

UNIVERSITY OF THE
PACIFIC

DOCTORAL STUDENT HANDBOOK

Au.D. Degree Program



AUDIOLOGY

Department of Audiology

2020-2021

Version History

Content-based changes from v.2019-2020 to v.2020-2021

1. Added program policy for loaning hearing aids to students in the Services for Students with Disabilities section
2. Revised descriptions of Required Didactic Coursework to match published academic catalog
3. Added Timeline of courses for entering class of 2023
4. Updated Personnel contacts
5. Curriculum schedule changes from v.2019-2020 (see curriculum Appendices)
6. Updated Clinical Practicum section
7. Updated Clinic Remediation Policy section
8. Updated Plagiarism Policy section
9. Standard Precautions and Infection Control, Immunizations and BLS certification have been updated to reflect new cleaning and immunization procedures post-COVID
10. Curricula moved to the front of Appendices
11. Duplicate technical standards and signature page removed, now resides only in Clinical Education Handbook

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Section I:

Introduction to the Doctor of Audiology Program

Introduction to the Au.D. Handbook

This handbook is the primary resource for students enrolled in the Au.D. Program in the Department of Audiology and their advisor. The beginning of the handbook contains information that is useful for new graduate students.

The graduate student handbook contains information about coursework, clinical education, departmental and graduate school policies. Additional information concerning the Graduate School and University of the Pacific policies may be found on the university webpage (<http://www.pacific.edu>).

Note that all policies, guidelines and forms appearing in this manual are subject to modification during your enrollment in the program. Students will be informed in the event of any such modifications. If you have any questions or concerns about the information contained in this handbook, please contact your advisor, the Director of Clinical Education & Training, and/or the Program Director.

Please make sure to familiarize yourself with the handbook before coming to your advisor for further information. You are responsible for all the information included in this handbook.

***All students must sign the Doctor of Audiology Program Handbook Statement and submit it to the Audiology Program Office, 155 5th Street, San Francisco, CA 94103
No later than August 1, 2020***

Introduction to the Doctor of Audiology Program

The Department of Audiology is part of the Thomas J. Long School of Pharmacy & Health Sciences at the University of the Pacific. The department offers an accelerated Doctorate Program in Audiology (Au.D.):

Audiology Faculty and Staff			
Rupa Balachandran	Department Chair	(415) 400-8225	rbalachandran@pacific.edu
Shu-En Lim	Clinic Director	(415) 400-8228	slim2@pacific.edu
Cherysse Lanns	Director of Clinical Education & Training	(415) 929-6639	clanns@pacific.edu
Gabriella Musacchia	Assistant Professor	(415) 400-8424	gmusacchia@pacific.edu
Jiong Hu	Assistant Professor	(415) 929-6665	jhu@pacific.edu
Jennifer Henderson-Sabes	Assistant Professor	(415) 780-2038	jhendersonsabes@pacific.edu
Matthew Pausa	Audiology Program Clinical Assistant	(415) 780-2001	mpausa@pacific.edu
Heidi Makeig	Adjunct Clinical Faculty	(415) 400-8499	hmakeig@pacific.edu
TBA	Audiology Program Services Assistant	(415) 400-8233	
TBA	Faculty Audiologist	(415) 780-2017	

University of the Pacific Center

1. **Access and Keys for the University of the Pacific Center:** All faculty, staff, students and visitors must wear a form of Pacific Dugoni Identification at all times inside the building. The University of the Pacific Center is open at 8:00 am during the school week. Patient entry doors close at 5:00 pm. The building may be accessed on Saturdays from 9:00 am - 3:45 pm through the Fifth Street Faculty, Staff, and Student Entrance (occupants must leave by 4:00 pm). On Sundays and holidays, the building may be accessed from 8:00 am - 2:45 pm through the Fifth Street Faculty, Staff, and Student Entrance (occupants must leave by 3:00 pm). If you are in the building outside of regular school hours, please notify the Department of Public Safety so they may be aware of your presence during patrols. Failure to follow this policy can result in disciplinary action by the Department of Student Services.

2. **Building Security:** DO NOT LEAVE VALUABLES UNATTENDED. Thieves take advantage of many trusting, unaware people who often leave their personal belongings in open, visible places, such as a desktop, in a jacket on the back of a chair or door, or on the floor next to a desk.

To ensure safety and maintain building security, please help us by following the guidelines below:

- All employees, students, and visitors are required to wear ID badges at all times in a visible location.
 - Any relatives/visitors being tested and/or evaluated in the University of the Pacific Hearing and Balance Center during business hours must be cleared on the clinic schedule (Blueprint) and with the Audiology Clinical Services Assistant.
 - In the event you lose your ID badge, please immediately report your “Lost/Stolen Card” to Public Safety. **If receiving a replacement card, previous cards must be surrendered to the card office and be destroyed — no exceptions.**
 - If you notice anyone or anything out of the ordinary, please inform security immediately at **x56456**
3. **Parking for the UNIVERSITY OF THE PACIFIC Center:** We recommend public transportation, as street parking is very limited. If you choose to drive, please allow yourself plenty of time to find parking. The nearest garage is the *Fifth and Mission/Verba Buena Garage*, and its entrance is on Mission Street.

There are also several parking garages nearby for longer visits. Details about meter rates and tips about parking in the city are available here:

- <http://www.sfmta.com/getting-around/parking>
 - <http://www.cityparksf.com>
4. **PacificCard ID badge:** You must have your PacificCard ID badge visible on your person at all times while on campus. The PacificCard ID badge has many functions. It:
 - Grants entry into the UNIVERSITY OF THE PACIFIC and other areas of the building.
 - Allows you to print using our SF Campus wireless printers.
 - Can be used as a debit card to store PacificCash.

Graduate students will be issued a PacificCard ID badge during orientation.

Campus Information

1. **Doctor of Audiology Graduate Program:**
<http://www.pacific.edu/aud>
2. **PacificCard:** For information about PacificCard ID badges, go to
<http://www.pacific.edu/pacificcard>
3. **Campus Map:**
http://www.dental.pacific.edu/Future_School_Facility/Floorplans.html
4. **Parking and Transportation:** We recommend public transportation, as street parking is very limited. Several bus lines are located near campus.
http://www.dental.pacific.edu/Visitor_Information/Map_Directions_and_Parking.html
5. **Printing Services on Campus:** The University of the Pacific uses a wireless printing service called PacificPrint. Printing on any PacificPrint device, which are located all around campus, requires a PacificCard with a cash account.
6. **Library:** The Health Sciences Library serves the healthcare professionals of California Pacific Medical Center and the University of the Pacific Arthur A. Dugoni School of Dentistry. Copies of all necessary audiology/medical journals are available online with support from the Health Sciences Librarian at the Stockton Campus.
<http://www.pacific.edu/Library/About/Health-Sciences-Branch-Library.html>
7. **Student Addresses and Phone Numbers:** To make changes for the official university records, go to <http://insidepacific.pacific.edu> and access Academic Services under the “Academic” tab.
8. **Student E-mail Accounts:** The official means of communication between faculty/staff and students is through the University’s email system: <https://email.pacific.edu>. Students are responsible for obtaining all information received by e-mail. Students may access their accounts by typing in their unique PacificNet ID and password. Students are responsible for all requests, deadlines, information, etc. that are sent to their pacific addresses.

Financial Aid and Tuition

The Office of Financial Aid is committed to making sure University of the Pacific students make informed financial choices when they choose the school they attend. Visit our Financial Resources (<http://www.pacific.edu/About-Pacific/AdministrationOffices/Office-of-Financial-Aid/Financial-Aid-Resources.html>) page to find useful information including costs/budget worksheets, a glossary of financial aid terms and a number of resources about financial literacy. Including some past presentations and workshops. The goal of the presentations and workshops are to provide students with a better understanding of the financial aid process, applicable deadlines and to increase student financial aid literacy. The annual estimated cost can be obtained by contacting the Au.D. department chair.

Types of Financial Aid Assistance at Pacific

All graduate students who are interested in financial aid should first complete an online FAFSA.

- Loans
<http://www.pacific.edu/About-Pacific/AdministrationOffices/Office-of-Financial-Aid/Types-of-Financial-Aid/Loans.html#professional>

- Scholarships
<http://www.pacific.edu/About-Pacific/AdministrationOffices/Office-of-Financial-Aid/Types-of-Financial-Aid/Scholarships.html>

- Grants
<http://www.pacific.edu/About-Pacific/AdministrationOffices/Office-of-Financial-Aid/Types-of-Financial-Aid/Undergraduate-Graduate-and-Professional-Program-Grants.html>

Contact the Office of Financial Aid

Phone: 209.946.2421

Fax: 209.946.2758

E-mail: financialaid@pacific.edu

Office Hours: Monday-Friday 8:30AM- 5:00PM

University of the Pacific

Office of Financial Aid

3601 Pacific Ave.

Stockton, CA 95211

Office of the Registrar

The Office of the Registrar is dedicated to maintaining the integrity of academic records, supporting constituents and applying academic policy to ensure student success. These responsibilities are carried out under the Pacific's policies and standards as well as related federal and state laws and regulations.

Specifically, the Office of the Registrar is responsible for:

- Class enrollment and registration
- Tuition and Fees assessment

- Verifying registration and graduation
- Diplomas
- Transcripts
- Preservation and privacy of student records (FERPA)
- Schedule of classes, events, and final examinations
- Assisting special populations such as U.S. veterans and service members

Contact the Office of the Registrar

Phone: 209.946.2135

Fax: 209.946.2596

E-mail: registrar@pacific.edu

Office Hours: Monday - Friday 8:30AM - 5:00PM Stockton, CA 95211

University of the Pacific

Office of the Registrar

3601 Pacific Avenue

Services for Students with Disabilities

If you are a student with a disability who requires accommodations, please contact the Director of the Office of Services for Students with Disabilities (SSD) for information on how to obtain an Accommodations Request Letter. SSD has a three-step process for initiating accommodations:

1. Student meets with the SSD Director and provides documentation and completes registration forms.
2. Student requests accommodation(s) each semester by completing the Request for Accommodations Form.
3. Student arranges to meet with his/her professors to discuss the accommodation(s) and to sign the Accommodation Request Letter

To ensure timeliness of services, it is preferable that you obtain the accommodation letter(s) from the Office of SSD within 1 week of the beginning of the semester. After the instructor receives the accommodation letter, it is the responsibility of the student to schedule a meeting with each instructor during office hours or some other mutually convenient time to arrange the accommodation(s). Accommodations cannot apply until SSD receives a signed copy of the accommodation document. Accommodations are not retroactive.

The Office of Services for Students with Disabilities is located in the McCaffrey Center, Rm. 137. Phone: 209-946-3221. Email: ssd@pacific.edu. Online: www.pacific.edu/disabilities

Students with hearing loss should reach out to their advisor to discuss any hearing device/accessories needs. The Advisor will work with the Clinic Director to find an appropriate solution. Hearing aids will be provided as loaners for the duration of the students' tenure at Pacific, unless student self purchases the devices. It is important to note that any and all personal conversations resulting in an offer of hearing aids from manufacturers will need to be discussed with the Clinic Director for approval.

Non-Discrimination Policy

The University does not discriminate on the basis of race, gender, sexual orientation, national origin, ancestry, color, religion, religious creed, age, marital status, cancer-related or genetic-related medical conditions, disability, citizenship status, military service status, and any other status protected by law.

In accordance with the above University policy and in compliance with all applicable laws, all educational services will be provided and all employment decisions (including recruitment, training, compensation, benefits, employee relations, promotions, terminations) will be made without regard to the individual's status protected by law.

To the extent provided by law the University will reasonably accommodate qualified individuals with disabilities which meet the legal standards for documentation, whenever the individual is otherwise qualified to safely perform all essential functions of the position.

Effective Date

October 2014

Review Date

Not Specified

Diversity and Equal Opportunity Policy

University of the Pacific does not discriminate on the basis of race, national origin, ancestry, color, religion, religious, creed, age (except for minors or for bona fide occupational qualification), marital status, gender, gender identity, gender expression, genetic information, sexual orientation, sex (including pregnancy, childbirth, breastfeeding and related medical conditions), medical condition (including cancer/genetic characteristics or AIDS/HIV status), disability, citizenship status, military service status, and any other status protected by law.

In compliance with all applicable laws, all educational services will be provided and all employment decisions will be made (including retirement, training, compensation, benefits, employee relations, promotions, and termination) without regard to the individual's status protected by law. The University will engage in an interactive process to evaluate reasonable accommodations for qualified individuals who are able to safely perform all the essential functions of their position with or without reasonable accommodations.

Effective Date

October 2014

Review Date

Not Specified

Pacific Student Code of Conduct

The Honor Code at the University of the Pacific calls upon each student to exhibit a high degree of maturity, responsibility, and personal integrity. Students are expected to:

- Act honestly in all matters
- Actively encourage academic integrity
- Discourage any form of cheating or dishonesty by others
- Inform the instructor and appropriate university administrator if she or he has a reasonable and good faith belief and substantial evidence that a violation of the Honor Code has occurred.

Violations will be referred to and investigated by the Office of Student Conduct and Community Standards. If a student is found responsible, it will be documented as part of her or his permanent academic record. A student may receive a range of penalties, including failure of an assignment, failure of the course, suspension, or dismissal from the University. The Academic Honesty Policy is located Tiger lore and online at <http://www.pacific.edu/Campus-Life/Safety-and-Conduct/Student-Conduct/Tiger-Lore-Student-Handbook-/Honor-Code.html>

Classroom Professionalism and Etiquette

Etiquette is a code of conduct, a method for dealing with how people interact with each other – based on respect and accepted norms of behavior (Randall S. Hansen, Ph.D., from *MyCollegeSuccessStory.com: Empowering Academic, College, and Career Success*). Proper classroom etiquette should be common sense for most students. Being courteous will predispose the professor to like/respect you – and set an example for other less-informed students.

1. Professional courtesy indicates that cell phones are to be turned off and not visible during class time.
2. Laptops are to be used for note taking only and the screen must be visible to the instructor.
3. Private student side-conversations during class time are disruptive to your peers; do not engage in this behavior.
4. Leaving the classroom once class has begun is also disruptive, do so only in the case of an emergency.
5. You are responsible for all information and announcements given during class. If you miss an announcement because of side-conversations or inattentiveness, do not expect the instructor to repeat this information.
6. Do not ask the instructor for assignments or handouts if you are not in class, unless you have a documented medical excuse.

Plagiarism Policy

The Au.D. Program takes plagiarism seriously. Offenses are referred to Student Affairs and may be subject to dismissal from the program. The following paragraph is from the University of the Pacific Tiger Lore Student Code of Conduct at www.go.pacific.edu/TigerLore.

“Plagiarism: Presenting as one’s own, the work or the opinions of someone else without proper acknowledgement. Plagiarism includes, but is not limited to:

- Failing to give credit for ideas, statements of facts, or conclusions derived by another author; failure to use quotation marks when quoting directly from another, whether it is a paragraph, a sentence, or part thereof; failure to cite properly the work of another person.
- Submitting an assignment purchased or obtained from a “research” or term paper service.
- Submitting an assignment, whole or in part, obtained from an internet or other unauthorized resource.
- Giving a speech or oral presentation written by another and claiming it as one’s own work.”
- Copying and pasting instructor slide wording into an assignment answer

All students are required to successfully complete an online plagiarism tutorial and obtain a certificate of completion. Upload the certificate to Typhon by August 1 prior to arrival at the program. The tutorial can be found at:

<https://www.indiana.edu/~academy/firstPrinciples/certificationTests/index.html>

Section II:

The Doctor of Audiology Program (Au.D.)

