qualifying for the AuD Degree. Certification will go to the registrar's office.
IMPORTANT UF POLICIES

EQUITABLE TREATMENT OF INDIVIDUALS
The Department of Communication Sciences and Disorders is committed to promoting and ensuring equitable treatment of students, clients, staff, and faculty. This includes but is not limited to diversity reflected by disabilities (e.g., stuttering) or non-mainstream dialects. The following policies and statements reflect the University of Florida’s commitment to promote and ensure equitable treatment of individuals.

UF Nondiscriminatory policy (http://regulations.ufl.edu/chapter1/1006.pdf)

UF statements on:
  Relations between people and groups
    (http://www.registrar.ufl.edu/catalog/policies/students.html#relations)
  Commitment to diversity (http://gradcatalog.ufl.edu/content.php?catoid=6&navoid=1215)
  Sexual Harassment (http://www.admin.ufl.edu/ddd/dd96-97/96DD070A.htm)

UF Policy requires all staff and faculty to attend a sexual harassment mini-conference offered through the Office of the Provost (http://hr.ufl.edu/manager-resources/policies-2/sexual-harassment/).

UF Resources
For additional information about resources that are available to students, staff, and faculty at the University of Florida to promote and ensure equitable treatment of individuals, please visit the websites for the following offices.

Office of Academic Affairs (http://www.aa.ufl.edu/)

UF Affirmative Action Office (http://ded.ifas.ufl.edu/resources/affirm.shtml)

Ombudsman
  UF Ombudsman, undergraduate, graduate, and professional schools (http://www.ombudsman.ufl.edu/)
  CSD Ombudsman, Graduate Coordinator, Alice E Holmes <aholmes@phhp.ufl.edu>

CSD Student Appeals Committee (http://www.slhs.phhp.ufl.edu/) click on committee assignments under Departmental Business. Under #4 the Chair and members of the current committee for CSD Student Appeals are listed.

ADA Compliance Office (http://www.ehs.ufl.edu/programs/ada/)

This information is communicated to students in the:
  Undergraduate Catalogue (http://www.registrar.ufl.edu/catalog/administration/mission.html)
  Graduate Catalogue (http://gradcatalog.ufl.edu/)
  SLHS Homepage (http://www.slhs.phhp.ufl.edu/)
  PhD Program (http://slhs.phhp.ufl.edu/academics/phd/)
**Au.D. Program Grievance Policy**

- You are encouraged to bring any concern you may have directly to the faculty or staff member concerned.
- If that is not possible, or you are not comfortable doing so, you should bring the concern to the Au.D. Program Director (Dr. Alice E Holmes, AHolmes@phhp.ufl.edu), who will then work with the faculty to investigate the concern and arrive at a resolution.
- If this resolution is not acceptable to the student, she is advised to take her concern to the department chair.
- If you feel the need to pursue a grievance further, you may contact the college dean's offices (Dr. Stephanie Hanson, shanson@PHHP.UFL.EDU)
- And you may further pursue any grievances you may have with Mr. Tommie Howard, the University Ombudsman (thoward@ufl.edu)
- 31 Tigert Hall PO Box 113155 Gainesville, FL 32611-3155 352-392-1308, if necessary. You may wish to use the student concern form.
- Please also know that you may bring any concerns you have regarding our program to the Council on Academic Accreditation at:

  Chair, Council on Academic Accreditation
  American Speech-Language-Hearing Association
  2200 Research Boulevard
  #310, Rockville, Maryland 20850.
AU.D. CURRICULUM

Below is a typical curriculum. Please note some changes may be made during the program but students must take a minimum of 110 credit hours to graduate. Before each semester the exact course to register for that term will be emailed to the students. (Note students without an undergraduate background in Speech and Hearing may need to take additional courses. Please see Dr. Holmes if you have any questions)

FALL 1 (13 hours)

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPA 6010</td>
<td>Basic Auditory Sciences</td>
<td>3</td>
<td>Nature of sound, structure and function of auditory system, frequency selectivity, auditory filtering, and psychoacoustics of pure tones and complex sounds.</td>
</tr>
<tr>
<td>SPA 6340</td>
<td>Amplification I</td>
<td>2</td>
<td>Theoretical and applied understanding of current technology in amplification systems for hearing impaired.</td>
</tr>
<tr>
<td>SPA 6133L</td>
<td>Hearing Aid Analysis Lab</td>
<td>1</td>
<td>Advanced analysis and description of electroacoustic properties of hearing aids.</td>
</tr>
<tr>
<td>SPA 5304</td>
<td>Principles of Audiological Evaluation</td>
<td>3</td>
<td>Advanced procedures in speech audiometry, masking, and audiogram interpretation.</td>
</tr>
<tr>
<td>SPA 5102</td>
<td>Anatomy and Physiology of the Auditory System</td>
<td>2</td>
<td>In-depth coverage of anatomy and physiology of auditory system to support understanding of auditory function in persons with healthy auditory mechanisms and those with specific disorders.</td>
</tr>
<tr>
<td>SPA 6905</td>
<td>Anatomy and Physiology of Balance</td>
<td>1</td>
<td>The anatomy and physiology of balance and the nature of balance disorders.</td>
</tr>
<tr>
<td>SPA 5051</td>
<td>Initial Clinical Experience in Audiology</td>
<td>1</td>
<td>For beginning graduate students in audiology. Opportunity to engage in various phases of audiologic practice under supervision.</td>
</tr>
</tbody>
</table>

SPRING 1 (13 Hours)

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPA 5102</td>
<td>Initial Clinical Experience in Audiology</td>
<td>1</td>
<td>Beginning level audiologic practicum.</td>
</tr>
<tr>
<td>SPA 6341</td>
<td>Amplification II</td>
<td>3</td>
<td>Digital and programmable technology in hearing aids.</td>
</tr>
<tr>
<td>SPA 6324</td>
<td>Audiologic Rehab-Children</td>
<td>3</td>
<td>Seminar in pediatric issues in audiology.</td>
</tr>
<tr>
<td>SPA 7354</td>
<td>Occupational &amp; Environmental Hearing Conservation</td>
<td>3</td>
<td>Audiological seminar in hearing conservation and noise control.</td>
</tr>
<tr>
<td>SPA 6311</td>
<td>Medical Audiology</td>
<td>3</td>
<td>Differential diagnosis of hearing impairment.</td>
</tr>
</tbody>
</table>
SUMMER 1 (8 Hours)
SPA 6506 Clinical Clerkship (2)
SPA 6581 Tinnitus (2)
GMS 7795 Functional Human Neuroanatomy (4)

