This Handbook is intended to provide all students in the Au.D. program with basic information about academic degree requirements. This handbook supplements, but does not supersede, the degree requirements found in the Graduate School Bulletin. You should have a copy of the Bulletin which governs your degree program, and you are expected to be familiar with its contents. Read this Handbook and the Graduate School Bulletin carefully and see the Director of the Au.D. program if you have any questions.
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THE JOB OUTLOOK FOR THE FUTURE

While it is difficult to predict exactly what the job market will be in any profession in years to come, we do know that a number of factors are influencing an increase in the demand for audiologists and hearing professionals. For example, a greater number of children are identified with hearing loss at an earlier age due to the advent of universal newborn hearing screening programs in the U.S. in recent years. Earlier identification has, in turn, led to the need for earlier intervention. This is resulting in the employment of more hearing professionals in a variety of settings serving pediatric populations. Additionally, the increasing population of older Americans in the U.S. with hearing loss frequently requires the services of audiologists. The incidence of hearing impairment is increasing among younger people who are developing hearing loss due to environmental factors, particularly noise abuse. All told,
the demand for services provided by audiologists and hearing professionals has been projected to be high through the first quarter of the 21st century.

Preparing for the Profession

The Certificate of Clinical Competence in Audiology (CCC-A), issued by the American Speech-Language-Hearing Association (ASHA), is the only professional credential for audiologists recognized in every state. Effective January 1, 2007, candidates for the CCC-A must have completed 75 post-baccalaureate credit hours in audiology and, by January 1, 2012, at least 90 post-baccalaureate credit hours in audiology leading to a doctoral degree. In addition to these credit-hour requirements, students must complete 2000 hours of clinical practicum and pass a national examination. The IU Au.D. program is designed to fulfill those requirements that will become effective in 2012. Although certification is a voluntary process, most clinics, hospitals, and other service facilities require their employees to have the CCC-A. Forty-seven states have licensure requirements for audiologists and, in most cases, meeting the requirements for the CCC-A will ensure eligibility for state licensure.

UNDERGRADUATE PREPARATION

It is expected that you will have completed undergraduate course work and received a Bachelor’s degree from an accredited university in any one of several fields, including, but not restricted to, speech and hearing sciences, psychology, biology, or engineering. Depending on your background, your advisor may suggest that you also complete some of the following courses while in the Au.D. program:

- S515/S302 Introduction to Acoustics
- S575/S275 Human Hearing & Communication
- S524/S333 Survey of Children’s Lang. Dev. (or SPHS S433)
- S521/S420 Phonological Development & Disorders in Children
- S547/S436 Language Disorders in Children

If any of these undergraduate courses are taken during the Au.D. program, they may not be counted toward satisfying any of the requirements for the degree, even though graduate credit may have been awarded for the graduate version of the course(s). In addition to required professional course work, students hoping to achieve the CCC-A must document course work completed as an undergraduate in each of the following areas (no credit-hour minimums):

- life sciences;
- physical sciences;
- behavioral sciences; and
- mathematics.
# The Au.D. Degree

## TYPICAL COURSE of STUDY

### YEAR 1

<table>
<thead>
<tr>
<th>Fall</th>
<th>Credits</th>
<th>Practicum</th>
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<tbody>
<tr>
<td>S474 Introduction to Audiological Testing</td>
<td>3</td>
<td></td>
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<tr>
<td>S675 Assessment of Middle Ear Function</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>S571 Auditory Anatomy and Physiology</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>S578 Instrumentation and Calibration</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>S570 Introduction to Audiology Clinic</td>
<td>1</td>
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**Spring**

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<td>S576</td>
<td>3</td>
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<td>S671</td>
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<tr>
<td>S678</td>
<td>3</td>
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<tr>
<td>S570</td>
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**Summer**

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<tr>
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</table>

Total Accumulated Credits: 32

*even yrs)*** S515 Adv. Topics in Rehabilitative Audiology and S671 Auditory Evoked Potentials are offered in Spring Semesters of even-numbered years and are combined classes of 1st and 2nd year students.
Department of Speech and Hearing Sciences Au.D. Student Handbook 2014-2015

<table>
<thead>
<tr>
<th>YEAR 2</th>
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<tr>
<td>S477</td>
<td>Auditory Disorders</td>
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<td>S670</td>
<td>Clinical Practicum in Audiology</td>
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<td>S579</td>
<td>Children with Hearing Loss</td>
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</tr>
<tr>
<td>S574</td>
<td>The Central Auditory Nervous System</td>
<td>3</td>
</tr>
<tr>
<td>S777</td>
<td>Speech Communication, Aging and Hearing Impairment</td>
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<tr>
<td><strong>Total</strong></td>
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<td><strong>Spring</strong></td>
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<tr>
<td>S515</td>
<td>Reading Research in Audiology (odd yrs)**</td>
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<tr>
<td>S676</td>
<td>Advanced Seminar in Amplification</td>
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<tr>
<td>S679</td>
<td>Otoacoustic Emissions</td>
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<tr>
<td>S506</td>
<td>Counseling in Communication Disorders</td>
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<td>Implantable Auditory Prostheses (odd yrs)**</td>
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<td>S779</td>
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<tr>
<td>S572</td>
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<td>S672</td>
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<tr>
<td><strong>Total Accumulated Credits</strong></td>
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*(odd yrs)*** S515 Reading Research in Audiology and S677 Implantable Auditory Prostheses are offered in Spring Semesters of odd-numbered years and are combined classes of 1st and 2nd year students.
### YEAR 3

