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) ________

<table>
<thead>
<tr>
<th>Place of employment</th>
<th>____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Setting</td>
<td>____________________________</td>
</tr>
<tr>
<td>Job Function</td>
<td>____________________________</td>
</tr>
<tr>
<td>Time Period</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

☐ Yes  ☐ No  ☐ Not Observed Knowledge delineated in Foundations (Standard IIA)

☐ Yes  ☐ No  ☐ Not Observed Knowledge and skills delineated in Prevention and Screening (Standard IIB)

☐ Yes  ☐ No  ☐ Not Observed Knowledge delineated in Audiologic Evaluation (Standard IIC)

☐ Yes  ☐ No  ☐ Not Observed Knowledge and skills delineated in Counseling (Standard IID)

☐ Yes  ☐ No  ☐ Not Observed Knowledge and/or skills delineated in Audiologic Rehabilitation Across the Lifespan (Standard IIE)

☐ Yes  ☐ No  ☐ 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 student met each standard and has successfully met the academic program’s requirements. Photocopies or stamped signatures will not be accepted.

Name ____________________________ ASHA Account # ____________________________
(Please print)

Signature ____________________________ Date __________/________/________

ASHA 2020 Audiology Standards for Clinical Certification 9/2020