FALL 2 (15 Hours)
SPA 6506 Clinical Clerkship (2)
SPA 6316 Electrophysiology with lab (4)
SPA 6805 Research Methods (3)
SPA 6323 Audiologic Rehab-Adults (3)
SPA 6317 Pediatrics (3)

SPRING 2 (14 Hours)
SPA 6531 Clinical Practice in Hearing Assessment (2)
STA 6126 Statistical Methods in Social Research I (3)
SPA 6317 Vestibular Disorders (3)
SPA 6581 Cochlear Implants I (3)
SPA 6270 Auditory Processing Disorders (3)

SUMMER 2 (8 Hours)
SPA 6531 Clinical Practice in Hearing Assessment (3)
SPA 6581 Deaf Culture (2)
PHA 5933 Auditory Pharmacology (2)
SPA 7833 Audiologic Research Project (1)

FALL 3 (10 Hours)
SPA 7945 Graduate Practicum (3)
SPA 6581 Advanced Topics in Audiology (2)
SPA 6390 Professional Issues in Hearing Care Delivery (3)
SPA 7833 Audiologic Research Project (2)

SPRING 3 (14 Hours)
SPA 7945 Graduate Practicum (3)
SPA 6581 Clinical Decision Making (3)
SPA 6581 Counselling (3)
SPA 6581 Cochlear Implants II (3)
SPA 6581 Advanced Topics in Audiology (2)

SUMMER 3 (5 Hours)
SPA 7958 Fourth Year Externship (5)

FALL 4 (5 Hours)
SPA 7958 Fourth Year Externship (5)

SPRING 4 (5 Hours)
SPA 7958 Fourth Year Externship (5)
CLINICAL PRACTICUM

Applied Practicum Coursework

1. Initial Clinical Experience in Audiology (Fall 1st Year): This is for the beginning level graduate students in Audiology. All students are required to have 25 hours of clinical observation before working with patients. Students who do not bring 25 hours of observation into the program will have an opportunity to observe various phases of audiologic practice. Clinical observation at outside sites will be arranged if necessary. The outside clinical observation assignments are determined by the Director of Clinical Education (DCE), and will be required only until a student has completed 25 hours of observation in audiology. Within the first 3 weeks of the semester, each student should have completed the required 25 hours of clinical observation and have started to accumulate patient contact hours or “clock hours”. All clinical assignments are determined by the DCE in coordination. At the end of this semester, students should demonstrate knowledge of audiometer calibration, audiometric symbols, otoscopy, tympanometry, pure-tone and speech audiometry, as well as effective interactions with patients, families, and other appropriate individuals and professionals.

2. Clinical Clerkship (Spring 1st Year): This is a beginning level audiologic practicum. Students are assigned 8 hours of clinical practicum per week. The outside site assignments are determined by the DCE. Students continue to acquire skills in calibration, conventional audiometry, counseling, report writing and documentation, effective interactions with patients, families, and other appropriate individuals as well as basic competency skills that relate to their assigned clinics.

3. Clinical Clerkship (Summer A 1st Year): Students are assigned 12-16 hours of clinical practicum per week. The outside site assignments are determined by the DCE. Students demonstrate ability to perform more advanced competency skills that relate to their assigned clinics.

4. Audiology Practicum (2nd Year Fall, Spring & Summer): Students are assigned 12-16 hours of clinical practicum per week all of which are at outside sites. Students continue to demonstrate more advanced competency skills that relate to their assigned clinics.

5. Audiology Practicum (3rd Year Fall & Spring): Students are assigned 16-20 hours of clinical practicum, all at outside sites. In addition to this the students will participate in a 3rd year seminar.

6. Audiology Externship (4th Year): Students work 30-40 hours per week at an approved external clinical site.
Assigning Students to Clinical Rotations

Placement of students in practicum sites will be completed to ensure the development of the range of competencies in the audiological scope of practice. Student clinical progress will be evaluated throughout the program to track the development of these competencies. Student clinicians will be evaluated at midterm and at the end of each term using the UF Au.D. Evaluation of Clinical Competence form. In addition, audiological preceptors will provide regular opportunities for feedback to the student and discussion of student performance, preceptor's performance, and issues of clinical practice. Placements for clinical rotations will be based on the student's competencies, the availability of positions in particular sites, and when possible, student requests. In accordance with Medicare and ASHA, students are supervised 100%.

Record Keeping

Clinical Hours. You are responsible for maintaining up to date records of your clinical hours. Instructions for logging into UF's E-Learning web site will be provided at orientation. You should log in every week to enter your hours.

At the end of the semester it is your responsibility to print your hours and have your supervisor sign them. A copy of your signed hours should be given to Dr. Holmes to keep in the database. ***Make sure that you keep your originals. Only turn in copies.

Clinical Skills Tracking. Each student is also responsible for recording the audiology skills they have practiced each week via UF's E-Learning web site. For example, a student would document how many instances of otoscopy, pure tone audiometry and tympanometry they have completed in one week. This tracking allows faculty to monitor the amount of experience students tend to acquire in each practicum site, as well as what experiences individual students may lack. This information is then used in making future placement decisions.

Externship Information

Eligibility for Extern Assignments

1. 78 credit hours of coursework in all aspects of basic science, applied audiology and clinical research and 15 credit hours of clinical education experience in the doctorate of audiology (Au.D.) program.

2. In good standing with the University of Florida and the College Public Health & Health Professions

Practicum Site Selection

The fourth year externship experience typically occurs outside of the University of Florida. It is recommended that the site have a broad base of clinical activities in audiology to give the student as much experience in their last year of school in as many activities as possible. This experience may be provided at a single site, multiple sites, or in a consortium arrangement. Examples of a broad-based experience include exposure in the following knowledge areas: diagnostic audiology, amplification, cochlear implants, pediatric audiology, counseling,
medical audiology, assessment and management of vestibular disorders, educational audiology, audiologic rehabilitation, auditory processing disorders, electrophysiology, and industrial audiology. However, a student may be placed in extern sites that specialize in a particular area that also have activities whereby the students can gain experience in other clinical areas. The role of the chosen site will be to offer supervision and consultation with the student with regard to his or her clinical activities and to provide feedback on a quarterly basis as to the progress of each student.