<table>
<thead>
<tr>
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</tr>
<tr>
<td>S673</td>
<td>5</td>
<td>Yr 3 clinical pract total &gt;1500 hrs</td>
</tr>
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<td>S771</td>
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<td><strong>Total</strong></td>
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</tr>
<tr>
<td><strong>Spring</strong></td>
<td></td>
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</tr>
<tr>
<td>S673</td>
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<td></td>
</tr>
<tr>
<td>S772</td>
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<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8</td>
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</tr>
<tr>
<td><strong>Summer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S673</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>S773</td>
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<td>S673</td>
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<tr>
<td><strong>Total</strong></td>
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</tbody>
</table>

Total Accumulated Credits: 90

Total clinical practicum > 2000 hours

**Au.D. Curriculum 3-Year Totals:**

| Credit Hours: | 90 |
| Practicum Hours: | > 2000 |

A student must complete all assigned clinical practicum experiences successfully and must pass all portions of the Year 2 exam. As revealed by a review of the curriculum on the preceding pages, the overwhelming majority of clinical experience is obtained years 2 and 3 of the program. Students must remain in good standing academically and clinically while acquiring this clinical training. Failure to do so can result in the student being placed on probation or in loss of clinic privileges.

**Combined Au.D./Ph.D. degree**

Finally, some students may be interested in a combined Au.D./Ph.D. degree. Basically, to do so, students must complete the requirements for both degrees, but there is some redundancy among these requirements so that the total time required may be less than that represented by the simple sum of both programs. For example, the Au.D., as noted above, is a three-year model. The average length of time to complete a Ph.D. in our department is about four years. Whereas
the simple sum of both programs would represent a total of seven years of study to complete both degrees, it would be possible to complete the requirements for both degrees in less time than this; probably in 5.5 or 6 years, depending on arrangements made for the final year of the Au.D. program and the dissertation portion of the Ph.D. program. Ultimately, that will be determined by the student’s advisory committee in the Ph.D. program (See the department’s Ph.D. Student Handbook for more details.)

Evaluation of Academic Progress

It is the goal of the department’s faculty that all students make satisfactory progress toward the Au.D. degree. We have found that the transition into graduate school can be very difficult for some students because of the increased demands that accompany graduate classes and clinical assignments. In an effort to avoid or resolve problems, the faculty formally reviews the progress of each Au.D. student at mid-semester of the first fall and spring. Any student who is performing below expectation in two or more areas (e.g., two or more classes; one class and clinic) will be placed on academic probation and a remediation plan will be developed. The remediation plan will be constructed in consultation with Au.D. faculty members, the Au.D. coordinator and the student. Any student working on a remediation plan must successfully complete it by the end of Summer II to continue in the Au.D. program.

Graduate students can receive graduate credit for courses in which a grade of C or better is received. Graduate students, however, must maintain at least a 3.0 overall GPA throughout the program. Failure to maintain a 3.0 GPA for any one semester or initiation of a remediation plan will put the student on academic probation. Students also should not receive more than two grades of "C" in any of the required courses listed in the Au.D. curriculum or they will be placed on academic probation. The following policies apply to academic probation:

1. Students who receive a GPA of less than 3.0 for any given semester will be placed on academic probation. If that student does not receive a cumulative GPA above 3.0 in any subsequent semester, the student will be deemed to be making unsatisfactory progress toward the Au.D degree and the case will be brought before the faculty for review and possible dismissal.

2. Students who receive a grade of B- or lower in their clinical practicum (S570, S670) will be placed on clinical probation. A student placed on clinical probation will meet with a committee of academic and clinical faculty to determine whether clinical assignments should be reduced and what forms of clinical remediation will be needed. If that student does not receive a B or better in any subsequent semester, the student will be deemed to be making unsatisfactory progress toward the Au.D degree and the case will be brought before the faculty for review and possible dismissal or lengthening of the program.
3. Students who are placed on either academic or clinical probation after their first semester may have clinical assignments reduced or eliminated during their second semester of graduate enrollment. Changes in clinic privileges will be made to help students focus on their academic work and to increase their GPAs. Decisions about clinic involvement will be made with input from the student, the Au.D. coordinator and the Hearing Clinic Director. Further, a student who has his/her clinical assignment reduced or eliminated in their first or second semester of the program will not be eligible to take the first-year comprehensive exam (see page 10). If clinic privileges are restricted and clinical practicum lost, extended enrollment in the department may be necessary.

4. Students who fail any part of the first year exam (see page 10) will be placed on academic probation. Students who re-take the first year exam and fail will be dismissed from the program.

5. Students who are on academic probation may not register for the following semester until grades are received for the probationary semester. A letter will be placed in the student’s file indicating that the student is on probation.

6. Students who are on academic probation and who are receiving Associate Instructor or Research Assistant funding may be in jeopardy of losing this funding. Decisions regarding the continuation of funding will be made by the academic advisor, the Coordinator of the Au.D. Program, the faculty member for whom the student is working, and the Hearing Clinic Director.

Clinical Practicum

Au.D. students are required to participate in practicum every semester during which they are in residence as full-time students, unless clinic privileges have been suspended. Other exceptions may be granted only by the Hearing Clinic Director.

Students participating in on-campus Audiology practicum will be expected to attend group meetings and have a maximum of twelve (12) hours of clinical contact per week. These contact-hour assignments are exclusive of any time spent in preparation, staffing, report writing, etc.

