



**Name of Applicant:** \_\_\_\_\_  
(Please print)

**Applicant: Have this page completed only if you earned less than 12 months of full-time supervised clinical experience under a CCC-A supervisor with the requisite experience and training.**

**2020 Standards for Clinical Certification in Audiology  
Verification by Post-Graduate Supervisor\***

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

How many months of full time equivalency of supervision did you provide? (Standard III) \_\_\_\_\_

Place of employment \_\_\_\_\_

Primary Setting \_\_\_\_\_

Job Function \_\_\_\_\_

Time Period \_\_\_\_\_

- |                              |                             |                                       |  |
|------------------------------|-----------------------------|---------------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed | Knowledge delineated in Foundations (Standard IIA)   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed | Knowledge and skills delineated in Prevention and Screening (Standard IIB)                         |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed | Knowledge delineated in Audiologic Evaluation (Standard IIC)                                       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed | Knowledge and skills delineated in Counseling (Standard IID)                                       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed | Knowledge and/or skills delineated in Audiologic Rehabilitation Across the Lifespan (Standard IIE) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Observed | Knowledge and skills delineated in Pediatric Audiologic (Re)habilitation (Standard IIF)            |

**\* Supervisors for the purposes of ASHA certification must hold the Certificate of Clinical Competence in Audiology (CCC-A), must have a minimum of nine months of post-certification supervisory experience, and must have two hours of continuing education in supervision.**

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

The post-graduate supervisor verifies that the applicant has successfully met each standard outlined above. *Photocopies or stamped signatures are not accepted.*

Name \_\_\_\_\_ ASHA Account # \_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_