The externship experience is intended to provide the student with a broad-based clinical experience in the diagnosis, treatment, management and prevention of hearing loss. At the present time, there is not an absolute set definition of an extern site, however the faculty in both departments must agree upon the extern site based upon its reputation.

**Clinical Supervision Requirements**

The following requirements must be followed during the course of practicum:

1. The extern preceptor must hold either the ASHA Certificate of Clinical Competence (CCC) and/or a state licensure in audiology. Copies of current state licensure and/or ASHA CCC must be submitted to the University of Florida Communicative Disorders Department before the student may begin the externship.

2. At the extern site there must be a doctorate level audiologist on site at all times to offer the extern immediate consultation/feedback as needed.

3. The externship program was designed to provide students with 40 hours a week of direct patient care. The role of the preceptor includes the following:
   a. Conferring with the extern concerning clinical treatment strategies
   b. Periodically evaluating the extern's clinical records, including (a) diagnostic records, (b) treatment records, (c) correspondence, (d) plans of treatment, and (e) summaries of clinical conferences
   c. Evaluating the extern on the basis of consultation with professional colleagues and employees
   d. Evaluating the extern's work on the basis of consultation with clients and their families
   e. Monitoring the extern's contribution to professional meetings and publications, as well as participation in other professional growth opportunities.

**Required Procedures**

**Role of the Faculty Extern Coordinator**

The faculty extern coordinator is a designated faculty member who is responsible for arranging placements and maintaining contact with the extern preceptor. The faculty extern coordinator is responsible for providing guidelines for grading and is available for discussing issues as well as answer questions that may arise during the
semester. The faculty extern coordinator may also make onsite visits or telephone contacts during the practicum.

University/Extern Site Contract

A contract between the extern site and the University of Florida must be completed before the extern begins his/her externship.

Student/Extern Preceptor Contract

At the beginning of the externship the student and the extern preceptor should meet to negotiate and sign the student/extern preceptor contract. The faculty extern coordinator may be present during this meeting if desired. The contract should be returned to the University of Florida Communicative Disorders Department by the end of the first week of the externship.

Length of Externship

The externship is defined as no less than 48 weeks of full-time professional employment. A minimum of 30 hours of work per week constitutes full time employment. At least 80% of the externship workweek must be in direct patient contact (assessment, diagnosis, evaluation, screening, habilitation, or rehabilitation) related to the management process. Travel and lunchtime can be included in work hours.

Additional Requirements

Other requirements may be necessary and shall be decided by the extern site. Examples of other requirements are: student liability insurance, CPR certification, and immunizations.

Evaluations

The supervising audiologist will report quarterly on the progress of the student in each area of audiometric diagnosis, rehabilitation (including hearing aid selection and fitting), counseling and appropriate management and referral. The role of the chosen site will be to offer supervision and consultation with the student with regard to his or her clinical activities and to provide feedback on a quarterly basis as to the progress of each student. Quarterly evaluation forms will be provided to each site and are included in this booklet.

Professional Behavior

All information pertaining to any patient is confidential. Students should, at all times, strive to protect the rights of patients. ASHA and AAA Code of Ethics must be maintained at all times.
**Dress Code**

Students are expected to observe appropriate dress in compliance with the policies at the externship site.

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**Clinic Grades**

1) Attendance in your assigned clinic is mandatory. You are allowed one excused absence per semester that must be approved by your preceptor. All absences need to be discussed with your preceptor as far in advance as possible. If you are out sick, you MUST contact your preceptor prior to the start of clinic to notify them of your absence. If you have more than one excused absence, you are required to make up the clinic during the break weeks as arranged with your preceptor. If you fail to make up any missed clinics, your clinic grade will be reduced to reflect your absence.

2) Attendance at Grand Rounds is mandatory. You are allowed one excused absence. All unexcused absences will be considered on a case by case basis. If you miss more than the allowed absences without approval by Drs. Holmes and Pitkin, your clinic grade will be reduced.

3) You must obtain a B- or better in all assigned clinics for the semester. A grade below a B- is not considered a passing grade in the AuD program. If you receive less than a B- in any one clinic, you will receive an incomplete in the clinic course for the semester. You will be placed in a similar clinic the following semester at which time you must demonstrate improvements in the areas of concern. If the appropriate improvements in clinical skills are demonstrated, your incomplete grade will be changed to a passing grade no better than a B for the previous semester. Final clinic grades are averaged across all your clinics for that semester if all grades are a B- or better.
AU.D. PROGRAM POLICIES AND PROCEDURES

Au.D. Program Dress Code

Please keep in mind that you will be in professional clinics, and as professionals we need to dress the part. Outfits that are trendy are not necessarily appropriate for the clinic situation. If you are not dressed appropriately you may be asked to leave clinic. You will be required to make up that clinic day.

GENTLEMEN:
Nice slacks that have been pressed; A button down shirt and tie; Dress shoes

LADIES:
Tops: Blouses need to be long enough to be tucked in; No tank tops or spaghetti straps without a jacket or sweater
Slacks: Nice slacks that have been pressed
Skirts: Skirts should be long enough for you and your patient not to feel uncomfortable bending over, and should be no shorter than 2” above the knee
Dresses: No spaghetti strap dresses without a jacket or sweater
Shoes: No flip-flops or beach shoes; dress sandals are acceptable (if you are going on the floor of the hospital you must have closed toed shoes; Clean tennis shoes are acceptable on pediatric days

UNACCEPTABLE items include:
Jeans, shorts, loose shirttails, halter tops, overalls, tank tops, thong sandals, tight pants (e.g., stirrup pants), sweat suits/sweatshirts, casual oversized shirts, tight shirts, sun dresses, strapless dresses, miniskirts.

**There should be no more than two earrings per ear, and no other visible pierced jewelry. Tattoos should not be visible; if in a visible spot, they should be covered completely while in clinic.