Students at Indiana University who desire certification to practice as audiologists will be provided with the opportunity to obtain the appropriate number and distribution of supervised clinical contact hours. The hours of supervised clinical practicum required by ASHA are, however, to be regarded as minimum hours. It is the policy of this training program that students should have the maximum possible amount of supervised clinical practicum before leaving the
program. For this reason, no student should regard the number of hours required by ASHA as the total number of hours expected. Students transferring from other institutions should arrange to have any previously obtained practicum hours verified and sent to the Hearing Clinic Director.

Indiana University’s Department of Speech and Hearing Sciences makes every effort to help students obtain sufficient clinical practicum (typically exceeding the minimum hours specified by ASHA) on a timely basis prior to exiting the program. However, if special circumstances arise that cause a student to obtain fewer clinical contact hours than recommended in one or more semesters, that student may need to extend her or his clinical training program to fulfill all of the academic and clinical requirements for the Au.D. degree. Special circumstances may include, but are not limited to, poor academic or clinical performance, requesting an externship placement with limited clinical diversity, as well as situations related to personal necessity, such as pregnancy, extended illness, or emotional difficulties. In some of these special circumstances, documentation from the Office of Student Disability Services or a physician may be required.

Off-Campus Practicum Assignments. All students are required to participate in at least two off-campus clinical placements during the Au.D. program. Students will be assigned by the Audiology Externship Coordinator to off-campus sites as a part of their clinical practicum in Year 3, and most likely, during some portion of Year 2. Off-campus sites are of two types: full-time and part-time.

Part-time assignments. Part-time assignments are made at sites within commuting distance of the campus. Students who are enrolled in classes on campus may also be assigned to one or more off-campus sites for all or part of their practicum assignment for a semester.

Full-time assignments. Full-time assignments may be made in sites where the student will spend a minimum of 6 weeks. Typically, these assignments are made during the latter portion of Year 2 and throughout Year 3 of the Au.D. program and need to be arranged by the student with the Audiology Externship Coordinator. During the final year, students must complete the equivalent of 50 weeks of full-time externship. Students taking leaves of absences for any reason will have their externship extended until the 50 weeks of externship requirement is met.

PLEASE NOTE! Times for the school and all other full-time practicum assignments should be projected by the student and his/her advisor by the end Year 1 of the Au.D. program. As soon as that is done, students should see the Audiology Externship Coordinator. Many sites are assigned over a year in advance, so it is imperative that this planning be done early and in collaboration with the Audiology Externship Coordinator.

Practicum Grades. Students should be aware that satisfactory clinical performance is a part of the department's expectation of them. Every graduate student who has completed S570,
or its equivalent, must enroll for clinical practicum in each semester. Only the Hearing Clinic Director can waive this requirement. To have the Department Chairperson sign your application for the ASHA Certificate of Clinical Competence, you must complete clinical practicum without having obtained a grade lower than B- for clinical practicum in more than one semester. In addition, should you have one semester with a grade below B-, the practicum hours completed during that semester cannot be counted toward ASHA certification. Without the signature of the Department Chairperson on your application, you will be unable to obtain state licensure, clinical certification, or board certification to practice as an audiologist. Finally, students who receive a practicum grade of B- in any clinical assignment will be placed on clinical probation with clinical privileges suspended at the Hearing Clinic Director’s discretion (see page 8).

EXAMINATIONS

YEAR 1

The Year 1 examinations consist of an academic and a clinical exam. Together, these exams cover the coursework content and clinical skills from the first year in residence. All students must pass the Year 1 exams as a requirement to proceed into year 2 of the Au.D. program. All students must be enrolled in the program during the semester that the examinations are taken. Students on academic or clinical probation must receive authorization from the Department Chairperson before taking these exams. Students who have had his/her clinical assignments reduced or eliminated in the first or second semester of the program will not be eligible to take the first-year comprehensive exam (see pages 7 and 8).

Academic Exam
The academic component of the Year 1 examination requires students to provide written responses to a set of questions which require mastery of their year 1 coursework and integration of the content across the year 1 courses. The exam is designed to evaluate knowledge in the following areas: acoustics, psychoacoustics, anatomy and physiology, aural rehabilitation, hearing aids, and auditory assessment. The written exam is completed within the department.

Clinical Exam
The clinical portion of the Year 1 examination is a “Clinical Proficiency Exam.” The exam is designed to evaluate clinical proficiency of diagnostic evaluation and hearing aid fitting of adult patients. The exam will include a practical evaluation and an oral evaluation. The practical portion of the exam will include evaluation of the student performing actual test procedures. For the oral portion of the exam, the student will be presented a case and asked to discuss their approach to the case, hypothetical results for various scenarios, and their interpretation for each scenario.

Grading and Outcomes
The outcome of each portion of the exam will be “Pass” (no deficiencies), “Low Pass” (some
minor deficiencies) or a “Fail” (major deficiencies). Grades of “Pass” and “Low Pass” are acceptable, but the latter grade must be accompanied by a listing of additional activities (reading, self study, etc.) that must be completed to eliminate the deficiencies identified, a timeline for completion of those additional activities, and means of verification that the deficiencies have been eliminated.

Both portions of the exam will be administered with the clinical and academic faculty present and a confidential vote will follow each exam. The student must pass all aspects of this examination as a requirement for the Au.D. degree. Students who have failed portions of the exam may be placed on academic probation. These students will be given the opportunity to retake the exam by the end of Summer II. Failure of any portion of the exam a second time will result in immediate dismissal from the program. Students who fail part of the exams will be given written feedback on their unsatisfactory performance (i.e., what parts were unsatisfactory), and are guaranteed an interview with the evaluators.