Mission of the Doctor of Audiology Program

The mission of the Audiology department is to prepare reflective audiologists for lifelong success by providing an excellent student-centered, experiential learning environment. Our students are mentored in developing professionalism, leadership, critical thinking skills, and a strong commitment to their profession and society. These efforts are assisted by the department's commitment to professional growth through clinical practice, scholarly activity, and service to the profession and the community. The programs are developed in accordance with state and national accreditation standards and guidelines to ensure that graduates provide exemplary professional practice throughout their careers.

Doctor of Audiology (Au.D. Degree)

The curriculum for the Au.D. degree in Audiology meets requirements of the Graduate School, the Accreditation Commission for Audiology Education (ACAE), the Council on Academic Accreditation (CAA) and the California Speech-Language Pathology, Audiology and Hearing Aid Dispensers Licensing Board (SLPAHADB).

Successful completion of the AuD Program provides eligibility for the following:

Licensure:

- State of California Audiology License (either dispensing or non-dispensing license). See <http://www.speechandhearing.ca.gov> for more information.
- Audiology licensure issued by other states and territories. Information can be found on the appropriate state/territory websites.

Additional requirements will need to be met and vary significantly across states. It is the student's responsibility to research the requirements for the respective state or territory.

In addition to licensure, successful completion of the Doctor of Audiology Program provides eligibility for nationally recognized credentials, which is independent of state licensure. Students and graduates may wish to pursue membership and credentials from recognized professional organizations.

Certification:

- Board Certification in Audiology from the American Board of Audiology (ABA). The ABA certification program is provided by the American Academy of Audiology. Graduates of the AuD Program are eligible for the entry-level certificate. Specialty certification may be obtained after experience and continuing education in specialty areas. For more information, please go to <http://www.boardofaudiology.org/>
- Certificate of Clinical Competence in Audiology (CCC-A) from the American Speech-Language-Hearing Association (ASHA). The CCC-A is a professional certification in Audiology. Important note about CFCC certification standards:

- The 2020 CFCC standards that govern the ASHA CCC requirements do not specify a number of hours that must be supervised by and audiologist currently holding CCC-A as identified in the previous standards.
- All University of the Pacific Au.D. Program preceptors must have a valid Audiology license and be in good standing with the licensing board in his/her respective state. The Program does not require and/or track whether any audiologist has a current CCC-A. Therefore, all hours reported are provided by licensed audiologists who may or may not have CCC-A.
- Any applicant who wishes to apply for certification will complete the requirements post-program and must work with a clinical preceptor who has fulfilled the credentials specified in Standard III: Verification of Knowledge and Skills:
 - Have a current CCC-A certification
 - Have a minimum of 9 full-time months of clinical experience after earning the CCC-A
 - Have completed at least 2 hours of professional development or 0.2 ASHS continuing education units in the area of clinical instruction/supervision.

Certification requirements vary significantly across organizations. It is the student's responsibility to research the requirements for respective certification.

Foundational Knowledge

Students should demonstrate knowledge in the following areas:

- Biological Sciences
- Physical Sciences
- Social/Behavioral Sciences
- Mathematics

NOTE: These courses are required for admission to the program.

Foundations of Practice and Introductory Professional Courses

The courses listed in this section provide information needed by all Au.D. students. The courses listed below must be completed before a student is awarded an Au.D. degree. These courses serve as prerequisites for coursework in speech, language, and hearing disorders. Transcript credit is evidence of knowledge in many of these areas.

Courses with equivalent content taken at other institutions can be substituted for these courses. In some instances, the content of a course below may have been distributed across two courses or more in the student's undergraduate program. The determination for equivalence rests with the advisor in consultation with relevant faculty. Most courses in these foundations of practice courses and introductory professional courses may be completed during the undergraduate or graduate program.

Biological Sciences
General Biology OR
Human Anatomy & Physiology

Social/Behavioral Sciences
Intro to Psychology OR
Intro to Sociology

Physical Sciences
Chemistry OR
Physics

Mathematics
Statistics

Required Didactic Coursework

Students completing an Au.D. must complete the following departmental requirements in addition to all the courses listed under foundations of practice and introductory professional courses.

See [Appendix](#) for curriculum schedules by graduating year.

AUDI 301 – Anatomy and Physiology of Hearing (3.0 units)

An in-depth course on the anatomy and physiology of the hearing mechanism primarily as it related to hearing.

AUDI 303 – Signals and Systems (3.0 units)

Basics of signal processing for hearing aids and equipment that measure hearing. IEC/ANSI standards of performance for the instrumentation, calibration procedures, and compliance.

AUDI 305 – Diagnostic Audiology I (3.0 units)

Foundation and orientation to audiological equipment and testing. Basic audiometric tests and underlying principles, case history and universal precautions.

AUDI 307 – Diagnostic Audiology II (3.0 units)

Evaluation of middle ear function by using the principles of acoustic immittance. Principles underlying otoacoustic emissions. Implementation of tests and formulation of diagnosis based on test results.

AUDI 309 – Diagnostic Electrophysiology I (3.0 units)

Diagnostic electrophysiological techniques, assessment of hearing using auditory evoked responses across all age ranges. Evidence-based best practices for determining threshold and neurophysiological integrity with the auditory brainstem response (ABR).

AUDI 311 – Pediatric Audiology (3.0 units)

Diagnostic assessment of children from ages 0-18. Embryology and hearing development and genetics of hearing loss.

AUDI 313 – Central Auditory Processing – Diagnosis and Management (3.0 units)

Assessment (screening and diagnostic) and treatment options for auditory processing disorders.

AUDI 315 – Amplification I (3.0 units)

Theoretical and applied understanding of current technology in hearing aids. Electroacoustic analysis and programming of hearing instruments and verification of the performance of hearing instruments using objective and subjective measurements.

AUDI 317 – Amplification II (3.0 units)

Theoretical and clinical aspects of advanced signal processing schemes and verification procedures are taught. Selection and fitting of amplification for special populations.

AUDI 319 – Amplification III (3.0 units)

Advanced application of knowledge and skills obtained in AUDI 315 and AUDI 317. Personal and sound field FM systems, classroom listening, and assessment beyond the sound booth, classroom acoustics, assistive listening devices and counseling techniques.

AUDI 321 – Auditory Implants (3.0 units)

This course covers a variety of auditory prosthetic devices with emphasis on cochlear implant technology. History, pediatric and adult candidacy, signal processing strategies and fitting protocols will be explored in detail.

AUDI 325 – Aural Rehabilitation (3.0 units)

Rehabilitation of children and adults with hearing loss. Current rehabilitation strategies and outcome measures that assess patients' success.

AUDI 331 – Vestibular Assessment I (3.0 units)

Anatomy and physiology of the vestibular mechanism, diagnostic tests, case history, bedside evaluations, and ENG/VNG test battery.

AUDI 337 – Speech-Language Pathology (3.0 units)

Overview of the speech and language disorders, screening and identification of children at risk for speech and language disorders. Basic phonetics and transcription, basic speech and language screening protocols.

AUDI 339 – Deaf Culture and Communication Systems (3.0 units)

Introduction to Deaf Culture and American Sign Language (ASL), with emphasis on signs most useful to audiologists working clinically.

AUDI 341 – Psychoacoustics (3.0 units)

Physical and psychological attributes related to sound in normal hearing and impaired ears. Classical psychophysical methods discussed, with an emphasis on their application to audiological testing.

AUDI 343 – Research Methods (3.0 units)

Introduction to research methods used in audiology. Statistical analyses in descriptive and experimental research.

AUDI 345 – Hearing Disorders (3.0 units)

Etiology, pathophysiology, diagnosis and treatment of diseases of the outer, middle, inner ear and the central auditory system. Syndromic and non-syndromic genetic disorders along with their impact on the development and function of the auditory system.

AUDI 347 – Tinnitus Assessment and Treatment (3.0 units)

Causes and pathophysiology of tinnitus. The various therapies, pharmacological agents, and management of tinnitus.

AUDI 349 – Industrial Audiology (3.0 units)

Introduction to the basic principles of sound and its measurement, including Damage Risk Criteria and its application to noise-induced hearing loss will be addressed, as well as components of hearing conservation programs in a variety of settings and evaluation of their effectiveness in the prevention of hearing.

AUDI 353 – Professional Issues (3.0 units)

Current issues in the profession of audiology including audiology scope of practice, audiology employment opportunities, state licensure requirements to practice audiology, and professional certification options for audiologists.

AUDI 355 – Practice Management (3.0 units)

Operational and business management of a clinical practice setting. Developing an appropriate business plan; startup and long term planning; essential legal considerations.

AUDI 357 – Pharmacology (3.0 units)

Basic concepts and terminology of pharmacology will be explored, including pharmacokinetics, pharmacodynamics and ototoxic drugs. Medications that may contribute to or treat audiologic and vestibular diagnoses will be discussed. Legislation and regulatory issues related to drug clinical trials and the Food and Drug Administration (FDA) will be reviewed.

AUDI 359 – Tinnitus Treatment (3.0 units)

Management of the tinnitus patient with various therapies including pharmaceuticals, cognitive behavior therapy, and hearing devices.

AUDI 361 – Comprehensive Differential Diagnosis (3.0 units)

Comprehensive review of use of auditory and vestibular test batteries in different diagnosis and management of patients.

AUDI 363 – Diagnostic Electrophysiology II (3.0 units)

Advance assessments of hearing using auditory evoked responses across all age ranges. Evidence based review of the measurement and interpretation of the neurophysiological and electrophysiological methods of auditory function assessment in adults and children.

Prerequisite: AUDI 309.

AUDI 365 – Advanced Topics in Research, Practice and Technology (3.0 units)

Advance topics of current trends in the field of audiology. Seminars in contemporary research topics, developments in evidence-based practice, and advancement in technology in the industry.

AUDI 367 – Vestibular Assessment II (3.0 units)

Anatomy and physiology of the vestibular mechanism, case history, bedside evaluations, advanced diagnostic tests, introduction to vestibular rehabilitation, and advanced topics in vestibular research. Prerequisite: AUDI 331.

AUDI 369 – Physical and Behavioral Health for Audiology (3.0 units)

Referral and management of common health conditions including physical and behavioral health. Implications for hearing loss and clinical management.

AUDI 385A – Audiology Practicum I (1.0 unit)

Guided observations of a variety of audiologic activities and preliminary structured participation as aide in diagnostic evaluations under the guidance of clinical supervisors. Students will accrue a minimum of 40 patient observations and/or contact hours.

AUDI 385B – Audiology Practicum II (1.0 unit)

Guided clinical experience of a variety of audiological activities in diagnostic evaluations and hearing aid fittings under the guidance of clinical supervisors. Students will accrue a minimum of 40 patient contact hours.

AUDI 385C – Audiology Practicum III (1.0 unit)

Guided clinical experience of a variety of audiological activities in diagnostic evaluations and hearing aid fittings under the guidance of clinical supervisors. Students will accrue a minimum of 40 patient contact hours.

AUDI 387A – Internship I (2.0 units)

Clinical Experience in an off-campus placement to develop beginning audiology skills and provide patient care. Minimum of 200 hours of clinical experience required.

AUDI 387B – Internship II (2.0 units)

Clinical Experience in an off-campus placement to develop intermediate audiology skills and provide patient care. Minimum of 200 hours of clinical experience required.

AUDI 388A – Externship I (9.0 units)

Clinical Experience in an off-campus placement to develop advanced audiology skills and provide patient care. Minimum of 500 hours of clinical experience required.

AUDI 388B – Externship II (9.0 units)

Clinical Experience in an off-campus placement to develop advanced audiology skills and provide patient care. Minimum of 500 hours of clinical experience required.

AUDI 388C – Externship III (9.0 units)

Clinical Experience in an off-campus placement to develop advanced audiology skills and provide patient care. Minimum of 500 hours of clinical experience required.

AUDI 389A – Externship Seminar I (1.0 unit)

Utilizing an evidence-based approach, case presentations are made by students in a grand rounds format (presenting a particular patient’s medical problems, diagnostic testing results and treatment effects) to other audiology students and faculty incorporating various clinical practices and evaluation and treatment protocols.

AUDI 389B – Externship Seminar II (1.0 unit)

Utilizing an evidence-based approach, case presentations are made by students in a grand rounds format (presenting a particular patient’s medical problems, diagnostic testing results and treatment effects) to other audiology students and faculty incorporating various clinical practices and evaluation and treatment protocols.

AUDI 389C – Externship Seminar III (1.0 unit)

Utilizing an evidence-based approach, case presentations are made by students in a grand rounds format (presenting a particular patient’s medical problems, diagnostic testing results and treatment effects) to other audiology students and faculty incorporating various clinical practices and evaluation and treatment protocols.

Formative and Summative Assessment Plan

Formative Evaluation of Knowledge and Skills

Formative assessment is the ongoing measurement during educational preparation for the purpose of improving student learning. Formative assessment yields critical information for monitoring an individual’s acquisition of knowledge and skills. Such assessment must evaluate critical thinking, decision-making, and problem-solving skills for the purpose of differential diagnosis and patient management. Measures should include oral and written components, as well as demonstration of clinical proficiency.

Formative assessments will be conducted in each course, with ACAE and CAA standards covered in the class and evidence to be collected in each class showing achievement of the target competencies, identified in the syllabus of each course.

Summative Assessment (Qualifying Exams)

All students in the program will be evaluated at the end of year 1 to assess their ability to understand and integrate the appropriate academic material into clinical practice providing supporting rationale. The First Year Qualifying Examination will consist of a three-hour written exam and a case-based oral defense.

Year 1 – Qualifying Assessment

The purpose of this examination is a learning opportunity to identify mastery of foundational concepts, critical thinking and integration important to success in later portions of the Au.D. curriculum. The written portion is an in-class examination the week following finals week at the end of the third semester of the program (Summer Semester – Year 1) requiring that students work independently. The oral defense is case-based situations requiring the student to perform differential diagnosis utilizing knowledge within the first year of the program (encompassing all three semesters).

The exam will cover four emphasis areas: 1) Integration of basic science, 2) Audiological and vestibular assessment, 3) Hearing aids and 4) Differential Diagnosis. A passing grade on the exam is required to advance to the second year of the program. To pass the Year 1 Qualifying Examination, students must score at least 83% on both the written and oral portions of the exam. For those who pass, there may be some clarifications needed on some key elements that will be handled individually. Students scoring between 73 – 82% must retake the Qualifying Exam (which will be a totally different exam). Students who score less than 73% on the first try must petition for permission to retake the exam. Successful petition is not guaranteed, and the student may be ineligible to retake the examination and be subject to dismissal from the program. Students eligible to retake the Qualifying Exam who do not pass the retake are subject to dismissal from the program. The Student Review Committee will review any considerations regarding the result of the qualifying exam and/or further actions.

Year 2 – Qualifying Assessment

The second-year qualifying exams are held at the end of the spring semester. The exam is an oral exam with faculty members.