Cardinal Sins in Au.D. Clinics

Inappropriate language.

Disrespect to preceptor or patient.

Taking original patient records out of clinic, or taking out copies of patient records with identifying information (e.g., names, addresses, place of employment, etc.)

Unexcused absence. Preceptor must receive written request to be excused from clinic at least two weeks ahead of time, except in the case of family and/or medical emergencies.
Tardiness. Students are expected to show up at least 20 minutes prior to the scheduled start time to complete the necessary preparations for that clinic as well as be prepared for scheduled clinical activities.

Inappropriate professional appearance and/or dress.

Comments regarding the Cardinal Sins:

1. All students are informed of these rules at the beginning of the program.

2. First offenses will be brought up before the Au.D. faculty and the student's clinic grade will be dropped one letter grade.

3. After the second offense, the student may be dismissed from the Au.D. program.

**Au.D. Program Clinic Absence Policy**

In order to provide the best clinical experience for our students the following attendance policy is in place:

1. Two absences will be allowed. However, the hours missed must be made up during the semester.

2. If the days are not made up you will receive an incomplete for that semester.

3. If you know in advance that you are going to miss a clinic you need to discuss it with your preceptor. Your preceptor will make the decision whether or not you will be allowed the absence. If it is not an emergency you may not be excused for clinic.

4. When sick, call the front desk and leave a message and email your preceptor.

**Evaluation of Clinician Performance**

<table>
<thead>
<tr>
<th>PROFESSIONAL RESPONSIBILITY</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Punctuality</td>
<td></td>
<td></td>
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<tr>
<td>2. Appropriate Communication with Preceptor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Responsiveness to Preceptor</td>
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<tr>
<td>4. Poise in Professional interactions</td>
<td></td>
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<tr>
<td>5. Professional appearance</td>
<td></td>
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<tr>
<td>6. Listening ability</td>
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<tr>
<td>7. Interest in Practicum</td>
<td></td>
<td></td>
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<tr>
<td>8. Demonstration of initiative</td>
<td></td>
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</tr>
</tbody>
</table>
9. Effectiveness in dealing with clients/parents
10. Promptness in submitting written reports
11. Independence in learning
12. Demonstrates awareness of safety issues/infection control in clinic
13. Problem solving ability
14. Performs task on own initiative
15. Cleans and straighten clinic
16. Supplies clinic at end of day

Comments:

**Legend:**

4 = Excellent  
3 = Good  
2 = Fair  
1 = Needs Work  
N/A = not applicable  
N/E = no experience

### CONVENTIONAL AUDIOMETRY

<table>
<thead>
<tr>
<th></th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
<th>N/E</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Able to independently complete an Audiologic battery with increased speed and accuracy for:</td>
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<td>a. Air conduction</td>
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<td>b. Bone conduction</td>
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<td>c. Speech testing</td>
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<td>d. Play audiometry</td>
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<td>e. Aided soundfield testing</td>
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<td>f. Masking</td>
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<td>3. Giving instructions to patients on how to respond to test</td>
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<td>4. Knowledge and use of results from the auditory developmental chart in:</td>
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<td>5. Conducts and understands results of:</td>
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<td>a. Tympanometry</td>
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<td>b. High frequency tympanometry</td>
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<td>c. Acoustic reflex testing</td>
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<td>d. Acoustic reflex decay testing</td>
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<td>6. Confident with audiologic diagnosis</td>
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<td>1. Identifies key features of case history review</td>
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<td>3. Stepping Fukuda Test</td>
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<td>4. Romberg and Sharpened Romberg test</td>
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<td>6. High-frequency head shake</td>
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<td>7. Dix-Hallpike maneuver</td>
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<td>8. Electronystagmography</td>
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<td>9. Computerized Dynamic Posturography</td>
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<td>1. Counsels parents on effects of child's hearing loss on academic, communication, and social development</td>
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<td>2. Administers the Ling 6 Sound test</td>
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<td>3. Uses assessment tools (i.e. ESP, DASL)</td>
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<td>4. Plans and conducts auditory-linguistic intervention program (i.e. SPICE, DASL, Parent-Infant Comm., etc.)</td>
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<td>5. Conducts family-centered intervention programs</td>
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<td>6. Use of formal and informal communication assessments</td>
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<td>7. Determines child's potential use of residual hearing</td>
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<td>8. Determines the benefit afforded by a sensory device</td>
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<tr>
<td>1. Administers and interprets the following: APHAB, COSI, HHIE, HHIA, Glasgow, SAC</td>
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<td>2. Plan and conduct a program in auditory training</td>
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<td>3. Counsel adult and significant other on facts of hearing loss</td>
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4. Can refer patient to professional and consumer organizations for support and information

5. Evaluate and document effectiveness of AR services

Comments:

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<tr>
<td>1. Ability to independently take a case history</td>
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<td>2. Understands how case history relates to which tests are given</td>
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<td>3. Relates case history to test results</td>
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<td>4. Comfortable knowing when to refer for a medical evaluation</td>
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<tr>
<td>1. Able to explain audiogram to patient without using technical jargon</td>
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<td>2. Informational counseling with hearing aid patients</td>
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<td>3. Comfortable counseling new hearing aid users</td>
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<tr>
<td>4. Develops rapport with patients</td>
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<tr>
<td>5. Comfortable knowing when to make a referral (i.e. psychological, genetic, etc.)</td>
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<td>6. Ability to use emotional counseling when appropriate</td>
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<td>3. Earmold fitting and modifications</td>
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<td>4. Hearing aid troubleshooting skills</td>
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<td>5. Subjective evaluation skills</td>
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<td>6. Electroacoustical analysis</td>
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<td>7. Conducts real-ear measures</td>
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<td>8. Can program and fit hearing aid</td>
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<td>9. Hearing aid sound field measures</td>
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<td>10. Conducts real-ear measures</td>
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<td>11. Interpretation of subjective and objective findings and decision making</td>
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</table>
2. Explanation of device, surgery and follow-up procedures
3. Counseling
4. Professional relationship with other members of the implant team

**Hook-up**
5. Choose of processing strategy
6. Creating a MAP
7. Adjusting a MAP
8. Explaining the proper use and care of the processor and accessories
9. Troubleshoot the device failures