YEAR 2

The Year 2 examination assesses clinical problem-solving skills in the areas of diagnostic and rehabilitative audiology. All students must pass the Year 2 exams as a requirement for the Au.D. program. Failure of any portion of the exam will result in a remediation plan that is established by the clinical and academic faculty. The remediation plan must be completed by the end of Summer II of the second year in the AuD program and prior to beginning the full-time externship. A student who fails to satisfactorily complete the remediation plan before the end of Summer II may be required to postpone the start date of the full-time externship until the student has the appropriate competencies. Note that the remediation plan may require a re-examination to establish competence in the appropriate areas. All students must be enrolled in the program during the semester that the student takes the examination. Students on academic or clinical probation must receive authorization from the Department Chairperson before taking these exams.

CERTIFICATION and LICENSURE

ASHA Certification. Another area of consideration for Au.D. students is clinical certification. If you wish to work as a professional in the field of audiology, you will find it very difficult to obtain a position unless you hold the Certificate of Clinical Competence in Audiology (CCC-A) from the American Speech-Language-Hearing Association (ASHA). In many states you will also have to obtain a state license. (As stated before, if you work in the schools you will also need to obtain special certification for that setting.) The ASHA requirements for the CCC-A have been duplicated in Appendix I for the student’s convenience. Any student who completes the Au.D. program successfully in the Department of Speech and Hearing Sciences at IU is eligible to apply for ASHA certification (CCC-A).
OTHER IMPORTANT INFORMATION

**Immunization for Hepatitis-B**

The clinical training programs of the Department observe universal precautions as well as preventive public health measures. A part of these procedures requires that each student in Audiology be immunized against Hepatitis-B. This immunization consists of a series of three inoculations which will begin in the Fall semester and continue for six months from the date of first injection. The injections can be obtained at the Indiana University Student Health Center Immunization Clinic at a nominal cost for the series. The injections may be paid for at the time you receive them or they may be added to your Bursar’s bill; in either case, they may be reimbursable from your health insurance policy. **NO STUDENT WILL BE ASSIGNED TO AN EXTERNSHIP PLACEMENT UNTIL PROOF OF THE COMPLETED INOCULATION SERIES IS DOCUMENTED WITH THE HEARING CLINIC DIRECTOR.** Other insurance and medical concerns will be discussed with you prior to your externship placement.

**Dispute resolution**

There are always cases of disagreement between individuals, but if a dispute arises between a faculty member and student, the student may feel uncertain about how to resolve the problem without prejudice. The following policies have been adopted to give students a forum within which issues can be aired and, hopefully, resolved satisfactorily:

- The best hope is that the disagreement can be resolved by a discussion between the two parties. Students should first attempt to resolve the dispute with the party involved.
- If the dispute cannot be resolved between the principal parties for any reason, the student should bring the complaint to the Department Chairperson. The Chairperson will establish a group, including the complainant, to discuss the issue and reach a resolution.
- If the Department Chairperson is unable to resolve the dispute, options remain available to the student. The student is directed to the University’s Code of Student Rights, Responsibilities, and Conduct for additional information.

**Assistance for Academic, Clinical or Personal Difficulties**

Students should feel free to meet with the Director of the Au.D. Program if they are having academic and/or personal difficulties. Students who are having problems related to minority issues should feel free to meet with Dr. Raquel Anderson or the Director of the Au.D. Program. Finally, students who are having problems related to clinical assignments should feel free to meet with the Hearing Clinic Director.
Calendar
In general, the clinic begins operation during the first week of classes each academic term (Fall, Spring and both summer sessions). Students are required to be available by 8:00 a.m. of the first day of classes to receive their clinical assignments and/or to attend clinical supervisory meetings.

Disabled Student Services
If you are interested in receiving information or assistance regarding support services and/or accommodations for a disability, please contact Indiana University Disability Services by phone at (812) 855-7578, by e-mail at mjacques@indiana.edu, or on the web @ http://www2.dsa.indiana.edu/dss/. It is the student’s responsibility to contact Disability Services for assistance and to do so at the earliest opportunity.

Further Information
For further information regarding graduate studies at Indiana University, students are encouraged to consult the Graduate Bulletin which is available as a hard copy. An electronic version is available here: http://www.indiana.edu/~bulletin/iu/grad/2008-2009/SpeechHear0809.pdf.
COURSE DESCRIPTIONS

S477 Auditory Disorders (3 cr.) P: S275. Study of auditory pathology and the associated audiological test findings. Focus placed on etiology and the auditory and non-auditory manifestations of the disorders.

S515 Topical Seminar in Speech Pathology and Audiology (1-6 cr.) Topics of current interest: literature of fundamental behavior related to speech and hearing.

- S515 Advanced Topics in Rehabilitative Audiology (3 cr.) P: S275. Advanced orientation to audiologic rehabilitation for children and adults. Topics may include speech acoustics, audio-visual speech perception, hearing aids, assistive listening devices, implantable auditory prostheses, cultural issues, and assessment and treatment options for children and adults with hearing loss.

- S515 Intro to Audiological Testing (3 cr.) P: S275. Rationale and basic procedures in the evaluation of hearing loss. Laboratory exercises.

- S515 Reading Research in Audiology (2 cr.) Research methods and critical reading and evaluation of primary audiological literature.

S570 Practicum in Audiology (1-3 cr. - Maximum 4 cr. toward degree) P: consent of instructor. Supervised clinical work in diagnostic and rehabilitative clinical audiology.