If a student does not pass the qualifying exam, they will be required to successfully complete a Year 2 qualifying remediation prior to commencing the externship. Remediation requirements may result in a delayed start to the externship year.

Remediation requirements include, but are not limited to, presentation of clinical cases with in-depth rationales and evidence-based interpretation to the faculty on a bi-weekly basis. Faculty will determine when a remediation has been successful. If the faculty determine that the remediation is unsuccessful, the student is subject to dismissal from the program.

Externship Evaluation

Successful completion of the externship experience serves as the summative assessment for clinical knowledge and skills. Students are assessed via the Clinical Skills Formative Assessment (CSFA) throughout their externship and will receive a grade at the end of each semester (Fall, Spring and Summer). The student must receive a grade of B or better in each semester in order to remain in good standing in the Au.D. program and to receive credit for the course.

Student Advising

Each student is assigned a primary academic advisor at the beginning of the Au.D. Program. The academic advisor will meet with the student at least once each semester. Students are required to consult with the academic advisor each semester to ensure that they are registering for the correct courses, to review their academic records and progress in the program. Students are also welcomed to meet with any of the faculty as needed.

Students will also coordinate with the Director of Clinic Education at the beginning of, and once during the semester to ensure that students are on track with regards to meeting the competencies of their current clinical rotations and making progress towards the requirements for California licensure, ACAE and CAA standards.

Regular meetings with advisors will keep communication channels open and enable mentoring relationships to develop. Advising is particularly important during pre-registration when a student encounters academic or clinical difficulty and before leaving for the externship to ensure all requirements have been fulfilled.

Tracking of Progress and Competencies

The Program carefully documents student academic and clinic progress at regularly scheduled advising meetings, held each semester. The faculty welcome additional requests for advising on an individual basis as needed.

Academic Program Tracking Form (APT)

The course grades and cumulative GPA, along with other progress markers, are tracked on the APT for each semester. The student will meet with the academic advisor to review the grades earned at the end of each semester as well as the cumulative GPA for both didactic courses and clinical courses. Each of these types of courses must maintain a cumulative GPA > 3.0 to remain in good standing. A sample APT is provided in the Appendix Section.

Student Evaluation and Recommendation Form (SER)

At the advising meeting each semester, the advisor will discuss student progress and document any needed remediation and/or conditions for probation. The evaluation is based on review of the APT as well as solicited input from other faculty and preceptors regarding progress and concerns. The SER is reviewed with the student and signed by the student, the advisor and the program director. Copies of the SERs are kept in the student's program file.

It is the student's responsibility to meet at least once a semester with his/her advisor during the first two years of the program and the Director of Clinical Education during the final year of program while on externship to discuss progress through the curriculum and ensure that the appropriate documentation has been entered into the Typhon system.

Performance and Remediation

Didactic Coursework

Didactic (non-clinical) course performance is assessed separately from clinical performance. Adequate progress in the Au.D. program is achieved by maintaining a cumulative GPA of 3.0 in all didactic coursework. If a student receives a grade of C or C+ in any course, remediation may be required by the course instructor (see remediation policy below). It is the student's responsibility to follow-up with the instructor. The minimum passing grade in any course taken in the Au.D. program is a C.

Any course in which a student receives a C- or lower does not qualify for remediation and must be successfully repeated by obtaining a grade of C+ or better in order to earn credit for the program.

At the conclusion of each semester a student's academic standing is determined to be one of the following:

- **Good Standing** – Semester GPA of 3.0 or higher and a cumulative didactic GPA of 3.0 or higher
- **Good Standing with Warning** – Semester GPA below 3.0 and cumulative didactic GPA of 3.0 or higher
- **Probation** – Any student with a cumulative GPA below 3.0 is placed on academic probation for the subsequent semester. Students on academic probation who fail to raise their program cumulative GPA to 3.0 at the end of the probationary semester are subject to disqualification from the program.
- **Subject to Disqualification** (see below)
- **Disqualified** (see below)

Didactic Probation

If the cumulative didactic GPA drops below 3.0 at the conclusion of any given semester, the student will be placed on academic probation for the next semester and will receive written notification of their status. To be removed from academic probation, the student must achieve a Semester GPA high enough to bring the cumulative GPA to 3.0 the next semester.

A student on didactic probation may not serve as an officer of any official Program or University club or organization (including holding a Class Officer position). If a student presently serving as an office/representative is placed on didactic probation, the other class leaders or the entire class will choose a substitute officer/representative to fulfill the position until the student is removed from probation.

Didactic Coursework Remediation:

Students must demonstrate knowledge competencies (learner outcomes) as described in the ACAE and CAA audiology standards. Any difficulty demonstrating this knowledge within the

initial assessments of the courses will result in specific remediation procedures to allow individuals to satisfactorily demonstrate target knowledge/skills competencies.

These remediation procedures can consist of one or more of the following, and must be completed in order to achieve specified standards:

- a. Activities described by course instructors in their course syllabi that must be completed during the course or soon after course completion (timeline to be determined by the course instructor). These activities may include such items as repeating lab assignments, presentation of the topic to the instructor, repeating one or more of the class exams.
- b. Comprehensive exam performance in questions designed to assess deficit/questionable knowledge/skills identified by various course instructors. For more information refer to the Qualifying Exam sections.

Remediation procedures are to be initiated by the student, with the understanding that target competency in the deficit area must be achieved as defined in the ACAE and CAA standards, by the end of the course sequence in which those knowledge/skills are covered. In other words, target competency must be demonstrated for a given knowledge/skill in at least one of the courses/practica/other experiences identified for that knowledge/skill in the audiology standards. Completion of the remediation procedures does not result in the raising of a grade, but will serve as demonstration of the target competencies. When a standard has been met the course instructor will submit a report to the audiology program director that the student's performance is satisfactory and an "S" will be entered into the student's record of achievement of the competencies. If a student fails to demonstrate knowledge or skill competency at the completion of remediation activities, the Course Instructor will submit a report to the audiology program director indicating "Unsatisfactory" as designated by "U".

Repeat Coursework

The Program's integrated curriculum is lock-step. Students complete the curriculum as a cohort. Courses are only offered once per calendar year. The opportunity to repeat coursework is not available unless outlined as a component of a remediation plan. A student may be required to repeat any coursework regardless of the grade received during the initial class attempt. The student acknowledges that additional tuition and fees may be incurred with repeat coursework and that said coursework may not be eligible for financial aid. Academic standing of a student repeating coursework is evaluated on an individual basis.

Clinical Practicum

The purpose of clinical grades is to evaluate and document progress towards attainment of clinical competencies and professional responsibilities. Clinical grades provide formative measures of student performance across the clinical education program in meeting ACAE, CAA and Au.D. program requirements. Students must demonstrate satisfactory performance each semester in their clinical practicum assignment in order to proceed in the program.

Students enrolled in AUDI 385 (year one clinic practicum), AUDI 387 (second year clinic practicum) or AUDI 388 (third year externship) will be evaluated throughout their clinical

placements using the Clinical Skills Formative Assessment (CSFA). The CSFA ratings are progressively structured to reflect 3 years of clinical practicum that require increased competency levels each semester.

If a student receives a grade of B- or lower for any clinic practicum (AUDI 385 A/B/C, AUDI 387 A/B, AUDI 388 A/B/C) he/she will be placed on probation for the next semester and a remediation plan will be developed and implemented.

Clinic Probation

Term Clinic GPA

If a student receives a grade of B- or lower for any clinic practicum (AUDI 385 A/B/C, AUDI 387 A/B, AUDI 388 A/B/C) he/she will be placed on probation for the next semester and a remediation plan will be developed and implemented, per the remediation policies. To be removed from term clinic probation, the student must achieve a term of 3.0 or greater and must continue to show clinical improvement as determined by the Director of Clinical Education and Clinical Preceptors.

Cumulative Clinic GPA

If the cumulative clinic GPA is below 3.0 at the conclusion of any given semester, the student will be placed on clinic probation for the next semester and will receive written notification of their status. To be removed from clinic probation, the student must achieve a semester GPA high enough to bring the cumulative GPA to 3.0 or greater.

Students on cumulative clinic probation who fail to raise their cumulative GPA to 3.0 and obtain a clinic practicum grade of B- or lower in two or more semesters (not necessarily sequential) of clinic practicum, will be subject to dismissal and must meet with the Student Review Committee and the Director of Clinical Education.

Clinic Remediation Policy

Occasionally, significant difficulties may be identified in clinical skills performance and/or interpersonal/professional capabilities. Once difficulties have been identified (e.g., practicum grade, skills performance, professional and/or interpersonal behaviors), the student will meet with a remediation team comprised of the student's advisor, the Director of Clinical Education & Training, and the student's clinical preceptor to discuss placement into a formal remediation plan.

Remediation goals, objectives and requirements will be discussed and developed. The student will be informed that his/her clinical participation privileges are at risk of being suspended and will be given specific written remediation recommendations.

Identified remediation areas will be tracked during the remediation period using the Remediation Tracking Spreadsheet to evaluate student performance. The student is required to discuss the remediation plan with his/her Clinical Preceptor to develop clinical experiences in the areas of concern. The Director of Clinical Education & Training in close consultation with the Clinical Preceptor will determine the performance outcome on the remediation plan.

Clinic Remediation Outcomes

Failure to meet the entire remediation criteria will result in a failing grade for clinic. Clinical hours for neither the practicum nor course credit will count towards California licensure, ACAE or CAA competencies or the degree.

Failure to meet the remediation criteria may be grounds for dismissal from the program. See ineligibility section for more information.

Dismissal Policy

Didactic Reasons

A student is ineligible to continue in the program and subject to dismissal if any of the following apply:

1. A didactic grade of C or lower on three or more occasions (not necessarily sequential).
2. GPA
 - a. If the current semester is the Probation semester and the final Semester GPA is below 3.0
 - b. If the current semester is the Probation semester and the cumulative didactic GPA is 3.0 or below
 - c. If a previous semester was Probation (not necessarily the semester immediately preceding the current semester) and the cumulative didactic GPA falls below 3.0
3. Violation of professionalism standards that rise to the level of unethical or threaten the safety or welfare of students, faculty, staff or other program members.

In all situations, the student will appear in front of the Student Review Committee to determine an outcome.

Clinical Reasons

A student is ineligible to continue in the program and subject to dismissal if any of the following apply:

1. A clinic practicum grade of B- or lower in two or more semesters (not necessarily sequential) of clinic practicum.
2. Conditions that trigger a remediation three or more times (not necessarily sequential) during the course of the program.
3. Violation of professionalism standards that rise to the level of unethical or threaten the safety or welfare of patients or other program members.

In all situations, the student will appear in front of the Student Review Committee to determine the outcome.

Leave of Absence/Withdrawal

Voluntary Leave of Absence

Voluntary leave of absence (LOA) is a form of temporary withdrawal. The Program advises all students considering a LOA, including medical or personal reasons, to speak with the Program Director or their faculty advisor.

Withdrawal

Students who intend to permanently withdraw from the University must initiate the process in the Office of the Registrar.

The withdrawal date used by Financial Aid for Return in the return of the Title IV Aid calculation and the effective date used by Student Accounts for tuition refunds are based on the date of notification to the Office of the Registrar. An official withdrawal from the University is the termination of rights and privileges offered to currently enrolled students; therefore may not use any University facilities.

Students who permanently withdraw from the Program, and later desire to return, must complete the same application and interview process as other applicants during a subsequent admissions cycle.

Verification of Student Identity in Distance Education

This policy applies to all credit-bearing distance education courses or programs offered by University of the Pacific's Department of Audiology, beginning with the application for admission and continuing through to a student's graduation, transfer, or withdrawal from study.

Procedures

The purpose of this policy is to ensure that the University of the Pacific's Department of Audiology operates in compliance with the provisions of the United States Federal Higher Education Opportunity Act (HEOA) concerning the verification of student identity in distance education.

All credit-bearing courses and programs offered through distance education methods must verify that the student who registers for a distance education course or program is the same student who participates in and completes the course or program and receives academic credit. According to the HEOA, one or more of the following methods must be used:

- a. An individual secure login and password,
- b. Proctored examinations, and/or

- c. Other technologies or practices that are effective in verifying student identification.

All methods of verifying student identity in distance learning must protect the privacy of student information. No fees are associated with the verification of student identity by the University of the Pacific's Department of Audiology.

Compliance

Secure Login and Password: Each Pacific student is assigned a unique student number or username and has a student-generated password to log into Pacific's learning management system. Students are responsible for providing their complete and true identity information in any identification verification process.

Proctored Examinations: The Department's clinic space is available for instructors' use on both the Stockton and San Francisco campuses. Other locations may be approved for proctored examinations if other proctoring procedures and technologies are available to ensure student identity onsite. Instructors are required to proctor their own examination or arrange for a proctor to do so.

Responsibilities: All users of the University's learning management system are responsible for maintaining the security of usernames, passwords, and other access credentials as required. An account is given to an individual for the exclusive use by that individual. Attempting to discover another user's password or attempts to gain unauthorized access to another person's files or mail is prohibited. It is against University policy for a user to give someone his or her password or allow others to use his or her account. Users are responsible for any and all users of their account. Users are responsible for all activity on their accounts.

Faculty: Faculty teaching courses through distance education methods hold primary responsibility for ensuring that students comply with identity verification policy. As technology and personal accountability are not absolute in determining a student's identity, faculty members are encouraged to design courses that use assignments and evaluations that support academic integrity. Changes in student behavior such as sudden shifts in academic performance or changes in writing style or language used in discussion groups or email may indicate academic integrity problems. Instructors routinely should use a variety of assessment instruments. As best practices suggest, faculty should routinely ask students to share in appropriate ways important ideas learned from texts and references, require research projects and paper assignments to be submitted in steps, and/or use Turnitin.com.

The Department chair and program directors are responsible for ensuring compliance with this policy and that faculty are informed of any changes in the policy in a timely fashion.

Effective Date

October 2014

Review Date

Not specified

Safety and Emergency Procedures

Medical/Non-medical Emergency Procedures

For non-medical emergencies or to reach the internal public safety office, dial **x56411** or **415-929-6411** as needed. The phone numbers are printed on the back of all badges.

For medical emergencies, call the Medical Emergency Pager at **x56668**. Pause. Then dial 300 and state your location when prompted. The phone number and instructions are printed on the back of all badges. Otherwise, call **9-911**.

An Automated External Defibrillator (AED) is located in the Audiology student clinician room.

Fire Emergency Procedures

Evacuation maps and procedures are posted by the elevators on each floor and at the entrance to each stairwell. If the fire alarm sounds, all personnel are required to quickly exit the building using the nearest appropriate exit or escape route (do NOT use the elevators). Persons with disabilities should be assisted out of the building or removed to a safe haven to await evacuation by emergency responders. Proceed quickly to the Fifth Street and Minna Street alleyway. Assembly should start east of the 5th Street Parking Garage entrance, towards Fourth Street. Do not re-enter the building until informed by a uniformed officer or Crisis Action Team member.

The nearest fire extinguishers are located in the Audiology student clinician room, directly outside the front entrance of the Audiology clinic, and outside the back door of the clinic in the dental reception area. Additional fire extinguishers are located within the emergency stairwells on each floor and by the elevators.