**Rehabilitation**
10. Perform screening test from Cochlear manual
11. Determining the starting level for rehabilitation
12. Tracking

Comments:

**ELECTROPHYSIOLOGY**

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<td>8. Recommendation from results</td>
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**REPORT WRITING/DOCUMENTATION**

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<td>3. Accurately and concisely describes results or test and client performance</td>
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Outside Educational Opportunities

The faculty is aware that there are numerous educational opportunities outside of the department, i.e. AAA, NHCA, Starkey Innovations, Oticon U, Phonak U, etc. While these experiences can be very worthwhile, they do not supersede your AuD program responsibilities. Please be aware that you are a student first. Please review the following policies:

1. Students can be excused from clinic for one conference (or other educational event) every academic year. Any more than that students are responsible for making up the clinic.
2. Six to 8 weeks prior to attending any activity, an AuD Student Travel Authorization Form must be submitted to the Program Director with appropriate signatures.
3. Classes and academic assignments missed for any absence for an outside educational experience must be made up; attendance at an outside event does not “replace” your academic assignments. Students must let the instructor know well in advance about the meeting and it is up to the discretion of the instructor whether or not this will be approved. Do not assume these will be automatically approved.

The AuD Student Travel Authorization firm can be found on the student S Drive.

CONTACT INFORMATION

A listing of the Audiology Faculty and Staff can be found on the Web at:
http://audiology.ufl.edu/about/people/academic-faculty/

Always use your gatorlink email when corresponding and check it daily.
PROFESSIONAL RESOURCES

Professional Organizations:

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<td>Academy of Dispensing Audiologists (ADA)</td>
<td><a href="http://www.audiologist.org">www.audiologist.org</a></td>
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<tr>
<td>Academy of Rehabilitative Audiologists (ARA)</td>
<td><a href="http://www.audrehab.org">www.audrehab.org</a></td>
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<td>American Speech-Language-Hearing Association (ASHA)</td>
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<td>Audiology Awareness Campaign</td>
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<td>Educational Audiology Association</td>
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<tr>
<td>Military Audiology Association</td>
<td><a href="http://www.militaryaudiology.org">www.militaryaudiology.org</a></td>
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<tr>
<td>National Association of Future Doctors of Audiology (NAFDA)</td>
<td><a href="http://www.nafda.org">www.nafda.org</a></td>
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AAA Code of Ethics

Preamble

The Code of Ethics of the American Academy of Audiology specifies professional standards that allow for the proper discharge of audiologists’ responsibilities to those served, and that protect the integrity of the profession. The Code of Ethics consists of two parts. The first part, the Statement of Principles and Rules, presents precepts that members (all categories of members, including Student Members) effective January 1, 2009 of the Academy agree to uphold. The second part, the Procedures, provides the process that enables enforcement of the Principles and Rules.

PART I. Statement of Principles and Rules

PRINCIPLE 1: Members shall provide professional services and conduct research with honesty and compassion, and shall respect the dignity, worth, and rights of those served.

Rule 1a: Individuals shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services.

Rule 1b: Individuals shall not provide services except in a professional relationship, and shall not discriminate in the provision of services to individuals on the basis of sex, race, religion, national origin, sexual orientation, or general health.
PRINCIPLE 2: Members shall maintain high standards of professional competence in rendering services.

Rule 2a: Members shall provide only those professional services for which they are qualified by education and experience.

Rule 2b: Individuals shall use available resources, including referrals to other specialists, and shall not accept benefits or items of personal value for receiving or making referrals.

Rule 2c: Individuals shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services or execution of research.

Rule 2d: Individuals shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel. Individuals shall not delegate any service requiring professional competence to unqualified persons.

Rule 2e: Individuals shall not permit personnel to engage in any practice that is a violation of the Code of Ethics.

Rule 2f: Individuals shall maintain professional competence, including participation in continuing education.

PRINCIPLE 3: Members shall maintain the confidentiality of the information and records of those receiving services or involved in research.

Rule 3a: Individuals shall not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law.

PRINCIPLE 4: Members shall provide only services and products that are in the best interest of those served.

Rule 4a: Individuals shall not exploit persons in the delivery of professional services.

Rule 4b: Individuals shall not charge for services not rendered.

Rule 4c: Individuals shall not participate in activities that constitute a conflict of professional interest.

Rule 4d: Individuals using investigational procedures with patients, or prospectively collecting research data, shall first obtain full informed consent from the patient or guardian.

PRINCIPLE 5: Members shall provide accurate information about the nature and management of communicative disorders and about the services and products offered.

Rule 5a: Individuals shall provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered, or products provided or research being conducted.

Rule 5b: Individuals may make a statement of prognosis, but shall not guarantee results, mislead, or misinform persons served or studied.

Rule 5c: Individuals shall conduct and report product-related research only according to accepted standards of research practice.

Rule 5d: Individuals shall not carry out teaching or research activities in a manner that constitutes an invasion of privacy, or that fails to inform persons fully about the nature and possible effects of these activities, affording all persons informed free choice of participation.

Rule 5e: Individuals shall maintain documentation of professional services rendered.

PRINCIPLE 6: Members shall comply with the ethical standards of the Academy with regard to public statements or publication.

Rule 6a: Individuals shall not misrepresent their educational degrees, training, credentials, or competence. Only
degrees earned from regionally accredited institutions in which training was obtained in audiology, or a directly related discipline, may be used in public statements concerning professional services.

**Rule 6b:** Individuals’ public statements about professional services, products, or research results shall not contain representations or claims that are false, misleading, or deceptive.

**PRINCIPLE 7:** Members shall honor their responsibilities to the public and to professional colleagues.

- **Rule 7a:** Individuals shall not use professional or commercial affiliations in any way that would limit services to or mislead patients or colleagues.
- **Rule 7b:** Individuals shall inform colleagues and the public in a manner consistent with the highest professional standards about products and services they have developed or research they have conducted.

**PRINCIPLE 8:** Members shall uphold the dignity of the profession and freely accept the Academy's self-imposed standards.

