



Name of Applicant: _____
(Please print)

**2020 Standards for Clinical Certification in Audiology
Verification by Program Director**

Please respond to each question. The applicant must have met each standard in order to be awarded certification.*

- Yes No Completed a course of study that addresses the knowledge and skills necessary to independently practice in the profession of audiology. (Standard II)

- Yes No Been granted an audiology doctoral degree (AuD) from a program in candidacy status or accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). (Standard I)

If No—Has applicant been granted a doctoral degree equivalent to a CAA-accredited AuD? Explain*.

- Yes No Completed a course of study that included academic course work and clinical experiences that met CAA standards for duration and was sufficient to demonstrate the acquisition of the knowledge and skills identified in Standard II. (Standard III)

- Yes No At least 12 months of full-time supervision was provided by individuals who held the ASHA Certificate of Clinical Competence in Audiology (CCC-A), who had a minimum of nine months of post-certification supervisory experience, and who had two hours of continuing education in supervision. (Standard III)

If No—How many months of supervised clinical experience was completed under an ASHA-certified audiologist who has had nine months of post-certification supervisory experience, and two hours of continuing education in supervision? Explain*.

- Yes No Knowledge delineated in Foundations (Standard IV-A)

- Yes No Knowledge and skills delineated in Prevention and Screening (Standard II-B)

- Yes No Knowledge and/or skills delineated in Audiologic Evaluation (Standard II-C)

- Yes No Knowledge and skills delineated in Counseling (Standard II-D)

- Yes No Knowledge and skills delineated in Audiologic Rehabilitation Across the Lifespan (Standard II-E)

- Yes No Knowledge and skills delineated in Pediatric Audiologic (Re)habilitation (Standard II-F)

****Attach an explanation for any statements above for which you checked "no."***

The program director or designee verifies that the student met each standard and has successfully met the academic program's requirements. *Photocopies or stamped signatures will not be accepted.*

Name of Program Director _____ Title _____
(Please print)

Signature _____ Date ____/____/____

Date course work and clinical practicum requirements for ASHA certification were completed ____/____/____