If you are with someone in a wheelchair/mobility issues, please take them to the nearest fire exit. Please inform internal public safety **x56411** that you have a person who needs assistance.

Earthquake procedures

Earthquakes occur without warning. When an earthquake occurs, the following actions will be taken:

1. The Floor Warden and/or alternates implement ACTION: DROP TO SAFE POSITION IN LOCATION.
2. As soon as possible, everyone shall move away from windows and out from under suspended light fixture and book shelves.
3. Remain in building to await public safety instructions unless it is apparent that it is unsafe to do so. Be aware that going outside increases the risk of encountering danger from downed electrical wires, loose masonry on buildings and breaking glass from surrounding buildings.
4. Do not light any fires after the earthquake due to possible gas leaks.
5. Avoid touching electrical wires that may have fallen.

6. Take roll call.
7. Request assistance as needed from the City.

CPR and Emergency Kits

All clinical educators and graduate clinicians must have cardiopulmonary resuscitation (CPR) training for both adults and children. CPR training will be offered through the University and is renewed as directed by the administering body. In addition to the AED device in the student clinician room and another is located near the elevators outside of the Audiology clinic.

A First aid/Emergency kit is also available, along with extra food and water rations. This is stored in a cabinet to the left of the refrigerator in the student clinician room. In the event that items are used from one of the kits, please notify the Clinic Office so they can be replaced.

Miscellaneous

Given the possibility of injury, no child should be left unattended, either in an examination room, the hall, or in the waiting areas. Children under the age of 18 must be accompanied by a parent or guardian during appointments.

Report any work-related injury or illness, no matter how minor, to your supervisor immediately. Obtain and complete an Incident form from your supervisor.

Battery recycling

Batteries contain toxic metals and it is illegal to dispose of them in the trash. By recycling your batteries, you can keep in compliance with current environmental regulations, manage your waste stream properly, and limit your exposure to liability. A battery recycling bin is located in the hearing aid repair lab.

Emergency Phone List

- Fire-Police-Medical-Ambulance: 9-1-1
- Public Safety – Emergency: x56411
- Public Safety – Non-Emergency: x56456
- Building Operations Director: x56470
- Police Non-Emergency Number: 553-0123
- Fire Department Non-Emergency: 558-3300 (Night: 861-8020)
- Fire Safety Director: x56667
- California Emergency Management Agency (CAL/EMA): (800) 852-7550
- National Response Center (NRC): (800) 424-8802
- Poison Control Center: (800) 222-1222
- San Francisco Dept. of Public Health- Environmental Health: (415) 252-3900
- Emergency Clean-up Contractor - PSC Environmental Service: (877) 577-2669

**University of the Pacific Graduate School Student
Academic Grievance Policy and Procedures**

Approved by Academic Council on May 21, 1970; Revised October 14, 2004; Revised November 10, 2011; Revised February 14, 2013

Informal Grievance Process for Academic Matters

Prior to submitting a formal grievance, the student shall:

1. Consult the instructor whose action is being appealed. This consultation generally must take place within 14 calendar days of the start of classes after the grading period in question. The instructor is expected to meet with the student and respond to his/her grievance in writing within 10 calendar days.
2. If the student and the instructor are unable to reach agreement, or if the instructor is unwilling or unable to meet with the student, the student shall meet with the chair of the instructor's department. If the instructor involved is the Department Chair or if there is no Department Chair, the student shall meet with the appropriate Assistant or Associate Dean of the school involved. The Department Chair/Assistant or Associate Dean will meet with the student and with the instructor and recommend a solution to both the instructor and the student in writing within 10 calendar days.

Formal Grievance Process for Academic Matters

1. If the student and instructor are still unable to reach agreement, the student may file a grievance with the Office of Student Conduct and Community Standards (Student Conduct) generally within the 42 calendar days (6 weeks) of the start of classes after the grading period in question.
2. The Office of Student Conduct shall immediately notify a Student and Faculty Advocate. The Student and Faculty Advocates will meet with the aggrieved student within 14 calendar days (2 weeks) and advise the student in the preparation of evidence necessary to support his/her complaints.
3. Once a grievance has been forwarded, the Student Academic Grievance Board shall be convened to conduct a hearing within 21 calendar days (3 weeks). The Office of Student Conduct shall postpone the Student Academic Grievance Board Hearing in the event that the student is currently a party to an academic dishonesty case. The Board shall review all evidence, including the course syllabus, grading policy, exams, homework assignments, papers and other appropriate documents. Hearings are closed to all but the parties to the complaint, any witnesses, and the Student and Faculty Advocates. The student may be advised by the Student and Faculty Advocates during the hearing, but the Advocates may not testify. The Board will deliberate in executive session.
4. The decision of the Board is final, and the Board has the authority to change a grade or determine a remedy if it deems such action necessary. The decision will be provided in writing to the student, the instructor, the Student and Faculty Advocates, the Dean of the school or college involved, and, when a grade is changed, the University Registrar who shall amend the student's transcript. All written copies of the complaint, evidence, and

decision, and the content of the hearings will be treated as confidential and will not be released other than as mentioned above.

All timelines for this process are suggested and may be extended for just cause.

Academic Grievance Procedures for Students

This page describes the grievance procedures available to students of the University of the Pacific who are enrolled in graduate-level degree programs and post-doctoral scholars. These procedures are intended to address issues that arise from, are related to, or have direct impact on the academic activities of the student, such as assignment and evaluation of academic work in the course of attempting to fulfill the requirements of a particular course or degree. These procedures are intended to afford students and the University an opportunity to resolve grievances in an equitable manner.

Definition of a Grievance

Any graduate student or post-doctoral scholar who believes that he or she has been subjected to an improper decision on an academic matter is entitled to file a grievance.

A grievance is a complaint in writing filed with the Dean of Graduate Studies concerning a decision, made by a person or group of persons acting in an official University capacity that directly and adversely affects the student or post-doctoral fellow as an individual in his or her academic capacity. A grievance does not properly challenge dissatisfaction with a University policy of general application on the grounds that the policy is unfair or inadvisable, nor should a grievance challenge individual school, department, or program academic policies, as long as those policies are not in contravention of general University policy.

A grievance regarding an academic matter usually falls into one of three general categories:

- Those that derive from application of or decisions that are affected by a University policy, which may apply to students in addition to University graduate students. Examples are grades and attendance.
- Those that derive from matters addressed by policies of the Office of Research and Graduate Studies which apply specifically to graduate students.
- Those that derive from matters addressed by policies, procedures or practices of a department or comparable University administrative unit.

NOTE: If a graduate student believes that behavior in violation of the University's Policy against Sexual and Other Unlawful Harassment has occurred, the student should notify, in writing if possible, either the Director of Human Resources of the University or the Dean of Graduate Studies. Additionally, there are grievance procedures to resolve alleged acts of discrimination outlined in the University's policy statement on Prohibited Discrimination. Any person having a complaint of violation of this policy statement should contact the Director of Human Resources.

The University's Policy against Sexual and Other Unlawful Harassment is annually distributed to each graduate student and is available in the Department of Human Resources.

Right to Participate in Grievances without Retaliation

No graduate student, graduate student's representative, or other member of the University community who assists or participates in these procedures shall be subject to adverse action by the University, based on their activity in good faith in the course of filing or participating in the grievance procedure.

Time Limits to File a Grievance

It is the responsibility of the grieving graduate student to initiate any grievance within 60 days of the end of the academic term in which notice to the student of the adverse decision occurred, or when the decision should reasonably have been discovered. A delay in filing a grievance may constitute grounds for denial of the grievance in consideration of the matter as a whole by the University.

Informal Resolution Efforts Prior to Filing a Grievance

It is preferable that before a grievance is filed, a problem be resolved on an informal basis (that is, without the filing of a grievance). Candid and informal discussions are recommended between the aggrieved graduate student and the instructor, major professor, graduate committee, department chair, or graduate program director.

The level at which the informal discussion begins will depend upon the nature of the complaint. A course grade complaint must start with the instructor involved. Informal resolution of a problem dealing with research expectations, qualifying exams, or work assignments, should start with the major professor (or academic advisor) and should include discussion with the student's graduate committee where such a committee has been formed.

Resolution of a complaint regarding departmental policy must be initiated with the department chair with the individual at the next administrative level, for example, the chair or director of the relevant department or program. Where possible, resolution by informal efforts should be confirmed in writing signed by a department chair or above.

Step 1 - Initiation of a Grievance by Filing with the Dean of Graduate Studies

A grievance is initiated by filing a concise written statement, identifying the specific actions complained of, the persons responsible for such actions, the harm to the grievant, and the information that the grievant believes is relevant to the grievance. The statement should also include a description of the remedy sought and the informal efforts taken to date to resolve the matter. The grievance shall be filed with the Office of the Dean of Graduate Studies.

The Dean of Graduate Studies will determine the appropriate method by which the grievance will be resolved. The Dean will proceed in one of the following ways:

- Resolve the matter by written determination of the Dean, which may but need not be preceded by the Dean's conferring with the grievant, faculty member(s) and/or other individuals; or
- Refer the matter to other University resources for preliminary fact gathering (for example, where the matter concerns an issue addressed by the University's Policy Against Sexual and Other Unlawful Harassment), following which the Dean will resolve the matter by written determination.

The Dean's determination will be based on the following issues:

- Were the proper facts and criteria relied upon in reaching the decision being grieved?
- Were improper or irrelevant facts or criteria relied upon in reaching the decision being grieved? If so, was there any significant adverse effect upon the grievant?
- Were there any procedural irregularities that substantially affected the outcome of the matters, with significant adverse effect upon the grievant?
- If proper facts, criteria, and procedures were utilized, was the decision one that a person in the position of the decision-maker might reasonably have made?

Normally, no more than 60 days should elapse between the filing of a grievance and the determination of the Dean. The determination of the Dean shall be considered final and binding, unless timely written notice of appeal is filed with the Dean within 20 days of issuance of the determination of the Dean, with a copy to the Office of the Provost. If an appeal is filed, the grievance resolution continues with Step 2.

Step 2 - Appeal of Resolution by the Dean of Graduate Studies

If an appeal is filed as described above, the Graduate Dean requests that the Chair of the CGS convene within 30 calendar days, a graduate student grievance advisory panel ("panel"). The panel will consist of two full-time Pacific faculty members and a graduate student enrolled at Pacific, none of which are interested parties based on prior involvement with the matters or persons involved. For good cause shown to the Chair, the grievant may timely request replacement of a panel member, including the replacement of the student member of the panel with another impartial faculty member if the grievant feels a student member is inappropriate for the circumstances.

The panel will gather information in a manner that it determines appropriate to achieve an informed recommendation to the Dean. The same issues listed for the Dean's determination in Step 1 will be the basis for the panel's recommendation. The panel can either confirm the original grievance resolution from Dean of Graduate Studies, or recommend an alternative. The CGS Chair and Dean of Graduate Studies shall review the recommendations of the panel and promptly thereafter issue a written determination to the grievant. The determination of the appeal will be considered final and binding unless an appeal is filed with the Office of the Provost within 20 days after receiving the final determination of the grievance. If an appeal is filed, the grievance continues with Step 3.

Step 3 - Final Appeal to the Office of the Provost

An appeal of the determination in Step 2 is initiated by filing a concise written statement of appeal, identifying the specific grounds for appeal. The statement of appeal should identify grounds upon which the grievant believes that the determination failed to conform to University policy.

The Provost may determine the appeal, or the Provost may delegate to an assistant or associate provost the determination of the appeal. In either event, the determination of the appeal shall be final and binding on the grievant. Normally no more than 45 days should elapse between the filing of the appeal and its determination. The determination of appeal will resolve the issue whether resolution of the grievance did or did not conform to University policy.

Accreditation Commission for Audiology Education (ACAE) Policy and Procedures for Academic Complaints against Graduate Education Programs

Any individual may submit a complaint to the ACAE. Only complaints relating directly to the lack of compliance with the Accreditation Standards and requirements of accreditation will be considered.

Procedures for Filing a Complaint to the ACAE:

1. Complaints should be directed to the ACAE
Director, ACAE
11480 Commerce Park Drive, Suite 220
Reston, VA 20191
Telephone: 202.986.9500
2. An individual or group desiring to file a complaint with the ACAE shall submit the complaint in writing, signed by the complainant, to the Executive Director. The complaint should be specific in detail and include whatever documentation is available to support the complaint. Upon request and at the discretion of the ACAE Executive Director, ACAE may withhold or protect the identity of the complainant.
3. Upon receipt of the complaint, the Executive Director will forward within 10 business days, a copy to the Program Director, for response and appropriate documentation. If the name of the complainant is being withheld/protected, the Executive Director shall strike any personally identifiable information from the complaint prior to forwarding to the institution or program.
4. The Program Director will have 30 business days to respond to the complaint, including providing appropriate documentation to support the response. The Executive Director of ACAE may grant an extension of time to respond to the complaint if in the Executive Director's discretion an extension is warranted. A request for delay must be submitted in writing. If a site visit is scheduled within the response time frame, the response may be provided as set forth below.
5. If a site visit is scheduled within two months of the receipt of the complaint, the Executive Director will also refer the complaint to the chair of the evaluation team visiting the program for investigation and action during the regular course of the

evaluation process. The program will have an opportunity to respond during the course of the evaluation process.

6. The complaint and program response, including any supporting documentation will be turned over to the ACAE Board for its information. Simultaneously, the Executive Director, if feasible, will encourage informal efforts to resolve the matters that led to the complaint.
7. The ACAE Board shall take appropriate action, including but not limited to, dismissing the complaint, requiring a PSVR site visit or scheduling a full site visit.
8. Following review of the findings and complainant's written comments, if any, the ACAE Board at the next regularly scheduled meeting shall make a determination with respect to the allegations of the complaint. Within 15 business days following the decision, a written report shall be prepared specifying the factual findings of the ACAE Board and the actions, if any, that the ACAE 23 Board will take with respect to the complaint. The program and complainant(s) will be provided with a copy of the ACAE Board decision.

Council of Academic Accreditation (CAA) Policy and Procedures for Academic Complaints against Graduate Education Programs

A complaint about any accredited program or program in candidacy status may be submitted by any individual(s).

Criteria for Complaints

Complaints about programs must meet all of the following criteria:

1. be against an accredited graduate education program or program in candidacy status in audiology or speech language pathology;
2. relate to the Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology, including the relationship of the complaint to the accreditation standards;
3. be clearly described, including the specific nature of the charge and the data to support the charge; and
4. be within the timelines specified below:
 - if the complaint is being filed by a graduate or former student, or a former faculty or staff member, the complaint must be filed within one year of separation* from the program, even if the conduct occurred more than 4 years prior to the date of filing the complaint;
 - if the complaint is being filed by a current student or faculty member, the complaint must be filed as soon as possible, but no longer than 4 years after the date the conduct occurred;
 - if the complaint is being filed by other complainants, the conduct must have occurred at least in part within 4 years prior to the date the complaint is filed.

NOTE: For graduates, former students, or former faculty or staff filing a complaint, the date of separation should be the date on which the individual was no longer considered a student in or an employee of the graduate program (i.e., graduation, resignation, official notice of withdrawal or

termination), and after any institutional grievance or other review processes have been concluded.