- **Rule 8a:** Individuals shall not violate these Principles and Rules, nor attempt to circumvent them.
- **Rule 8b:** Individuals shall not engage in dishonesty or illegal conduct that adversely reflects on the profession.
- **Rule 8c:** Individuals shall inform the Ethical Practices Committee when there are reasons to believe that a member of the Academy may have violated the Code of Ethics.
- **Rule 8d:** Individuals shall cooperate with the Ethical Practices Committee in any matter related to the Code of Ethics.

**PART II. PROCEDURES FOR THE MANAGEMENT OF ALLEGED VIOLATIONS**

**INTRODUCTION**

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

**PROCEDURES**

1. Suspected violations of the Code of Ethics shall be reported in letter format giving documentation sufficient to support the alleged violation. Letters must be addressed to:

   Chair, Ethical Practices Committee  
   c/o Executive Director  
   American Academy of Audiology  
   11730 Plaza America Dr., Suite 300  
   Reston, VA 20190

2. Following receipt of a report of a suspected violation, at the discretion of the Chair, the Ethical Practices Committee will request a signed Waiver of Confidentiality from the complainant indicating that the complainant
will allow the Ethical Practices Committee to disclose his/her name should this become necessary during investigation of the allegation.

a. The Ethical Practices Committee may, under special circumstances, act in the absence of a signed Waiver of Confidentiality. For example, in cases where the Ethical Practices Committee has received information from a state licensure or registration board of a member having his or her license or registration suspended or revoked, then the Ethical Practices Committee will proceed without a complainant.
b. The Chair may communicate with other individuals, agencies, and/or programs for additional information as may be required for review at any time during the deliberation.

3. The Ethical Practices Committee will convene to review the merit of the alleged violation as it relates to the Code of Ethics

a. The Ethical Practices Committee shall meet to discuss the case, either in person, by electronic means or by teleconference. The meeting will occur within 60 days of receipt of the waiver of confidentiality, or of notification by the complainant of refusal to sign the waiver. In cases where another form of notification brings the complaint to the attention of the Ethical Practices Committee, the Committee will convene within 60 days of notification.
b. If the alleged violation has a high probability of being legally actionable, the case may be referred to the appropriate agency. The Ethical Practices Committee may postpone member notification and further deliberation until the legal process has been completed.

4. If there is sufficient evidence that indicates a violation of the Code of Ethics has occurred, upon majority vote, the member will be forwarded a Notification of Potential Ethics Concern.

a. The circumstances of the alleged violation will be described.
b. The member will be informed of the specific Code of Ethics rule that may conflict with member behavior.
c. Supporting Academy documents that may serve to further educate the member about the ethical implications will be included, as appropriate.
d. The member will be asked to respond fully to the allegation and submit all supporting evidence within 30 calendar days.

5. The Ethical Practices Committee will meet either in person or by teleconference:

a. within 60 calendar days of receiving a response from the member to the Notification of Potential Ethics Concern to review the response and all information pertaining to the alleged violation, or
b. within sixty (60) calendar days of notification to member if no response is received from the member to review the information received from the complainant.

6. If the Ethical Practices Committee determines that the evidence supports the allegation of an ethical violation, then the member will be provided written notice containing the following information:
a. The right to a hearing in person or by teleconference before the Ethical Practices Committee;
b. The date, time and place of the hearing;
c. The ethical violation being charged and the potential sanction
d. The right to present a defense to the charges.

At this time the member should provide any additional relevant information. As this is the final opportunity for a member to provide new information, the member should carefully prepare all documentation.

7. Potential Rulings.

a. When the Ethical Practices Committee determines there is insufficient evidence of an ethical violation, the parties to the complaint will be notified that the case will be closed.
b. If the evidence supports the allegation of a Code violation, the rules(s) of the Code violated will be cited and sanction(s) will be specified.

8. The Committee shall sanction members based on the severity of the violation and history of prior ethical violations. A simple majority of voting members is required to institute a sanction unless otherwise noted. Sanctions may include one or more of the following:

a. Educative Letter. This sanction alone is appropriate when:

1. The ethics violation appears to have been inadvertent.
2. The member’s response to Notification of Potential Ethics Concern indicates a new awareness of the problem and the member resolves to refrain from future ethical violations.

b. Cease and Desist Order. The member signs a consent agreement to immediately halt the practice(s) which were found to be in violation of the Code of Ethics.
c. Reprimand. The member will be formally reprimanded for the violation of the Code of Ethics.
d. Mandatory continuing education.

1. The EPC will determine the type of education needed to reduce chances of recurrence of violations.
2. The member will be responsible for submitting documentation of continuing education within the period of time designated by the Ethical Practices Committee.
3. All costs associated with compliance will be borne by the member.

e. Probation of Suspension. The member signs a consent agreement in acknowledgement of the Ethical Practices Committee decision and is allowed to retain membership benefits during a defined probationary period.

1. The duration of probation and the terms for avoiding suspension will be determined by the Ethical Practices Committee.
2. Failure of the member to meet the terms for probation will result in the suspension of membership.
f. Suspension of Membership.

1. The duration of suspension will be determined by the Ethical Practices Committee.
2. The member may not receive membership benefits during the period of suspension.
3. Members suspended are not entitled to a refund of dues or fees.

g. Revocation of Membership. Revocation of membership is considered the maximum punishment for a violation of the Code of Ethics.

1. Revocation requires a two-thirds majority of the voting members of the EPC.
2. Individuals whose memberships are revoked are not entitled to a refund of dues or fees.
3. One year following the date of membership revocation the individual may reapply for, but is not guaranteed, membership through normal channels and must meet the membership qualifications in effect at the time of application.

9. The member may appeal the Final Finding and Decision of the Ethical Practices Committee to the Academy Board of Directors. The route of Appeal is by letter format through the Ethical Practices Committee to the Board of Directors of the Academy. Requests for Appeal must:

   a. be received by the Chair, Ethical Practices Committee, within 30 days of the Ethical Practices Committee's notification of the Final Finding and Decision,
   b. state the basis for the appeal, and the reason(s) that the Final Finding and Decision of the Ethical Practices Committee should be changed,
   c. not offer new documentation.

The EPC chair will communicate with the Executive Director of the Association to schedule the appeal at the earliest feasible Board of Directors meeting.

The Board of Directors will review the documents and written summaries, and deliberate the case.