S571 Auditory Anatomy and Physiology (3 cr.) Structure and function of the normal and impaired auditory system.

S572 Clinical Electrophysiology (2 cr.) P: S474, S475, S571. Focuses on current applications of electrophysiologic testing, including auditory evoked potentials, and otoacoustic emissions. Will address role of each of these test procedures in diagnostic audiologic test battery.

S573 Laboratory in Amplification (1 cr.) Laboratory exercises in hearing aid selection, fitting and evaluation, earmold acoustics, hearing aid construction, and electroacoustic evaluation of instruments. To be taken concurrently with S576.

S574 The Central Auditory Nervous System (3 cr.) Course takes a combined seminar and grand rounds approach to examining an array of topics and matters germane to clinical audiology and the audiologic scope of practice. Attention will be given to theory, administration, and application of various clinical tests and measures used in assessment and treatment of children and adults. Emphasis will also be placed on reading and assimilating the recent literature relevant to such matters.

S576 Amplification for the Hearing Impaired (3 cr.) P: Consent of instructor. Types and components of electroacoustic hearing aids, earmold acoustics, and the procedures for selection and evaluation of hearing aids.

S577 Industrial Audiology (2 cr.) P: consent of instructor. The role of audiology emphasizing identification audiometry, damage-risk criteria, measurement and control of noise, conservation procedures, and medico-legal problems.
S578 Audiological Instrumentation & Calibration (3 cr.) Fundamentals of acoustics and acoustical measurements including waveform measurements, spectral analysis and noise analysis. Calibration techniques and standards for clinical audiology are also reviewed.

S579 Children with Hearing Loss (3 cr.) P: consent of instructor. Embryologic and physiologic development of the human auditory system, basic genetics, causes of hearing loss (both genetic and non-genetic), physiological and behavioral assessments of auditory function commonly used with infants and children are discussed, along with assessment procedures related to auditory processing and vestibular function. Educational audiology and case management of children with hearing loss also are covered.

S671 Auditory Evoked Potentials (2 cr.) This course considers the theory and application of Auditory Evoked Potentials, emphasizing Electrocochleography and Brainstem Evoked Response Audiometry.

S674 Advanced Seminar in Audiology (1-3 cr.) P: consent of instructor. Various topics in clinical or experimental audiology. Content varies each semester.

S675 Assessment of Middle Ear Function (2 cr) Examination of the theory and practice of clinical assessment of middle ear function. Course will include standard measures of middle ear function, multi-frequency tympanometry, and power reflectance.

S676 Advanced Seminar in Amplification (3 cr.) This seminar presents advanced material on conventional amplification, assistive listening devices, and classroom amplification systems. Students will develop models for selection, fitting, evaluation, and management of devices for patients with hearing loss. This includes integrating research content into clinical activities leading to appropriate, defendable rationales for a comprehensive hearing aid program.

S677 Implantable Auditory Prostheses (3 cr.) Implant design and signal processing, biophysics and physiology related to cochlear prostheses, electrophysiological measures, pediatric and adult candidacy requirements and procedures, programming devices, outcomes in children and adults, and current issues in implantable auditory prostheses

S678 Introduction to Psychoacoustics (3 cr.) Perception of sound including masking, pitch, loudness, and other auditory phenomena.

S679 Otoacoustic Emissions (2 cr.) Otoacoustic emissions provide a noninvasive measure of cochlear mechanical function. This course considers our current understanding of the origin of otoacoustic emissions and their clinical application.

S680 Independent Study (1-6 cr.)

S771 Diagnostics and Pathologies (3 cr.) This course will take a combined seminar and grand rounds (i.e., case study) approach to examining an array of topics and matters germane to diagnostic audiology and auditory disorders within the scope of practice of clinical audiology. Attention
will be given to theory, administration, and application of various clinical tests and measures used in assessment and treatment of children and adults. Test battery approaches, clinical protocols, clinical decision-making and referral, and outcome measures will be covered within the context of particular topics. Emphasis will be placed on reading and assimilating the recent literature relevant to these matters.

**S772 Amplification and Rehabilitation** (3 cr.) This course will take a combined seminar and grand rounds (i.e., case study) approach to examining an array of topics within the scope of practice of clinical audiology, with particular emphasis on matters germane to amplification and rehabilitation. Attention will be given to theory, administration, and application of various clinical tests and measures used for both assessment and treatment. Hearing aid features and technologies, fitting and follow-up counseling, rehabilitative training, and outcome measures will be discussed. Emphasis will be placed on reading and assimilating the recent literature relevant to these matters.

**S773 Pediatrics and Special Populations** (3 cr.) This course will take a combined seminar and grand rounds (i.e., case study) approach to examining an array of topics within the scope of practice of clinical audiology, with particular emphasis on matters germane to pediatrics and special test populations. Amplification, business issues, and ethical considerations may also be discussed. Attention will be given to theory, administration, and application of various clinical tests and measures used for both assessment and treatment. Emphasis will be placed on reading and assimilating the recent literature relevant to these matters.

**S774 Recent Advances in Audiology** (3 cr.) This course will take a combined seminar and grand rounds (i.e., case study) approach to examining an array of topics within the scope of practice of clinical audiology, with particular emphasis on examining the most recent literature from refereed journals. Attention will be given to theory, administration, and application of various clinical tests and measures used for both assessment and treatment.