Complaints must meet the following submission requirements:

- a. include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA;
- b. include the complainant's name, address and telephone contact information and the complainant's relationship to the program in order for the Accreditation Office staff to verify the source of the information;
- c. be signed and submitted in writing via U.S. mail, overnight courier, or hand delivery—not via e-mail or as a facsimile—to:

*Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology
American Speech-Language-Hearing Association
2200 Research Boulevard, #310
Rockville, MD 20850*

The complainant's burden of proof is a preponderance, or greater weight, of the evidence. These procedures do not prevent the CAA from considering a complaint against an accredited or candidate program if the program is involved in litigation or other actions by a third party.

Summary of Time Lines

The following summarizes the time lines in the complaint process, beginning from the date a complaint is received.

- Complaint is acknowledged within 15 days of receipt and forwarded to CAA Executive Committee
- If Executive Committee determines that complaint does not meet criteria for complaints, complainant is informed within 30 days that CAA will not investigate.
- If Executive Committee determines that complaint meets criteria, complainant is informed within 30 days of the determination that CAA will proceed with investigation.
- Complainant is given 30 days to sign waiver of confidentiality or withdraw the complaint.
- Within 15 days of receipt of waiver of confidentiality, the complaint is sent to the program for response, which must be submitted within 45 days. The program must submit its notice within 10 days of notification of the complaint whether it plans to file a response.
- Within 15 days of receipt of program's response, the chair forwards complaint and program response to CAA for review.
- Within 30 days, CAA determines course of action.
- If CAA determines that a site visit is necessary, it is scheduled and site visit team submits report to CAA within 30 days of visit.

- Within 15 days, the site visit report is forwarded to the program for its response within 30 days.
- CAA takes action within 21 days of program's response.
- If CAA withholds/withdraws accreditation, program is notified within 15 days of CAA's decision.
- Program has 30 days to request Further Consideration.
- If program does not request Further Consideration, decision is final and CAA notifies Secretary of U.S. Department of Education; if program timely requests Further Consideration, CAA takes action within 30 days.
- CAA informs program and complainant within 15 days of decision following Further Consideration.

For more information please visit

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

Section III:

Clinical Education

Au.D. Clinical Experience

First Year Practicum (Audiology Practicum I, II, III):

During the first year of the Au.D. program, students will begin guided observations in the on-campus clinic to obtain a variety of experience in support of academic coursework. The nature and content of the clinical experience will increase as basic diagnostic and rehabilitative techniques are acquired throughout the first several semesters in the graduate program. Beginning the student's first semester on campus, students will be in clinic one to two days per week and will accrue approximately 75 hours of observations and/or contact hours per semester. Each student will be required to demonstrate skills learned in the clinic through direct patient contact, course assignments, and comprehensive practical exams. Grades will be based on a combination of performance on clinical assignments, practical and written exams and the primary preceptors' evaluation of performance on the Clinical Skills Formative Assessment (CSFA). Clinical practicum hours will only be earned when all clinical assignments for the practicum sites have been completed.

Second Year Internships (Internship I, II):

Once a student has demonstrated consistent application of identified Core Clinical Competencies and utilizes evidence-based differential diagnosis, he/she is eligible to participate in off-campus clinical rotations. These off-campus rotations will include more intensive training. Students will spend two to three days per week in a hospital, clinic, or school setting throughout the greater San Francisco Bay Area. A minimum of 235 hours of clinical experience per semester will be obtained. Each facility has been approved by the University of the Pacific Au.D. program and employs experienced, licensed clinical preceptors. Patient populations will vary among clinics, as well as the experience obtained at each internship site. Internship preceptors receive no remuneration from University of the Pacific, they offer their services on a voluntary basis as a contribution to the Audiology profession as well as to our Department. There may be additional requirements for certain internship placements, which will be addressed on a case-by-case basis. Grades will be based on the primary preceptor's evaluation of performance on the CSFA evaluation form and will be assigned by the Director of Clinical Education. Grades for clinical practicum will only be earned when all clinical assignments for the practicum sites have been completed.

Students will be placed at internship sites by the Director of Clinical Education. A varied experience is required to ensure the students are trained to function in a variety of clinical settings, including exposure to pediatric and adult populations. The following criteria are used in making internship assignments:

1. Type of placement
2. Student preferences
3. Transportation needs
4. Amount of direct supervision/ability of student to work independently
5. Availability of resources at a clinical site

Final Year Externship (Externship I, II, III):

Audiology students will begin their third year externship either in July at the end of year two, or August at the beginning of year three. The externship site is an off-campus clinical placement designed to develop advanced audiology skills and provide direct patient care. It may take place at a local or distant facility and may include a stipend, which is at the discretion of the site and is not guaranteed. The goal of the externship is to provide each student with a full-time clinical experience that will lead to competent and autonomous practice of Audiology. The externship is a 12-month position and each student will accumulate a minimum of 1850 clinical hours over the course of the year.

In cooperation with the externship site, careful monitoring and reporting of student progress will continue throughout the third year externship. Grades will be based on the primary preceptor's evaluation of performance on the CSFA and will be assigned by the Director of Clinical Education. A grade for the clinical practicum will only be earned when all clinical assignments for each semester of the practicum has been completed. Upon successful completion of the externship, each student will have met all academic and clinical requirements for California licensure.

Clinical Rotation/Externship Pre-Requisites

For more specific details on eligibility and specific procedures, refer to the University of the Pacific Clinic Education Handbook.

All students must register for and complete the written portion of the California Hearing Aid Dispenser Exam by the first day of class in year two of the program (e.g., last week of August prior to starting the fall semester). Processing time for the written application can take up to one month. Students should plan for this accordingly. If the student accepts an externship placement in the State of California, successful completion of the practical portion of the exam is required prior to beginning the Externship.

Clinic Placements

The Director for Clinical Education creates a weekly master schedule for each academic term. Clinical Practicum will typically begin during the first week of each semester (fall, spring and summer). It is the responsibility of the Director for Clinical Education and each individual student to ensure that their clinical assignments will fulfill California licensure.

First year, first semester students, will typically be involved in clinical experiences for one full day per week and will also participate with a second year mentor to cover the walk-in clinic for time bi-weekly. Each slot may be with a different preceptor so the student can begin to see different styles and methods for patient care. Second and third semester students will typically experience more hands-on patient care, as skills and competencies develop.

Students will progress to off-campus clinical rotations during the summer of year one or the fall of year two depending on when the student is able to demonstrate consistent application of identified core competencies and differential diagnosis abilities. In order to progress to off-campus placement, the competencies must be completed by the end of the first block of the spring semester. Any student who has not completed the competencies will remain at the University of the Pacific Hearing & Balance center for the summer semester. All competencies must be completed by the end of the first block of the summer semester. Any student who has not completed the competencies by this time is ineligible to continue in the program and will be disqualified at the end of the summer semester.

Commencing the summer semester of year one, clinic exposure will be increased to two full days of clinic and will include coverage of the in-house walk-in clinic. Clinical rotations will increase to three days of clinic/week for the fall and spring semesters of year two.

Students in the summer of their first year will start preparation to apply for their third year externship positions. Applications for externships will be submitted by September 1 in the fall of the second year unless otherwise specified by an individual site.

Clinical Supervision

Au.D. student clinicians will often be assigned to more than one preceptor during each semester of practicum. According to ACAE and CAA guidelines supervision must be sufficient to ensure the welfare of the patient and the student in accordance with the AAA and ASHA Codes of Ethics (see Appendix). The specific amount of direct supervision will depend upon individual needs. Preceptors and students will coordinate to discuss expectations and requirements for clinic.

Regular preceptor-clinician conferences will be used to define the responsibilities of each person with regard to the needs of each individual patient. The student clinician should schedule an initial conference with his/her preceptor at the beginning of each term. This initial meeting should be held as soon as possible after clinical assignments are made. It is the student's responsibility to make the initial contact before the first patient appointment. The student may also be required to meet with the preceptor before or following each clinic session/appointment to determine the needs of the patient being seen and to verify that appropriate care is provided based on best practices.

Students are required to provide feedback of each of their preceptors at the end of each semester with the Supervisory Relationship Questionnaire (SRQ) form. It is imperative that this evaluation is submitted before your final practicum conference with your Preceptor to ensure honest feedback. The information provides valuable input to the Au.D. program. The information will be organized by the Program Administrator and will be reviewed by the Director of Clinical Education and Au.D. program faculty after the end of the term.

Maintenance of Clinic Hours

Students are required to log the amount of time spent participating in each session including preparation, report writing etc. Clinic hours can be logged online into Typhon which will maintain information on clinic hours and experiences for each student. Each student is required to log all of their clinical hours including off-campus sites and during the third year externship. Clinic hours will be verified and approved by the clinical preceptor. Recording clinical hours in Typhon is necessary to receive grades for the semester. This information is necessary for graduation and state licensure. It is the student's responsibility to maintain accurate records.

University of the Pacific Graduation requirements include the completion of the three semesters of externship in the third year (fall, spring, and summer) even if excess hours are accrued during this time. Clinical hours will be distributed across the 3-year Au.D. program in settings that provide a breadth of clinical experiences. These experiences may include basic and advanced auditory and vestibular system assessment, hearing amplification, cochlear implants and other implantable devices, pediatric and adult aural rehabilitation, hearing conservation, educational audiology, sedated assessments and intra-operative monitoring using evoked electrophysiological measures.

All clinical practicum hours obtained by the student must have prior approval by the Director of Clinical Education as each approved site must have a formal affiliation agreement filed with University of the Pacific prior to the placement of audiology students.

Professional Protocol for Clinical Practice

When participating in practicum, students are expected to behave in a professional manner at all times, demonstrating appropriate behavior in all interactions including those with clients/patients, family members, staff and preceptors. Doctoral students are expected to meet professional responsibilities without being instructed directly to do so. Such behaviors include, but are not limited to, arriving early, being prepared, taking responsibility for own actions, completing all required tasks in a timely manner, etc.

These professional expectations were developed based on the assumption that they were behaviors required in any work/professional setting and that they could and should be achieved by all students immediately upon entering the Au.D. Program. Unacceptable performance on expected professional behaviors will result in lowering of a student's grade and can result in ineligibility of clinical practicum.

A. ETHICAL PRACTICES

- Conducts all clinical work in accordance with the University of the Pacific Professional Protocol and the Code of Ethics set forth by the American Academy of Audiology and the American Speech-Language-Hearing Association.

B. DEPENDABILITY

- Prepares for and conducts clinical services as assigned.

- Prepares for and conducts meetings/conferences/consultations (reviews appropriate files, develops questions and/or key points for discussion).
- Carries out all duties to accomplish total case management (e.g., forms, phone calls, referrals, etc.).
- Makes appropriate arrangements and notifies all concerned regarding any schedule/location change or cancellation.

C. PUNCTUALITY

- Arrives on time for clinical practicum and is prepared for all appointments.
- Begins appointments on time.
- Does not cancel appointments without approval from Clinical Preceptor.
- In case of student clinician illness, accepts responsibility to:
 - a. Notify clinical preceptor *prior to the beginning of clinic*
 - b. Call patient/parent if needed
 - c. Discuss arrangements for make-up appointments with clinical preceptor
- When a patient is late, checks with appointment secretary to see if they cancelled. Then checks with clinical preceptor. Never leaves the clinic without notifying/checking with clinical preceptor first.
- Requests approval for absence from clinic in writing in advance of any anticipated absences from professional responsibilities.
- Submits all written assignments (e.g., test results, reports, letters, etc.) in acceptable form (appropriate grammatical usage, paragraph structure, punctuation, and spelling) by scheduled deadlines.
- Attends all meetings/conferences/consultations on time.

D. CONFIDENTIALITY

- Retains clinic folders in assigned locations in clinic, main office, treatment rooms, or graduate room.
- Utilizes discretion concerning patient information in written and oral communication with others.

E. COMMUNICATION

- Utilizes appropriate communication (polite, courteous, respectful) in all professional activities.
- Provides appropriate communication model for patient and family.
- Uses appropriate written and oral communication with all persons involved in the case including clinical preceptor, co-clinicians, and other professionals.
- Contacts clinical instructor regarding inability to complete work by designated deadline.

F. ACCOUNTABILITY

- Keeps documentation (test results, data on specific goals, correspondence, release of information, hearing aid status etc.) up-to-date and filed in the patient's Electronic Medical Record (EMR).
- Fills out appropriate billing forms in a timely manner.

G. DRESS CODE

- Follows Dress Code Policy outlined in the Audiology Student Handbook.

Clinic Dress Code

The professional appearance of every clinician should exhibit those aspects of good health and good health habits. Our standard of excellence in health care is reflected by the personal attention we give every patient and by the attention to detail we demonstrate when caring for our patients. Therefore, personal appearance should reflect a tasteful, clean, crisp, precise look, with every attention to detail. Our approach to health care management is classic and conservative, while delivering the finest in proven medical care to our patients. Our appearance should enhance our ability to perform our job; excesses and extremes that interfere with our safety and job function should be avoided.

- Hairstyles, facial hair, and makeup should be conservative and in a neat appearance.
 - Long hair should be tied back
 - Color should be naturally-occurring, age-appropriate hair colors with no distracting dye or cut patterns
- Teeth and breath must exhibit evidence of excellent oral hygiene.
- Piercings are considered inappropriate for clinic attire.
 - Body piercings should not be visible
 - Facial and oral jewelry is not permitted
 - Ear gauges are not permitted
 - Dangling earrings or hoops larger than one inch are not permitted
- Tattoos must be concealed by appropriate clothing.
- Excessive fragrance and odors must be avoided (perfumes, colognes, cigar and cigarette smoke, and body odors).
 - Fragrances should not be worn due to possible allergic reaction of patients
- Hands and fingernails must be clean and without stains
 - Nail polish should be in neutral matted to shimmer shades with no distracting glitter or color
 - If worn, nail polish should not be chipped
 - Length should be short or manicured within ¼ inch long
- Clothing must be professional and conservative.
 - Clothing must cover shoulders, back, chest, midriff, buttocks and undergarments at all times, regardless of body movement or position (e.g., when bending over or raising hands above your head)
 - Exposed chest or upper torso should not be visible from any angle
 - No t-shirts/Henley shirts

- Undergarments should never be visible (e.g., extending beyond outerwear or visible through clothing)
- Skirts should be no shorter than 3 inches above the middle of the knee cap
- No shorts
- Clothing should be neither too tight or excessively baggy
- No jeans, sweat pants/jeggings/leggings
- Clothing should not have holes/rips or distressed material
- Conservative hosiery, without patterns, and in neutral colors must be worn.
- Shoes should be professional and conservative, polished, in excellent condition, and worn at all times
 - Shoes should be closed-toe
 - No platform shoes over four (4) inches
 - No sneakers
- Chewing gum and all tobacco products are prohibited on clinic property.

Attendance Policy

Students are expected to attend all assigned clinic placements and are to take this responsibility seriously. Students are expected to be prepared and ready to begin their duties at the appointed time of arrival each day. The first instance of tardiness will result in a verbal warning. Continued tardiness will result in an immediate remediation plan and will affect the final clinic grade. If it is necessary for a student to be absent from clinic because of personal illness, illness of a member of the student's immediate family, or an emergency, the following guidelines should be followed:

- The student shall call his/her preceptor PRIOR to the start time the absence will occur.
- If the student is physically unable to call, he/she shall arrange for a representative to call in accordance to these guidelines.