The decision of the Board of Directors regarding the member's appeal shall be final.

10. In order to educate the membership, upon majority vote the Ethical Practices Committee, the circumstances and nature of cases shall be presented in *Audiology Today* and in the Professional Resource area of the Academy website. The member's identity will not be made public.

11. No Ethical Practices Committee member shall give access to records, act or speak independently, or on behalf of the Ethical Practices Committee, without the expressed permission of the members then active. No member may impose the sanction of the Ethical Practices Committee, or to interpret the findings of the EPC in any manner which may place members of the Ethical Practices Committee or Board of Directors, collectively or singly, at financial, professional, or personal risk.

12. The Ethical Practices Committee Chair shall maintain a Book of Precedents that shall form the basis for future findings of the Committee.
CONFIDENTIALITY AND RECORDS

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

1. Complaints and suspected violations are assigned a case number.

2. Identity of members involved in complaints and suspected violations and access to EPC files is restricted to the following:
   a. EPC Chair
   b. EPC member designated by EPC Chair when the chair recuses him or herself from a case.
   c. Executive Director
   d. Agent/s of the Executive Director
   e. Other/s, following majority vote of EPC

3. Original records shall be maintained at the Central Records Repository at the Academy office in a locked cabinet.
   a. One copy will be sent to the Ethical Practices Committee chair or member designated by the Chair.
   b. Copies will be sent to members.

4. Communications shall be sent to the members involved in complaints by the Academy office via certified or registered mail, after review by Legal Counsel.

5. When a case is closed,
   a. The chair will forward all documentation to the Academy Central Records Repository.
   b. Members shall destroy all material pertaining to the case.

6. Complete records generally shall be maintained at the Academy Central Records Repository for a period of five years.
   a. Records will be destroyed five years after a member receives a sanction less than suspension, or five years after the end of a suspension, or after membership is reinstated.
   b. Records of membership revocations for persons who have not returned to membership status will be maintained indefinitely.

**Liability Insurance**

Students in graduate or AuD programs who are not licensed, certified or registered can obtain Liability Insurance coverage under a special student policy underwritten by Affinity Insurance Services, Inc. The premium is $20.00
per year. As a service to our members, applications can be obtained by contacting the Membership Department of the American Academy of Audiology by phone (toll free: 800-222-2336 x205) or email, or by contacting Affinity Insurance Services, Inc. by phone (toll free: 800-982-9491). Once students are licensed, they are eligible for coverage under the Academy's Professional Liability Insurance Program, also available through Affinity Insurance Services, Inc.

Alternatively, students can obtain liability coverage from HPSO. A link and information is provided below.

Follow above link, then:
- Click student tab
- Go to Coverage Information
- Select state and profession
- Select "Apply Now"
- Fill out information and select "Not a recent graduate"
- Finish filling out information and print page that affirms your request
- Will receive policy in mail in about 2 weeks

**Florida Licensure**

**Audiologist**

Requirements for licensure:
- Master's degree or Doctoral degree from an accredited college or university with a major emphasis in the area for which licensure is sought;
- Sixty (60) semester hours are required of which 30 semester hours must be at the graduate level
- 300 clock hours in supervised clinical practice;
- Nine (9) months of professional employment, passage of the national exam for active license
- One (1) hour of HIV/AIDS
- Two (2) hours in Prevention of Medical Errors

License Costs (Fees)

License Fee (Initial) License Fee $200.00 (if licensed in the first year of the biennium)
License Fee $100.00 (if licensed in the second year of the biennium, from January 1 through August 31)
Application Fee $75.00
Unlicensed Activity Fee $5.00

Mailing Address:

4052 Bald Cypress Way, Bin#C06
Tallahassee, FL 32399-3258
CERTIFICATION:

The Audiology Board Certification associated with AAA and Certificate of Clinical Competence in Audiology (CCC-A) associated with ASHA are voluntary and many audiologist choose to obtain one or the other or both. Acquiring certification can enhance your opportunities for employment and mobility.


APA STYLE:

The Publication Manual of the American Psychological Association (5th ed., 2001) provides a comprehensive reference guide to writing using APA style, organization, and content. To order a copy of the Publication Manual online, go to [http://www.apa.org/books/4200060.html](http://www.apa.org/books/4200060.html). To access APA style information online, go to [http://www.apastyle.org/](http://www.apastyle.org/). The purpose of this document is to provide a common core of elements of APA style that all members of a department can adopt as minimal standards for any assignment that specifies APA style. Instructors will specify in writing when any of the following elements do not apply to a specific assignment that specifies APA style (e.g., when an abstract is not required) or when additional APA style elements must be observed.

This Web document is itself not a model of APA style. For an example of a complete article formatted according to APA style, go to [http://www.vanguard.edu/psychology/prayer.pdf](http://www.vanguard.edu/psychology/prayer.pdf). For an example of an undergraduate research proposal, go to [http://www.vanguard.edu/emplibrary/files/psychproposal.pdf](http://www.vanguard.edu/emplibrary/files/psychproposal.pdf). To view this and other PDF documents referenced on this page, you need Adobe Acrobat Reader. To download the free Acrobat Reader, go to [http://www.adobe.com/products/acrobat/readstep2.html](http://www.adobe.com/products/acrobat/readstep2.html). To download a Microsoft Word template of an APA-style paper, go to [http://www.vanguard.edu/emplibrary/files/psychapa.doc](http://www.vanguard.edu/emplibrary/files/psychapa.doc). For a quick summary of APA style go to:


**General Document Guidelines**

*Margins*: One inch on all sides (top, bottom, left, right)
Font Size and Type: 12-pt. font (Times Roman or Courier are acceptable typefaces)
Spacing: Double-space throughout the paper, including the title page, abstract, body of the document, and references.
Alignment: Flush left (creating uneven right margin)
Paragraph Indentation: 5-7 spaces
Pagination: The page number appears one inch from the right edge of the paper on the first line of every page, beginning with the title page. The only pages that are not numbered are pages of artwork.
Manuscript Page Header: The first two or three words of the paper title appear five spaces to the left of the page number on every page, beginning with the title page. Manuscript page headers are used to identify manuscript pages during the editorial process. Using most word processors, the manuscript page header and page number can be inserted into a header, which then automatically appears on all pages.