**S775 Vestibular Diagnosis & Rehabilitation** (3 cr.) Vestibular system anatomy and physiology are examined. Several clinical tests and measures used to assess balance function are covered, including electronystagmography (ENG), videonystagmography (VNG), rotational chair, and dynamic posturography. Emphasis is on clinical assessment, yet treatment and rehabilitation are also considered.

**S777 Speech Communication, Aging and Hearing Impairment** (3 cr.) P: consent of instructor. Various topics representing advanced concepts in amplification for the hearing impaired, including factors affecting the speech-understanding performance of the hearing impaired, are discussed.

**S778 Educational Audiology** (2 cr.) This course will combine lecture, classroom discussion, literature reviews, and case studies to examine an array of topics within the scope of Educational Audiology. Particular emphasis will be on early intervention, educational law, and auditory access to language for cognitive development.
S779 Business Practices (2 cr.) This course is designed to introduce business and professional concepts to audiology students that can be integrated into future work environments. Topics to include: third party reimbursement, state and federal regulations, interprofessional relationships and responsibilities, cost and fee analysis, marketing and business and professional ethics.
APPENDIX I

ASHA CCC-A Audiology Standards

The Council on Professional Standards in Speech-Language Pathology and Audiology (Standards Council) of the American Speech-Language-Hearing Association (ASHA), which was sunset in December 2000, was responsible for developing standards for clinical certification and for monitoring those standards. That is, the Standards Council developed new standards in response to changes in the scope of practice, to protect consumers, and to promote quality services. In January 2001 the Council For Clinical Certification (CFCC) was established and assumed both the standard-setting and implementation functions. After finalization of the standards, the CFCC began the development of the implementation language, which clarifies or interprets the standards.

The Standards Council developed an action plan to identify the "...academic, clinical practicum and other requirements for the acquisition of critical knowledge and skills necessary for entry-level, independent practice of audiology." As a part of that plan, ASHA commissioned the Educational Testing Service to conduct a skills validation study for the profession of audiology.

Following a review of the data provided by the skills validation study, practice-specific literature, feasibility studies and other pertinent information, the Standards Council published proposed standards for widespread peer review in October 1996.

Standards Council considered all comments submitted in response to the call. The Council proposed significant changes and distributed a revised document for widespread peer review in July 1997. The standards were modified on the basis of the second round of peer review and were adopted by the Standards Council in September 1997, to be implemented in 2007.

The 2007 Standards for the Certificate of Clinical Competence in Audiology are intended to make the scope and level of professional education in audiology consistent with the scope of practice of the profession. The standards address the significant discrepancies between the level of preparation and requirements for practice that were identified in the skills validation study.

In July 2009, the CFCC approved new standards and set January 1, 2012 as the new implementation date. The standards below are the new 2012 standards for certification.

From the ASAHA website:
http://www.asha.org/Certification/2012-Audiology-Certification-Standards/.
The Standards for the Certificate of Clinical Competence in Audiology are shown in bold. The implementation guidelines are shown in regular type following each related standard.

Standard I: Degree

Applicants for certification must have a doctoral degree. The course of study must address the knowledge and skills necessary to independently practice in the profession of audiology.

Implementation:
Verification of the graduate degree is required of the applicant before the certificate is awarded. Degree verification is accomplished by submitting (a) an application signed by the director of the graduate program, indicating the degree date, and (b) an official transcript showing that the degree has been awarded, or a letter from the university registrar verifying completion of requirements for the degree.

Individuals educated outside the United States or its territories must submit official transcripts and evaluations of their degrees and courses to verify equivalency. These evaluations are typically conducted by credential evaluation services agencies recognized by the National Association of Credential Evaluation Services (NACES). Information that must be provided is (a) confirmation that the degree earned is equivalent to a U.S. doctoral degree, (b) translation of academic coursework into the American semester hour system, and (c) indication as to which courses were completed at the graduate level.

The CFCC has the authority to determine eligibility of all applicants for certification.

Standard II: Education Program

The graduate degree must be granted by a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

Implementation:
Applicants whose graduate degree was awarded by a U.S. institution of higher education must have graduated from a program holding CAA accreditation in audiology.
Satisfactory completion of academic course work, clinical practicum, and knowledge and skills requirements must be verified by the signature of the program director or official designee of a CAA-accredited program or a program admitted to CAA candidacy.

Standard III: Program of Study

Applicants for certification must complete a program of study that includes academic course work and a minimum of 1,820 hours of supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes stipulated in Standard IV. The supervision must be provided by individuals who hold the ASHA Certificate of Clinical Competence (CCC) in Audiology.

Implementation:
The program of study must address the knowledge and skills pertinent to the field of audiology. Clinical practicum must be approved by the academic program from which the student intends to graduate. The student must maintain documentation of time spent in supervised practicum, verified by the academic program in accordance with Standard IV.

Students shall participate in practicum only after they have had sufficient preparation to qualify for such experience. Students must obtain a variety of clinical practicum experiences in different work settings and with different populations so that they can demonstrate skills across the scope of practice in audiology. Acceptable clinical practicum experience includes clinical and administrative activities directly related to patient care. Clinical practicum is defined as direct patient/client contact, consultation, record keeping, and administrative duties relevant to audiology service delivery. Time spent in clinical practicum experiences should occur throughout the graduate program.

Supervision must be sufficient to ensure the welfare of the patient and the student in accordance with the ASHA Code of Ethics. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence. The amount of supervision must also be appropriate to the student's level of training, education, experience, and competence.

Supervisors must hold a current ASHA CCC in the appropriate area of practice. The supervised activities must be within the scope of practice of audiology to count toward certification.