In the event the student does not contact their preceptor prior to the beginning of the clinic, unless unable to do so as described above, the absence will be deemed an unexcused absence and will negatively affect the clinic grade and may result in the final clinic grade being reduced by one full letter grade (e.g., A to B, B+ to C+, etc.). In the event of any other conflict (e.g., weddings, funerals) any changes must be discussed **in advance** and **in person** with the preceptor. In order to be considered an excused absence, all absences must be documented. Undocumented absences will be deemed unexcused. Upon approval, the student and the preceptor will arrange a time for the student to make-up the missed clinic time.

Pacific Hearing and Balance Centers

The Pacific Hearing and Balance Centers at San Francisco and Stockton offer services to people of all ages, from infants to adults. The Centers have as a goal to improve communication through diagnostic evaluation and rehabilitative intervention.

The initial contact with the patient is typically an audiological assessment to determine the hearing status of the patient and the extent of the problem. Based on the results of this

evaluation, and the patient's needs, recommendations are made to the patient and his or her family regarding the avenues available for improved hearing and communication.

The Centers dispense hearing aids and assistive listening devices (i.e., FM listening systems, personal amplifiers, telephone amplifiers, and alarm/warning devices). An in-depth orientation is provided to patients and their family members to ensure the proper care and use of these devices, along with communication strategies to gain the most benefit within the individual's unique listening environment.

The Pacific Hearing and Balance Centers provides the following diagnostic and rehabilitative services:

- Adult hearing Diagnostic services
- Adult hearing Screening program
- Adult hearing Wellness programs
- Vestibular Assessment
- Hearing Conservation Program
- Diagnostic hearing evaluation of infants and toddlers
- Auditory Brainstem Response (ABR) testing
- Otoacoustic emissions (OAE) assessment
- Comprehensive pediatric hearing assessment
- Central Auditory Processing Disorder assessment and therapy
- Hearing aid program for infants, children and adults
- Hearing aid selection, evaluation and fitting
- Assistive listening device evaluation and dispensing
- Aural Rehabilitation program
- Tinnitus evaluation and counseling
- Cochlear implant assessment/programming (Stockton)

Standard Precautions and Infection Control

Overview

The University of the Pacific Hearing and Balance Center is committed to the delivery of quality audiologic care to all patients, including those with infectious diseases. Furthermore, the Hearing and Balance Center is committed to minimizing the risk of exposure to infection by clinicians, students, patients, and volunteers. The University will provide training, resources, and personal protective equipment (PPE) to promote safe work practices and to reduce hazards in the workplace.

At the Pacific Hearing and Balance Center, standard precautions will be practiced to prevent contact with blood or other potentially infectious materials to reduce the risk of occupational exposure and to protect all parties involved. Anyone working in the Hearing and Balance Center must adhere to the policies and procedures set forth regarding precautionary measures to be taken to minimize the risk of infectious transmissions through cross infection.

Infection Control Policies

Audio booths and hearing aid rooms are not equipped with sinks, however a sink is available outside the Clinical faculty office, the hearing aid repair lab, and the student clinician room. Waterless disinfectant for hands is available throughout the clinic, however soap and water should be utilized if hands are soiled. Germicidal disinfectant wipes will be kept in all examination rooms/booths as well as in the hearing aid repair lab and student clinician room. Non-latex gloves, paper towels, and tissues are also available within the clinic. These shall be thrown in regular waste containers located on each room, which will be emptied by the cleaning staff.

A designated blood borne pathogen container is located in the hearing aid repair lab and is labeled appropriately. It is to be used for heavily soiled items. The waste in this container is not to be touched and will be disposed of through the University Safety office.

Tools / instruments for sterilization will be placed in the appropriate container in the hearing aid repair lab. Items to be sterilized will be placed in the ultrasonic cleaner to be submersed in cold sterilization solution for 6 hours (or per the instructions of the cold sterilization solution).

Each clinician is responsible for cleaning test equipment and materials at the end of an appointment. Procedures are as follows:

Surface Disinfection:

One of the most important steps in reducing the number of germs, and therefore the spread of disease, is the thorough cleaning and disinfection of surfaces. Surface disinfection is a two-step process. First clean with soap and water to remove gross contamination, then disinfect with a germicidal wipe (available in all examination rooms). This protocol will be used on:

1. Table tops and chairs between clients.
2. Any equipment or materials handled or worn by patients.
3. Toys.
4. The reception counter.
5. Telephones.

Handling Hearing Aids and Earmolds:

Hearing aids and earmolds are assumed to be contaminated and therefore should always be handled with gloved hands or with a disinfectant wipe. The following steps will be followed when receiving these items:

1. Receive the instrument/earmold in a disinfectant wipe or gloved hand.
2. Use a disinfectant wipe to clean the surface of the instrument.
3. A hearing aid stethoscope may be used on an instrument/earmold that has been disinfected properly. Disinfect the stethoscope prior to attaching it to another instrument. The person using the stethoscope should disinfect it after use.

Audiologic Equipment:

Earphones and bone oscillators are disinfected at the end of each day or as needed between clients by the clinician. Disinfectant wipes are kept in each booth for this purpose. Specula, probe tips, and any other equipment that are single-use are to be thrown away in a waste container. Instruments that can be sterilized following a chemical sterilization procedure will be sent to the sterilization lab.

Toys:

1. Nonporous, easily cleaned toys will be provided. Plush toys are not permitted.
2. The clinician should wash any toy coming in contact with bodily fluids in a 1:10 bleach solution in the lab. The toys are then air-dried and put away. Gloves should be worn when handling the bleach and the bleach solution. The bleach solution is flushed down the sink drain after using. All other toys may be cleaned with a disinfectant wipe.
3. Gloves should be worn when cleaning toys and when handling toys known to have been exposed to bodily substances. The gloves are to be thrown in waste container.
4. Handwashing will be completed after cleaning and disinfecting toys. (See Handwashing Section for specific procedures.)

Handwashing

Experts agree that the single most effective practice that prevents the spread of germs is proper handwashing. Handwashing should be completed upon arrival at work, before and after contact with patients, after handling or preparing food, after using the toilet or changing a diaper, after removing gloves, and before going home. If hands come in contact with blood or body fluids, they should be immediately washed with soap and water. Hands should also be washed after sneezing, coughing, or wiping a nose.

Follow the basic handwashing technique:

- Remove all rings and put them in a safe place while washing hands;
- Using a liquid antibacterial soap, lather your hands. Vigorously scrub the palms, backs of the hands, wrists and forearms under running water. Also clean under the fingernails and between the fingers;
- Thoroughly rinse the hands under running water;
- Use a duration of 30 seconds between patients (if not grossly contaminated) and when handling patient devices;
- Use a duration of 60 seconds when in contact with patients, devices, or equipment with gross contamination;
- Thoroughly dry hands by blotting with a paper or disposable towel to help eliminate germs.
- Since faucets are considered contaminated, turn faucets off with the paper towel used for drying hands.

In the event that the clinician cannot access soap and water, a waterless hand disinfectant is available in each examination room for cleaning hands. Waterless hand disinfectants can be used if the hands are not visibly soiled, before direct client contact, after contact with client's intact skin, and after removing gloves. Choose alcohol hand cleaners containing 60-95% isopropyl, ethanol, or n-propanol and 1-3% glycerol or other emollients. The waterless hand disinfectants are flammable liquids, so they should be handled with reasonable care. When using the waterless hand disinfectants, the clinician should use the following guidelines:

- Apply approximately 3cc of product to palm of one hand.
- Rub hands together.
- Cover all surfaces of hands and fingers.
- Rub until hands are dry.

Gloves should be worn when contact with blood, body fluids containing visible blood, mucous membranes, or non-intact skin of patients. Gloves should be worn on the hand(s) that will come in contact with the blood or body fluid containing visible blood, or for handling items or surfaces soiled with blood or body fluids. Gloves should also be worn if the clinician's hands have non-intact skin.

The clinician should change gloves after contact with each client. Care should be taken so that the clinician does not touch the contaminated portion of the glove. To remove gloves safely use the following procedure:

- Peel off one glove from the wrist to the fingertip;
- Grasp it in the gloved hand;
- Using the bare hand, peel off the second glove from the inside, tucking the first glove inside the second glove as it is removed.
- Wash hands after gloves are removed.
- Contaminated gloves are usually thrown away in a regular waste container.

Immunizations and BLS certification

Health care providers are at risk of exposure to, and possible transmission of, preventable diseases. Risk of communicable diseases in the workplace is due to health care providers contact with infected patients or infective material from patients. Maintenance of immunity is therefore an essential part of prevention and infection control.

The vaccines required are Tetanus, Diphtheria, and Pertussis (TDAP), Measles, Mumps and Rubella (MMR), Varicella, and Influenza. Positive Rubella Titer is required in addition to MMR vaccination. As novel viruses evolve, this list of required vaccines may be updated at the discretion of the program.

All clinical preceptors and graduate clinicians must have an annual tuberculosis skin test (PPD). Proof of the test is kept on file in the clinic. If a clinical preceptor or student has a positive test on the PPD, then they must supply the clinic with proof of a clear chest x-ray or other appropriate

treatment. If the clinic has proof of a clear chest x-ray on file, then the person does not need any further testing unless symptoms appear.

All clinical faculty and students must have the seasonal vaccine to participate in clinical classes from October through March.

All clinical faculty and students must have current Basic Life Support (BLS) certification with Cardio Pulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) for healthcare providers to participate in clinical practicum. Online only CPR training program or CPR programs focusing only on infants cannot be used to meet the BLS requirements. Generally, BLS *for healthcare providers* will fulfill the requirements for both in-house placements, internship rotations and externship requirements. All BLS training must be provided by The American Heart Association (AHA). BLS training obtained by any other organization will require the student to repeat the course through the AHA at their own expense.

Medical Health Insurance

In order to ensure academic success, Pacific mandates that you maintain comprehensive health insurance. Additionally, some clinical internship and externship sites will require proof of current medical health insurance prior to starting a clinical rotation.

All students are automatically enrolled in the Anthem Blue Cross of CA plan each academic year. However, students who are able to demonstrate comparable coverage may opt out. If you already have your own health insurance, you must complete the waiver by the deadline date. If the waiver is not completed, you will be auto-enrolled in the student plan. Refer to the Insurance Office at 209-946-2027 or email insuranceoffice@pacific.edu for the current rate. Once you are billed, the cost of coverage is not refundable.

The waiver/enrollment process is a requirement you must meet **each academic year**. For more information on requirements for comparable coverage and waiver deadline dates, go to: <http://www.pacific.edu/insurancewaiver>. Any student who has not provided verification of current medical health insurance is ineligible to participate in clinical practicum.

Section IV:

Appendix

Current Doctoral Student Handbook Curriculum Schedule (2020-2021, Class of 2023)

Year 1				
	Dept.	Num.	Course	Units
Semester 1				
	AUDI	301	Anatomy & Physiology of Hearing	3
	AUDI	303	Signals and Systems	3
	AUDI	305	Diagnostic Audiology I	3
	AUDI	307	Diagnostic Audiology II	3
	AUDI	315	Amplification I	3
	AUDI	385A	Audiology Practicum I	1
Semester 2				
	AUDI	309	Diagnostic Electrophysiology I	3
	AUDI	311	Pediatric Audiology	3
	AUDI	315	Amplification II	3
	AUDI	341	Psychoacoustics	3
	AUDI	345	Hearing Disorders	3
	AUDI	385B	Audiology Practicum II	1
Semester 3				
	AUDI	331	Vestibular Assessment I	3
	AUDI	367	Vestibular Assessment II	3
	AUDI	337	Speech-Language Pathology	3
	AUDI	339	Deaf Culture and Communication Systems	3
	AUDI	343	Research Methods	3
	AUDI	385C	Audiology Practicum III	1
Year 2				
	Dept.	Num.	Course	Units
Semester 1				
	AUDI	319	Amplification III	3
	AUDI	369	Physical and Behavioral Health for Audiology	3
	AUDI	321	Auditory Implants	3
	AUDI	347	Tinnitus Assessment	3
	AUDI	387A	Internship I	2
Semester 2				
	AUDI	325	Aural Rehabilitation	3
	AUDI	349	Industrial Audiology	3
	AUDI	363	Diagnostic Electrophysiology II	3
	AUDI	357	Pharmacology	3
	AUDI	359	Tinnitus Treatment	3
	AUDI	387B	Internship II	2
Semester 3				
	AUDI	353	Professional Issues	3
	AUDI	355	Practice Management	3
	AUDI	361	Comprehensive Differential Diagnosis	3
	AUDI	365	Advanced Topics in Research, Practice and Technology	3
	AUDI	313	Central Auditory Processing – Diagnosis and Management	3

Year 3			
	Dept. Num.	Course	Units
Semester 1			
	AUDI	388A Externship I	9
	AUDI	389A Externship Seminar I	1
Semester 2			
	AUDI	388B Externship II	9
	AUDI	389B Externship Seminar II	1
Semester 3			
	AUDI	388C Externship III	9
	AUDI	389C Externship Seminar III	1

2019-2020 Doctoral Student Handbook Curriculum Schedule (Class of 2022)

Year 1				
	Dept.	Num.	Course	Units
Semester 1				
	AUDI	301	Anatomy & Physiology of Hearing	3
	AUDI	303	Signals and Systems	3
	AUDI	305	Diagnostic Audiology I	3
	AUDI	307	Diagnostic Audiology II	3
	AUDI	315	Amplification I	3
	AUDI	385A	Audiology Practicum I	1
Semester 2				
	AUDI	309	Diagnostic Electrophysiology I	3
	AUDI	311	Pediatric Audiology	3
	AUDI	315	Amplification II	3
	AUDI	341	Psychoacoustics	3
	AUDI	345	Hearing Disorders	3
	AUDI	385B	Audiology Practicum II	1
Semester 3				
	AUDI	331	Vestibular Assessment I	3
	AUDI	367	Vestibular Assessment II	3
	AUDI	337	Speech-Language Pathology	3
	AUDI	339	Deaf Culture and Communication Systems	3
	AUDI	343	Research Methods	3
	AUDI	385C	Audiology Practicum III	1
Year 2				
	Dept.	Num.	Course	Units
Semester 1				
	AUDI	319	Amplification III	3
	AUDI	369	Physical and Behavioral Health for Audiology	3
	AUDI	321	Auditory Implants	3
	AUDI	347	Tinnitus Assessment	3
	AUDI	387A	Internship I	2
Semester 2				
	AUDI	325	Aural Rehabilitation	3
	AUDI	349	Industrial Audiology	3
	AUDI	363	Diagnostic Electrophysiology II	3
	AUDI	357	Pharmacology	3
	AUDI	359	Tinnitus Treatment	3
	AUDI	387B	Internship II	2
Semester 3				
	AUDI	353	Professional Issues	3
	AUDI	355	Practice Management	3
	AUDI	361	Comprehensive Differential Diagnosis	3
	AUDI	365	Advanced Topics in Research, Practice and Technology	3
	AUDI	313	Central Auditory Processing – Diagnosis and Management	3
Year 3				
	Dept.	Num.	Course	Units