Title Page
Pagination: The Title Page is page 1.
Key Elements: Paper title, author(s), and author(s) affiliation(s).
Article Title: Uppercase and lowercase letters, centered on the page.
Author(s): Uppercase and lowercase letters, centered on the line following the title.
Institutional affiliation: Uppercase and lowercase letters, centered on the line following the author(s).
Running head: The running head is typed flush left (all uppercase) following the words "Running head:" on the line below the manuscript page header. It should not exceed 50 characters, including punctuation and spacing. The running head is a short title that appears at the top of pages of published articles.
Example of APA-formatted Title Page: http://www.vanguard.edu/psychology/titlepage.pdf

Abstract:
The abstract is a one-paragraph, self-contained summary of the most important elements of the paper.
Pagination: The abstract begins on a new page (page 2).
Heading: Abstract (centered on the first line below the manuscript page header)
Format: The abstract (in block format) begins on the line following the Abstract heading. The abstract should not exceed 120 words. All numbers in the abstract (except those beginning a sentence) should be typed as digits rather than words.
Example of APA-formatted Abstract: http://www.vanguard.edu/psychology/abstract.pdf

Body
Pagination: The body of the paper begins on a new page (page 3). Subsections of the body of the paper do not begin on new pages.
Title: The title of the paper (in uppercase and lowercase letters) is centered on the first line below the manuscript page header.
Introduction: The introduction (which is not labeled) begins on the line following the paper title.
Headings: Headings are used to organize the document and reflect the relative importance of sections. For example, many empirical research articles utilize Method, Results, Discussion, and References headings. In turn,
the Method section often has subheadings of Participants, Apparatus, and Procedure. For an example of APA-formatted headings, go to http://www.vanguard.edu/psychology/headings.pdf

Main headings (when the paper has either one or two levels of headings) use centered uppercase and lowercase letters (e.g., Method, Results, Discussion, and References).
Subheadings (when the paper has two levels of headings) are italicized and use flush left, uppercase and lowercase letters (e.g., Participants, Apparatus, and Procedure as subsections of the Method section).

**Text citations:**
Source material must be documented in the body of the paper by citing the author(s) and date(s) of the sources. The underlying principle here is that ideas and words of others must be formally acknowledged. The reader can obtain the full source citation from the list of references that follows the body of the paper.

When the names of the authors of a source are part of the formal structure of the sentence, the year of publication appears in parentheses following the identification of the authors. Consider the following example:
Wirth and Mitchell (1994) found that although there was a reduction in insulin dosage over a period of two weeks in the treatment condition compared to the control condition, the difference was not statistically significant.  [Note: and is used when multiple authors are identified as part of the formal structure of the sentence. Compare this to the example in the following section.]

When the authors of a source are not part of the formal structure of the sentence, both the authors and years of publication appear in parentheses, separated by semicolons. Consider the following example:
Reviews of research on religion and health have concluded that at least some types of religious behaviors are related to higher levels of physical and mental health (Gartner, Larson, & Allen, 1991; Koenig, 1990; Levin & Vanderpool, 1991; Maton & Pargament, 1987; Paloma & Pendleton, 1991; Payne, Bergin, Bielema, & Jenkins, 1991).  [Note: & is used when multiple authors are identified in parenthetical material. Note also that when several sources are cited parenthetically, they are ordered alphabetically by first authors' surnames.]

When a source that has two authors is cited, both authors are included every time the source is cited.

When a source that has three, four, or five authors is cited, all authors are included the first time the source is cited. When that source is cited again, the first author's surname and "et al." are used. Consider the following example:
Reviews of research on religion and health have concluded that at least some types of religious behaviors are related to higher levels of physical and mental health (Payne, Bergin, Bielema, & Jenkins, 1991).

Payne et al. (1991) showed that ...

When a source that has six or more authors is cited, the first author's surname and "et al." are used every time the source is cited (including the first time).

Every effort should be made to cite only sources that you have actually read. When it is necessary to cite a source that you have not read ("Grayson" in the following example) that is cited in a source that you have read
("Murzynski & Degelman" in the following example), use the following format for the text citation and list only the source you have read in the References list:

Grayson (as cited in Murzynski & Degelman, 1996) identified four components of body language that were related to judgments of vulnerability.

To cite a personal communication (including letters, emails, and telephone interviews), include initials, surname, and as exact a date as possible. Because a personal communication is not "recoverable" information, it is not included in the References section. For the text citation, use the following format:

B. F. Skinner (personal communication, February 12, 1978) claimed ...

Quotations: When a direct quotation is used, always include the author, year, and page number as part of the citation.

A quotation of fewer than 40 words should be enclosed in double quotation marks and should be incorporated into the formal structure of the sentence. Example:

Patients receiving prayer had "less congestive heart failure, required less diuretic and antibiotic therapy, had fewer episodes of pneumonia, had fewer cardiac arrests, and were less frequently intubated and ventilated" (Byrd, 1988, p. 829).

A lengthier quotation of 40 or more words should appear (without quotation marks) apart from the surrounding text, in block format, with each line indented five spaces from the left margin.

References

Pagination: The References section begins on a new page.
Heading: References (centered on the first line below the manuscript page header)
Format: The references (with hanging indent) begin on the line following the References heading. Entries are organized alphabetically by surnames of first authors. Most reference entries have three components:

Authors: Authors are listed in the same order as specified in the source, using surnames and initials. Commas separate all authors. When there are seven or more authors, list the first six and then use "et al." for remaining authors. If no author is identified, the title of the document begins the reference.
Year of Publication: In parentheses following authors, with a period following the closing parenthesis. If no publication date is identified, use "n.d." in parentheses following the authors.
Source Reference: Includes title, journal, volume, pages (for journal article) or title, city of publication, publisher (for book). Italicize titles of books, titles of periodicals, and periodical volume numbers.

Example of APA-formatted References: Go to http://www.vanguard.edu/psychology/references.pdf
Examples of sources

Journal article
Book

Web document on university program or department Web site

Stand-alone Web document (no date)

Stand-alone Web document (no author, no date)

Journal article from database

Abstract from secondary database

Article or chapter in an edited book

Diagnostic and Statistical Manual of Mental Disorders


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