Standard IV: Knowledge and Skills Outcomes

**Applicants for certification must have acquired knowledge and developed skills in six areas: foundations of practice, prevention/identification, assessment, (re)habilitation, advocacy/consultation, and education/research/administration.**

**Implementation:**

This standard distinguishes between acquisition of knowledge for Standards IV-A.1–21 and IV-C.1, and the acquisition of knowledge and skills for Standards IV-A.22–29, IV-B, IV-C.2–11, IV-D, IV-E, and IV-F. The applicant must submit a completed application for certification signed by the academic program director verifying successful completion of all knowledge and skills in all six areas of Standard IV. The applicant must maintain copies of transcripts, and documentation of academic course work and clinical practicum.

**Standard IV-A: Foundations of Practice**

The applicant must have knowledge of:

A1. Embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology

A2. Genetics and associated syndromes related to hearing and balance

A3. Normal aspects of auditory physiology and behavior over the life span

A4. Normal development of speech and language

A5. Language and speech characteristics and their development across the life span

A6. Phonologic, morphologic, syntactic, and pragmatic aspects of human communication associated with hearing impairment

A7. Effects of hearing loss on communication and educational, vocational, social, and psychological functioning
A8. Effects of pharmacologic and teratogenic agents on the auditory and vestibular systems
A9. Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services
A10. Pathologies related to hearing and balance and their medical diagnosis and treatment
A11. Principles, methods, and applications of psychometrics
A12. Principles, methods, and applications of psychoacoustics
A13. Instrumentation and bioelectrical hazards
A14. Physical characteristics and measurement of electric and other nonacoustic stimuli
A15. Assistive technology
A16. Effects of cultural diversity and family systems on professional practice
A17. American Sign Language and other visual communication systems
A18. Principles and practices of research, including experimental design, statistical methods, and application to clinical populations
A19. Legal and ethical practices (e.g., standards for professional conduct, patient rights, credentialing, and legislative and regulatory mandates)
A20. Health care and educational delivery systems
A21. Universal precautions and infectious/contagious diseases
The applicant must have knowledge and skills in:
A22. Oral and written forms of communication
A23. Principles, methods, and applications of acoustics (e.g., basic parameters of sound, principles of acoustics as related to speech sounds, sound/noise measurement and analysis, and calibration of audiometric equipment), as applicable to:
a. occupational and industrial environments
b. community noise
c. classroom and other educational environments
d. workplace environments
A24. The use of instrumentation according to manufacturer's specifications and recommendations
A25. Determining whether instrumentation is in calibration according to accepted standards
A26. Principles and applications of counseling
A27. Use of interpreters and translators for both spoken and visual communication
A28. Management and business practices, including but not limited to cost analysis, budgeting, coding and reimbursement, and patient management
A29. Consultation with professionals in related and/or allied service areas

Standard IV-B: Prevention and Identification
The applicant must have the knowledge and skills necessary to:
B1. Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems
B2. Promote hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating universal newborn hearing
screening, school screening, community hearing, and occupational conservation and identification programs
B3. Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive, and age- and site-specific screening measures
B4. Screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate, culturally sensitive, and age- and site-specific screening measures
B5. Educate individuals on potential causes and effects of vestibular loss
B6. Identify individuals at risk for balance problems and falls who require further vestibular assessment and/or treatment or referral for other professional services

Standard IV-C: Assessment
The applicant must have knowledge of:
C1. Measuring and interpreting sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment
The applicant must have knowledge and skills in:
C2. Assessing individuals with suspected disorders of hearing, communication, balance, and related systems
C3. Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning
C4. Performing otoscopy for appropriate audiological assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral
C5. Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function
C6. Conducting and interpreting behavioral and/or electrophysiologic methods to assess balance and related systems
C7. Conducting and interpreting otoacoustic emissions and acoustic immittance (reflexes)
C8. Evaluating auditory-related processing disorders
C9. Evaluating functional use of hearing
C10. Preparing a report, including interpreting data, summarizing findings, generating recommendations, and developing an audiologic treatment/management plan
C11. Referring to other professions, agencies, and/or consumer organizations

Standard IV-D: Intervention (Treatment)
The applicant must have knowledge and skills in:
D1. The provision of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication
D2. Development of a culturally appropriate, audiolologic rehabilitative management plan that includes, when appropriate, the following:
a. Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning devices, and educating the consumer and family/caregivers in the use of and adjustment to such technology
b. Determination of candidacy of persons with hearing loss for cochlear implants and other implantable sensory devices and provision of fitting, mapping, and audiologic rehabilitation to optimize device use
c. Counseling relating to psychosocial aspects of hearing loss and other auditory dysfunction, and processes to enhance communication competence
d. Provision of comprehensive audiologic treatment for persons with hearing loss or other auditory dysfunction, including but not exclusive to communication strategies, auditory training, speech reading, and visual communication systems
D3. Determination of candidacy for vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments
D4. Treatment and audiologic management of tinnitus
D5. Provision of treatment services for infants and children with hearing loss; collaboration/consultation with early interventionists, school based professionals, and other service providers regarding development of intervention plans (i.e., individualized education programs and/or individualized family service plans)
D6. Management of the selection, purchase, installation, and evaluation of large-area amplification systems
D7. Evaluation of the efficacy of intervention (treatment) services

Standard IV-E: Advocacy/Consultation
The applicant must have knowledge and skills in:
E1. Educating and advocating for communication needs of all individuals that may include advocating for the programmatic needs, rights, and funding of services for those with hearing loss, other auditory dysfunction, or vestibular disorders
E2. Consulting about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services
E3. Identifying underserved populations and promoting access to care

Standard IV-F: Education/Research/Administration
The applicant must have knowledge and skills in:
F1. Measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services
F2. Applying research findings in the provision of patient care (evidence-based practice)
F3. Critically evaluating and appropriately implementing new techniques and technologies supported by research-based evidence
F4. Administering clinical programs and providing supervision of professionals as well as support personnel
F5. Identifying internal programmatic needs and developing new programs
F6. Maintaining or establishing links with external programs, including but not limited to education programs, government programs, and philanthropic agencies

Standard V: Assessment

Applicants for certification must demonstrate successful achievement of the knowledge and skills delineated in Standard IV by means of both formative and summative assessments.