Semester 1

AUDI	388A Externship I	9
AUDI	389A Externship Seminar I	1

Semester 2

AUDI	388B Externship II	9
AUDI	389B Externship Seminar II	1

Semester 3

AUDI	388C Externship III	9
AUDI	389C Externship Seminar III	1

2018-2019 Doctoral Student Handbook Curriculum Schedule (Class of 2021)

Year 1			
	Dept. Num.	Course	Units
Semester 1			
	AUDI 301	Anatomy & Physiology of Hearing	3
	AUDI 303	Signals and Systems	3
	AUDI 305	Diagnostic Audiology I	3
	AUDI 307	Diagnostic Audiology II	3
	AUDI 369	Physical and Behavioral Health for Audiology	3
	AUDI 385A	Audiology Practicum I	1
Semester 2			
	AUDI 309	Diagnostic Electrophysiology I	3
	AUDI 311	Pediatric Audiology	3
	AUDI 315	Amplification I	3
	AUDI 341	Psychoacoustics	3
	AUDI 343	Research Methods	3
	AUDI 385B	Audiology Practicum II	1
Semester 3			
	AUDI 317	Amplification II	3
	AUDI 331	Vestibular Assessment I	3
	AUDI 337	Speech-Language Pathology	3
	AUDI 339	Deaf Culture and Communication Systems	3
	AUDI 345	Hearing Disorders	3
	AUDI 385C	Audiology Practicum III	1
Year 2			
	Dept. Num.	Course	Units
Semester 1			
	AUDI 367	Vestibular Assessment II	3
	AUDI 319	Amplification III	3
	AUDI 321	Auditory Implants	3
	AUDI 347	Tinnitus Assessment	3
	AUDI 387A	Internship I	2
Semester 2			
	AUDI 349	Industrial Audiology	3
	AUDI 325	Adult Aural Rehabilitation	3
	AUDI 363	Diagnostic Electrophysiology II	3
	AUDI 357	Pharmacology	3
	AUDI 359	Tinnitus Treatment	3
	AUDI 387B	Internship II	2
Semester 3			
	AUDI 353	Professional Issues	3
	AUDI 355	Practice Management	3
	AUDI 361	Comprehensive Differential Diagnosis	3
	AUDI 365	Advanced Topics in Research, Practice and Technology	3
	AUDI 313	Central Auditory Processing – Diagnosis and Management*	3
Year 3			
	Dept. Num.	Course	Units
Semester 1			

	AUDI	388A Externship I	9
	AUDI	389A Externship Seminar I	1
Semester 2			
	AUDI	388B Externship II	9
	AUDI	389B Externship Seminar II	1
Semester 3			
	AUDI	388C Externship III	9
	AUDI	389C Externship Seminar III	1

*originally scheduled in F' Y2, moved to Su'Y2 to reduce load during externship applications

2017-2018 Doctoral Student Handbook Curriculum Schedule (Class of 2020)

Year 1				
	Dept.	Num.	Course	Units
Semester 1				
	AUDI	301	Anatomy & Physiology of Hearing	3
	AUDI	303	Signals and Systems	3
	AUDI	305	Diagnostic Audiology I	3
	AUDI	307	Diagnostic Audiology II	3
	AUDI	369	Physical and Behavioral Health for Audiology	3
	AUDI	385A	Audiology Practicum I	1
Semester 2				
	AUDI	309	Diagnostic Electrophysiology I	3
	AUDI	311	Pediatric Audiology	3
	AUDI	315	Amplification I	3
	AUDI	341	Psychoacoustics	3
	AUDI	343	Research Methods	3
	AUDI	385B	Audiology Practicum II	1
Semester 3				
	AUDI	317	Amplification II	3
	AUDI	331	Vestibular Assessment I	3
	AUDI	337	Speech-Language Pathology	3
	AUDI	339	Deaf Culture and Communication Systems	3
	AUDI	345	Hearing Disorders	3
	AUDI	385C	Audiology Practicum III	1
Year 2				
	Dept.	Num.	Course	Units
Semester 1				
	AUDI	367	Vestibular Assessment II	3
	AUDI	319	Amplification III	3
	AUDI	321	Auditory Implants	3
	AUDI	365	Advanced Topics in Research, Practice and Technology	3
	AUDI	347	Tinnitus Assessment	3
	AUDI	387A	Internship I	2
Semester 2				
	AUDI	325	Adult Aural Rehabilitation	3
	AUDI	313	Central Auditory Processing – Diagnosis and Management	3
	AUDI	363	Diagnostic Electrophysiology II	3
	AUDI	357	Pharmacology	3
	AUDI	359	Tinnitus Treatment	3
	AUDI	387B	Internship II	2
Semester 3				
	AUDI	353	Professional Issues	3
	AUDI	349	Industrial Audiology	3
	AUDI	355	Practice Management	3
	AUDI	361	Comprehensive Differential Diagnosis	3
Year 3				
	Dept.	Num.	Course	Units

Semester 1

AUDI	388A Externship I	9
AUDI	389A Externship Seminar I	1

Semester 2

AUDI	388B Externship II	9
AUDI	389B Externship Seminar II	1

Semester 3

AUDI	388C Externship III	9
AUDI	389C Externship Seminar III	1

Professional Organizations***American Academy of Audiology***

The American Academy of Audiology is the world's largest professional organization of, by, and for audiologists. The active membership of more than 12,000 is dedicated to providing quality hearing care services through professional development, education, research, and increased public awareness of hearing and balance disorders.

For more information, please visit <http://www.audiology.org>

Academy of Doctors of Audiology

The Academy of Doctors of Audiology is dedicated to the advancement of practitioner excellence, high ethical standards, professional autonomy and sound business practices in the provision of quality audiologic care.

For more information, please visit <http://www.audiologist.org/>

American Speech-Language-Hearing Association (ASHA)

ASHA is the national professional, scientific, and credentialing association for more than 173,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists identify, assess, and treat speech and language problems, including swallowing disorders.

For more information, please visit <http://www.asha.org>

California Academy of Audiology (CAA)

CAA is organized for the purpose of promoting the public good by fostering the growth, development, recognition, and status of the profession of audiology and its members. CAA members are professional audiologists who are university trained and licensed to practice audiology within the State of California.

CAA offers an annual student scholarship for a student that will be enrolled in a California AuD Program at the time of the conference (September). The submission period is January 1 – February 1 every year and the student must be a member of CAA both at the time of application and at the time of the award to be eligible.

For more information including student membership information, please visit <http://www.caaud.org>

Student Academy of Audiology (SAA)

The Student Academy of Audiology (SAA) is the national student division of the American Academy of Audiology (AAA) that serves as a collective voice for students and advances the rights, interests, and welfare of students pursuing careers in audiology. The SAA introduces students to lifelong involvement in activities that promote and advance the profession of audiology and that provide services, information, education, representation and advocacy for the profession and for consumers of audiology services. The SAA has over 2,000 members, consisting of students enrolled in Au.D., Ph.D., or other accredited audiology doctoral programs for a first professional degree in audiology.

For more information, please visit <http://www.saa.org>

ADA Virtual Student Chapter

The Virtual Student Chapter is the national student division of the Academy of Doctors of Audiology (ADA) that serves the varied needs and concerns of student and emerging graduated members of ADA.

For more information, please visit <http://www.audiologist.org/virtual-student-chapter>

National Student Speech Language Hearing Association (NSSLHA)

Founded in 1972, NSSLHA is the national organization for graduate and undergraduate students interested in the study of normal and disordered human communication. NSSLHA is the only official national student association recognized by the American Speech Language Hearing Association.

For more information, please visit www.asha.org/nsslha/

State Licensing

[Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board](#)

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (SLPAHADB) protects the health, safety, and welfare of the people of California by requiring adherence to laws and regulations designed to ensure the qualifications and competency of providers of speech-language pathology, audiology and hearing aid services.

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board regulates the practices of speech-language pathology, audiology, and hearing aid dispensing in California by licensing those who meet minimum standards of competency. Among its functions, the Board promulgates laws and regulations; issues, renews, suspends, and revokes licenses; and imposes disciplinary sanctions, when necessary.

For details on State Licensure requirements, please visit
<http://www.speechandhearing.ca.gov/applicants/audiology.shtml>



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

CODE OF ETHICS

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

Index terms: ethics

Doi: 10.1044/policy.ET2010-00309

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

nolo contendere – No contest.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

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

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 the highest standards of professional competence in rendering services.

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

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

Rule 2c: Individuals shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services or execution of research. **Rule 2d:** Individuals shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel. Individuals shall not delegate any service requiring professional competence to unqualified persons.

Rule 2e: Individuals shall not knowingly permit personnel under their direct or indirect supervision to engage in any practice that is not in compliance with the Code of Ethics.

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

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

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

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

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

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

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

Rule 4d: Individuals using investigational procedures with human participants or prospectively collecting research data from human participants shall obtain full informed consent from the participants or legal representatives. Members conducting research with human participants or animals shall follow accepted standards, such as those promulgated in the current Responsible Conduct of Research by the U.S. Office of Research Integrity.

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

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

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

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

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

Rule 5e: Individuals shall maintain accurate documentation of services rendered according to accepted medical, legal and professional standards and requirements.

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

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

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

Rule 7a: Individuals shall not use professional or commercial affiliations in any way that would limit services to or mislead patients or colleagues.

Rule 7b: Individuals shall inform colleagues and the public in an objective manner consistent with professional standards about products and services they have developed or research they have conducted.

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

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

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

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

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

Signature: _____

Date: _____

PART II.

PROCEDURES FOR THE MANAGEMENT OF ALLEGED NONCOMPLIANCE

INTRODUCTION

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

PROCEDURES

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

Chair, Ethical Practices Committee
c/o Executive Director
American Academy of Audiology
11480 Commerce Park Dr. Suite 220
Reston, VA 20191

2. Following receipt of a report of suspected noncompliance, 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 Practice Board to disclose his/her name and complaint details should this become necessary during investigation of the allegation.
 - a. The Committee may, under special circumstances, act in the absence of a signed Waiver of Confidentiality. For example, in cases where the Ethical Practice Committee has received information from a state licensure board of a member having his or her license suspended or revoked, then the Ethical Practice 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 Committee review at any time during the deliberation.
3. The Ethical Practice Committee will convene to review the merit of the alleged noncompliance as it relates to the Code of Ethics
 - a. Ethical Practice 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 Practice Committee, the Committee will convene within 60 days of notification.
 - b. If the alleged noncompliance has a high probability of being legally actionable, the case may be referred to the appropriate agency. The Ethical Practice Committee may postpone member notification and further deliberation until the legal process has been completed.
4. If there is sufficient evidence that indicates noncompliance with the Code of Ethics has occurred, upon majority vote, the member will be forwarded a Notification of Potential Ethics Concern.
 - a. The circumstances of the alleged noncompliance will be described.
 - b. The member will be informed of the specific Code of Ethics principle(s) and/or rule(s) that may conflict with member behavior.
 - c. Supporting AAA 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 noncompliance, 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 Practice Committee determines that the evidence supports the allegation of noncompliance, 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 Practice Committee;
 - b. The date, time, and place of the hearing;
 - c. The ethical noncompliance 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 ethical noncompliance, the parties to the complaint will be notified that the case will be closed.
 - b. If the evidence supports the allegation of Code noncompliance, the Code(s)/Rule(s) will be cited and the sanction(s) will be specified.
8. The Committee shall sanction members based on the severity of the noncompliance and history of prior ethical noncompliance. 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 noncompliance 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 noncompliance.
 - b. Cease and Desist Order. The member signs a consent agreement to immediately halt the practice(s) that were found to be in noncompliance with the Code of Ethics
 - c. Reprimand. The member will be formally reprimanded for the noncompliance with 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 noncompliance.
 - 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 Practice 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 Practice 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 Practice 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 consequence for noncompliance with 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 reapplication.
9. The member may appeal the Final Finding and Decision of the Ethical Practice Committee to the Academy Board of Directors. The route of Appeal is by letter format through the Ethical Practice Committee to the Board of Directors of the Academy. Requests for Appeal must:
- a. be received by the Chair of the Ethical Practice Committee within 30 days of the Ethical Practice Committee notification of the Final Finding and Decision,
 - b. state the basis for the appeal and the reason(s) that the Final Finding and Decision of the Ethical Practice Committee should be changed,
 - c. not offer new documentation.
- The EPC chair will communicate with the Executive Director of the Academy to schedule the appeal at the earliest feasible Board of Director's meeting.
- 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 of the Ethical Practice Committee, the circumstances and nature of cases shall be presented in Audiology Today and in the Professional Resource area of the AAA website. The member's identity will not be made public.
11. No Ethical Practice Committee member shall give access to records, act or speak independently, or on behalf of the Ethical Practice Committee, without the expressed permission of the members then active. No member may impose the sanction of the Ethical Practice Committee, or interpret the findings of the EPC in any manner that may place members of the Ethical Practice Committee or Board of Directors, collectively or singly, at financial, professional, or personal risk
12. The Ethical Practice Committee Chair and Staff Liaison shall maintain electronic records that shall form the basis for future findings of the Committee.

CONFIDENTIALITY AND RECORDS

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

1. Complaints and suspected noncompliance with the Code of Ethics are assigned a case number.
2. Identity of members involved in complaints and suspected noncompliance cases and access to EPC files is restricted to the following:
 - a. EPC members
 - b. Executive Director
 - c. Agent/s of the Executive Director
 - d. 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 Practice Committee Chair or member designated by the Chair.
 - b. Redacted 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, as needed.
5. When a case is closed,
 - a. The Chair will forward all documentation to the Staff Liaison to be maintained at 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 5 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.

**University of the Pacific Doctor of Audiology Program
SAMPLE PROGRAM TRACKING FORM**

Name:
Date:
Status:
UoP ID:

Advisor:

Admit Year:
Graduation:

PRE-REQUISITES	Course	University	Sem/Yr
Life sciences			
Physical Sciences			
Behavioral Sciences			
Mathematics			
Sp/lang development (recomm)			
Oral and written English skills			
RELATED SKILLS			
American Sign Language			
Speech-language screening			
Plan to fulfill above pre-reqs:			

ACAD COURSE	Title	Unit		Term	Instructor	Grade	Num Grade	Grade Pts	Sem GPA	K/S met?
		s	S/B							
AUDI 301	Anatomy & Physiology of Hrg	3	S	Y1 Fall	Musacchia					
AUDI 303	Signals & Systems	3	S	Y1 Fall	Hu					
AUDI 305	Audiologic Assess I (Audio)	3	B	Y1 Fall	Hu					
AUDI 307	Audiologic Assess II (Immittance)	3	B	Y1 Fall	Henderson-Sabes					
AUDI 369	Phys & Beh Health for Audiology	3	S	Y1 Fall	Musacchia					
AUDI 309	Diagnostic Electrophysiology I	3	B	Y1 Spring	Musacchia					
AUDI 311	Pediatric Audiology	3	B	Y1 Spring	Balachandran					
AUDI 315	Amplification I	3	B	Y1 Spring	Henderson-Sabes					
AUDI 341	Psychoacoustics	3	B	Y1 Spring	Musacchia					
AUDI 343	Research Methods	3	S	Y1 Spring	Hu					
AUDI 317	Amplification II	3	B	Y1 Summer						
AUDI 331	Vestibular Assess & Treatment	3	S	Y1 Summer	Pasquesi					
AUDI 337	SLP for AuD	3	B	Y1 Summer	Salehomoum					
AUDI 339	Deaf Culture & Comm Systems	3	B	Y1 Summer	Salehomoum					
AUDI 345	Hearing Disorders	3	B	Y1 Summer	Hu					
AUDI 367	Vestibular Assessment II	3	S	Y2 Fall	Pasquesi					
AUDI 319	Amplification III	3	B	Y2 Fall	Balachandran					
AUDI 321	Auditory Implants	3	S	Y2 Fall	Goering					
AUDI 313	CAPD - Dx and Mgt	3	B	Y2 Fall	Balachandran					
AUDI 347	Tinnitus Assessment	3	S	Y2 Fall	Cascia					
AUDI 325	Aural Rehab	3	S	Y2 Spring	Henderson-Sabes					
AUDI 359	Tinnitus Treatment	3	S	Y2 Spring						
AUDI 349	Industrial Audiology	3	B	Y2 Spring	Hu					
AUDI 353	Professional Issues	3	B	Y2 Spring	Hanyak					

AUDI 357	Pharmacology	3	S	Y2 Spring	Galal					
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AUDI 363	Diagnostic Electrophysiology II	3	B	Y2 Summer	Musacchia					
AUDI 355	Practice Management	3	B	Y2 Summer	Billheimer					
AUDI 365	Adv Topics in Res, Prac & Tech	3	B	Y2 Summer	Henderson-Sabes					
AUDI 361	Comprehensive Differential Dx	3	B	Y2 Summer	Lim					
AUDI 389A	Externship Seminar I	1	S	Y3 Fall	Georgeson					
AUDI 389 B	Externship Seminar II	1	S	Y3 Spring	Georgeson					
AUDI 389C	Externship Seminar III	1	S	Y3 Summer	Georgeson					

CUM ACAD GPA as of :

CLINIC and CLINICAL METHODS

AUDI 385A	Clinical Practicum	1	S	Y1 Fall	UoP Preceptor					
AUDI 385B	Clinical Practicum	1	S	Y1 Spring	UoP Preceptor					
AUDI 385C	Clinical Practicum	1	S	Y1 Summer	UoP/Field Preceptor					
AUDI 387A	Field Clinical Practice	2	S	Y2 Fall	Field Preceptors					
AUDI 387B	Field Clinical Practice	2	S	Y2 Spring	Field Preceptors					

CUM CLINIC GPA as of :

EXTERNSHIP

AUDI 388A	Clinical Externship	9	S	Y3 Fall	Extern Preceptors					
AUDI 388B	Clinical Externship	9	S	Y3 Spring	Extern Preceptors					
AUDI 388C	Clinical Externship	9	S	Y3 Summer	Extern Preceptors					

CUM EXTERNSHIP GPA as of :

RESEARCH EXPERIENCE (Optional)

Term	Instructor	Project

EXAMINATIONS Notes/Scores

Y1 Qualifying Exam	
HAD Written	
HAD Practical	
Praxis Exam (score)	

EXTERNSHIP SITE

Name of Agency	
Address/Phone	

**Doctor of Audiology Program
 Sample Student Evaluation and Recommendations**

Name of Student:

Term and Year Being Evaluated:

Name of Advisor:

Cohort:

Date of Review:

This evaluation represents input received from relevant instructors for the term and the Director of Clinical Education & Training regarding your overall performance in the program for the indicated term and any recommendations that have been made. If the evaluation indicates areas in need of improvement, your primary advisor will discuss options with you. If your performance is unsatisfactory in any category, the faculty will review the information and make recommendations. If you have any concerns about the evaluation or process, please feel free to discuss them with the Director of Clinical Education & Training and/or Department Chair. A copy of this evaluation is kept in your file and, if requested, a copy will be given to you.

Rating for Term	Unsatisfactory	Needs Improvement	Satisfactory	Not applicable
Academic				
Clinic				
Qualification Exams				
Generic Abilities				

Remediation Steps Completed and Results:

PACIFIC

Thomas J. Long School of
Pharmacy & Health Sciences

Remediation Steps in Progress:

Areas of Difficulty and Recommended Plan for Improvement:

Student Comments (optional):

Student Signature/Date

Primary Advisor Signature/Date

(Your signature indicates that this information was reviewed with you and does not indicate agreement with the evaluation)

Director of Clinical Education & Training Signature/Date

Department Chair Signature/Date

Department of Audiology

155 Fifth Street San Francisco, CA 94103 Tel 415.400.8219 Fax 415.400.8421

STOCKTON SAN FRANCISCO SACRAMENTO

Generic Abilities*

Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at UW-Madison in 1991-92. The ten abilities and definitions developed are:

Generic Ability	Definition
1. Commitment to Learning	The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.
2. Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.
3. Communication Skills	The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
4. Effective Use of Time and Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
5. Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
6. Problem-Solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
7. Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
8. Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.
9. Critical Thinking	The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
10. Stress Management	The ability to identify sources of stress and to develop effective coping behaviors.

1. Commitment to Learning

Behavioral Criteria

Beginning Level

- Identifies problems
- Formulates appropriate questions
- Identifies and locates appropriate resources
- Demonstrates a positive attitude (motivation) toward learning
- Offers own thoughts and ideas
- Identifies need for further information

Developing Level (builds on preceding level)

- Prioritizes information needs
- Analyzes and subdivides large questions into components
- Seeks out professional literature
- Sets personal and professional goals
- Identifies own learning needs based on previous experiences
- Plans and presents an in-service, or research or case studies
- Welcomes and/or seeks new learning opportunities

Entry Level (builds on preceding levels)

- Applies new information and re-evaluates performance
- Accepts that there may be more than one answer to a problem
- Recognizes the need to and is able to verify solutions to problems
- Reads articles critically and understands limits of application to professional practice
- Researches and studies areas where knowledge base is lacking

Post-Entry Level (builds on preceding levels)

- Questions conventional wisdom
- Formulates and re-evaluates position based on available evidence
- Demonstrates confidence in sharing new knowledge with all staff levels
- Modifies programs and treatments based on newly-learned skills and considerations
- Consults with other allied health professionals and physical therapists for treatment ideas
- Acts as mentor in area of specialty for other staff

2. Interpersonal Skills

Behavioral Criteria

Beginning Level

- Maintains professional demeanor in all clinical interactions
- Demonstrates interest in patients as individuals
- Respects cultural and personal differences of others; is non-judgmental about patients' lifestyles
- Communicates with others in a respectful, confident manner

- Respects personal space of patients and others
- Maintains confidentiality in all clinical interactions
- Demonstrates acceptance of limited knowledge and experience

Developing Level (builds on preceding level)

- Recognizes impact of non-verbal communication and modifies accordingly
- Assumes responsibility for own actions
- Motivates others to achieve
- Establishes trust
- Seeks to gain knowledge and input from others
- Respects role of support staff

Entry Level (builds on preceding levels)

- Listens to patient but reflects back to original concern
- Works effectively with challenging patients
- Responds effectively to unexpected experiences
- Talks about difficult issues with sensitivity and objectivity
- Delegates to others as needed
- Approaches others to discuss differences in opinion
- Accommodates differences in learning styles

Post-Entry Level (builds on preceding levels)

- Recognizes role as a leader
- Builds partnerships with other professionals
- Establishes mentor relationships

3. Communication Skills

Behavioral Criteria

Beginning Level

- Demonstrates understanding of basic English (verbal and written); uses correct grammar, accurate spelling and expression
- Writes legibly
- Recognizes impact of non-verbal communication; maintains eye contact, listens actively
- Maintains eye contact

Developing Level (builds on preceding level)

- Utilizes non-verbal communication to augment verbal message
- Restates, reflects, and clarifies message
- Collects necessary information from the patient interview

Entry Level (builds on preceding levels)

- Modifies communication (verbal and written) to meet the needs of different audiences
- Presents a verbal or written message with logical organization and sequencing
- Maintains open and constructive communication

- Utilizes communication technology effectively
- Dictates clearly and concisely

Post-Entry Level (builds on preceding levels)

- Demonstrates ability to write scientific research papers and grants
- Fulfills role as patient advocate
- Communicates professional needs and concerns
- Mediates conflict

4. Effective Use of Time and Resources

Behavioral Criteria

Beginning Level

- Focuses on tasks at hand without dwelling on past mistakes
- Recognizes own resource limitations
- Uses existing resources effectively
- Uses unscheduled time efficiently
- Completes assignments in a timely fashion

Developing Level (builds on preceding level)

- Sets up own schedule
- Coordinates schedule with others
- Demonstrates flexibility
- Plans ahead

Entry Level (builds on preceding levels)

- Sets priorities and reorganizes as needed
- Considers patient's goals in context of patient, clinic, and third party resources
- Has ability to say "No"
- Performs multiple tasks simultaneously and delegates when appropriate
- Uses scheduled time with each patient efficiently

Post-Entry Level (builds on preceding levels)

- Uses limited resources creatively
- Manages meeting time effectively
- Takes initiative in covering for absent staff members
- Develop programs and works on projects while maintaining case loads
- Follows up on projects in timely manner
- Advances professional goals while maintaining case loads
- Follows up on projects in timely manner
- Advances professional goals while maintaining expected workload

5. Use of Constructive Feedback

Behavioral Criteria

Beginning Level

- Demonstrates active listening skills
- Actively seeks feedback and help
- Demonstrates a positive attitude toward feedback
- Critiques own performance
- Maintains two-way communication

Developing Level (builds on preceding level)

- Assesses own performance accurately
- Utilizes feedback when establishing pre-professional goals
- Provides constructive and timely feedback when establishing pre-professional goals
- Develops plan of action in response to feedback

Entry Level (builds on preceding levels)

- Seeks feedback from clients
- Modifies feedback given to clients according to their learning styles
- Reconciles differences with sensitivity
- Considers multiple approaches when responding to feedback

Post-Entry Level (builds on preceding levels)

- Engages in non-judgmental, constructive problem-solving discussions
- Acts as conduit for feedback between multiple sources
- Utilizes feedback when establishing professional goals
- Utilizes self-assessment for professional growth

6. Problem-Solving**Behavioral Criteria****Beginning Level**

- Recognizes problems
- States problems clearly
- Describes known solutions to problem
- Identifies resource needed to develop solutions
- Begins to examine multiple solutions to problems

Developing Level (builds on preceding level)

- Prioritizes problems
- Identifies contributors to problem
- Considers consequences of possible solutions
- Consults with others to clarify problem

Entry Level (builds on preceding levels)

- Implements solutions
- Reassesses solutions
- Evaluates solutions

- Updates solutions to problems based on current research
- Accepts responsibility for implementing solutions

Post-Entry Level (builds on preceding levels)

- Weighs advantages
- Participates in outcome studies
- Contributes to formal quality assessment in work environment
- Seeks solutions to community health-related problems

7. Professionalism

Behavioral Criteria

Beginning Level

- Abides by ASHA Code of Ethics
- Demonstrates awareness of state licensure regulations
- Abides by facility policies and procedures
- Projects professional image
- Attends professional meetings
- Demonstrates honesty, compassion, courage, and continuous regard for all

Developing Level (builds on preceding level)

- Identifies positive professional role models
- Discusses societal expectations of the profession
- Acts on moral commitment
- Involves other health care professional in decision-making
- Seeks informed consent from patients

Entry Level (builds on preceding levels)

- Demonstrates accountability for professional decisions
- Treats patients within scope of expertise
- Discusses role of audiology in health care
- Keeps patient as priority

Post-Entry Level (builds on preceding levels)

- Participates actively in professional organizations
- Attends workshops
- Actively promotes the profession
- Acts in leadership role when needed
- Supports research

8. Responsibility

Behavioral Criteria

Beginning Level

- Demonstrates dependability
- Demonstrates punctuality

- Follows through on commitments
- Recognizes own limits

Developing Level (builds on preceding level)

- Accepts responsibility for actions and outcomes
- Provides safe and secure environment for patients
- Offers and accepts help
- Completes projects without prompting

Entry Level (builds on preceding levels)

- Directs patients to other health care professionals when needed
- Delegates as needed
- Encourages patient accountability

Post-Entry Level (builds on preceding levels)

- Orients and instructs new employees/students
- Promotes clinical education
- Accepts role as team leader
- Facilitates responsibility for program development and modification

9. Critical Thinking

Behavioral Criteria

Beginning Level

- Raises relevant questions
- Considers all available information
- States the results of scientific literature
- Recognizes “holes” in knowledge base
- Articulates ideas

Developing Level (builds on preceding level)

- Feels challenged to examine ideas
- Understands scientific method
- Formulates new ideas
- Seeks alternative ideas
- Formulates alternative hypotheses
- Critiques
- Hypothesizes and ideas

Entry Level (builds on preceding levels)

- Exhibits openness to contradictory ideas
- Assesses issues raised by contradictory ideas
- Justifies solutions selected
- Determines effectiveness of applied solutions

Post-Entry Level (builds on preceding levels)

- Distinguishes relevant from irrelevant patient data
- Identifies complex patterns of associations
- Demonstrates beginning intuitive thinking
- Distinguishes when to think intuitively vs. analytically
- Recognizes own biases and suspends judgmental thinking
- Challenges others to think critically

10. Stress Management

Behavioral Criteria

Beginning Level

- Recognizes own stressors or problems
- Recognizes distress or problems in others
- Seeks assistance as needed
- Maintains professional demeanor in all situations

Developing Level (builds on preceding level)

- Maintains balance between professional and personal life
- Demonstrates effective affective responses in all situations
- Accepts constructive feedback
- Establishes outlets to cope with stressors

Entry Level (builds on preceding levels)

- Prioritizes multiple commitments
- Responds calmly to urgent situations
- Tolerates inconsistencies in health-care environment

Post-Entry Level (builds on preceding levels)

- Recognizes when problems are unsolvable
- Assists others in recognizing stressors
- Demonstrates preventative approach to stress management
- Establishes support network for self and clients
- Offers solutions to the reduction of stress within the work environment

**** Developed by the Physical Therapy Program, university of Wisconsin-Madison May et al. Journal of Physical Therapy Education. 9:1, Spring 1995.***

UNIVERSITY OF THE PACIFIC

Doctor of Audiology Program Handbook Statement

I have read, understand, and agree to follow the policies and procedures set forth by University of the Pacific and University of the Pacific Doctor of Audiology Program as outlined in the Tiger Lore student handbook and this handbook. As a student I am responsible for referring to this Handbook for specific policies and procedures governing my status as a Doctor of Audiology student to include Program requirements, goals and objectives, satisfactory academic, clinic and professional progress, graduation requirements and grievance policies.

Every attempt is made to provide a complete handbook that provides an accurate overview of the Program policies and curriculum. However, circumstances and events may make it necessary to modify the Handbook during enrollment. Any amendments shall supersede those sections of the original handbook. I understand that amendments may be made to the policy and procedures noted within. I hereby agree to comply with all provisions listed in this handbook and any future amendments.

Print Name

University ID Number

Signature

Date

***ALL STUDENTS MUST SIGN THE STATEMENT and submit it to the Audiology Program
Office, 155 5th Street, San Francisco, CA 94103
No later than August 1, 2020***