Standard V-A: Formative Assessment

The applicant must meet the education program’s requirements for demonstrating satisfactory performance through ongoing formative assessment of knowledge and skills.

Implementation:
Applicants and program faculties should use the ongoing assessment to help the applicant achieve requisite knowledge and skills. Thus, assessments should be followed by implementation strategies for acquisition of knowledge and skills.

Standard V-B: Summative Assessment

The applicant must pass the national examination adopted by ASHA for purposes of certification in audiology.

Implementation:
Evidence of a passing score on the ASHA-approved national examination in audiology must be submitted to the ASHA National Office by the testing agency administering the examination. Acceptable exam results are those submitted for initial certification in audiology that have been obtained no more than 5 years prior to the submission of the certification application, and no more than 2 years after the application for certification is received by the Certification Unit of the ASHA National Office.

Standard VI: Maintenance of Certification

Demonstration of continued professional development is mandated for maintenance of the Certificate of Clinical Competence (CCC) in Audiology. The renewal period will be three (3) years. This standard will apply to all certificate holders, regardless of the date of initial certification.

Implementation:
Once certification is awarded, maintenance of that certification is dependent upon accumulation of the requisite professional development hours every three years. Payment of annual dues and/or certification fees is also a requirement of certification maintenance. A certificate holder whose dues and/or fees are in arrears on August 31, will have allowed their certification to expire on that date. Individuals who hold the CCC in Audiology must accumulate 30 contact hours of professional development over the 3-year period and must submit a compliance form in order to meet this standard. Individuals will be subject to random review of their professional development activities. If certification maintenance requirements are not met, certification will lapse. Reinstatement of certification will be required, and certification reinstatement standards in effect at the time of submission of the reinstatement application must be met.
APPENDIX II

ASHA Code of Ethics

www.asha.org/policy

Preamble
The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I
Individuals 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.

Rules of Ethics
A. Individuals shall provide all services competently.

B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.

C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin,
sexual orientation, or disability.

D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.

E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.

G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.

H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.

I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.

K. Individuals shall not provide clinical services solely by correspondence.

L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.

M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.

N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless
doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.

O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.

P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.

Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

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

Rules of Ethics
A. [Deleted effective June 1, 2014] Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.

B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.

C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.

D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.

E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principle of Ethics III
Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the
promotion, marketing, and advertising of products and services.

**Rules of Ethics**
A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.

B. Individuals shall not participate in professional activities that constitute a conflict of interest.

C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.

D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.

E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.

F. Individuals' statements to the public shall provide accurate 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.

G. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

**Principle of Ethics IV**
Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

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

B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.

D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.

E. Individuals shall not engage in any other form of conduct that adversely reflects
on the professions or on the individual's fitness to serve persons professionally.

F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.

G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.

I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.

K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.

L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.

N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.
Indiana University has policies, detailed in the Academic Handbook and the Code of Student Rights, Responsibilities, and Conduct, that describe what constitutes plagiarism and the penalties associated with this offense. We are confident that our students are interested in maintaining ethical conduct. To aid you in that endeavor, we are outlining some of the statements from the Academic Handbook that pertain to plagiarism.

*A university is devoted to the discovery and communication of knowledge. In this endeavor, intellectual integrity is of the utmost importance, and correspondingly, its absence is taken very seriously. By enrolling at Indiana University, students commit themselves to its ideals and must expect to find these ideals actively fostered and defended* (p. 72).

**Plagiarism**

Honesty requires that any ideas or materials taken from another source for either written or oral use must be fully acknowledged. Offering the work of someone else as one’s own is plagiarism. The language or ideas thus taken from another may range from isolated formulas, sentences, or paragraphs to entire articles copied from books, periodicals, speeches, or the writings of other students. The offering of materials assembled or collected by others in the form of projects or collections without acknowledgment also is considered plagiarism. Any student who fails to give credit for ideas or materials taken from another source is guilty of plagiarism.

(Source: Faculty Council, May 2, 1961; University Faculty Council, March 11, 1975; Board of Trustees, July 11, 1975)

Due process shall be followed. However,

*If the faculty member finds the student guilty, he/she will assess a penalty within the class and shall promptly report the case in writing to the department chairperson and the academic head of his/her school or division. The penalty shall be in accordance with the Actions section of Academic Due Process.*

(Source: University Faculty Council, March 11, 1975; Board of Trustees, July 11, 1975)

**Actions for academic due process** (summary from academic handbook)

1. A student’s grade in the course will be lowered.
2. An incomplete may be given until the case is resolved.
3. By a two-thirds vote, the All-Campus Review Board may recommend to the chief administrative officer of a campus that the student be disenrolled from the academic or professional school in which the student is enrolled. (Source: University Faculty Council, March 11, 1975; Board of Trustees, July 11, 1975).