



CERTIFICATION PROGRAM & APPLICATION

Certificate A: Vestibular Assessment & Management

APPLICANT INFORMATION [mandatory Full registration status]

Name:		Registration #	
Email or phone:			
Training/employment setting:			

Hospital | Outpatient | Agency | Private Clinic | School | Other

I hereby attest that, pursuant to Part 10 of the College Bylaws and as prescribed below, I have successfully completed the certificate program requirements for Certificate A within three years prior to the date of this application, and that the information in respect of the following knowledge, skills, and competency is accurate and complete.

Applicant Signature	Application Date

SUPERVISOR INFORMATION [mandatory Full registration status and a holder of Certificate A, or other qualified health professional subject to approval]

1. Name:			
Contact email or phone:		Registration #	
Health Care Professional designation and Certificate A where available:			

Supervisor Signature:			
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2. Name:			
Contact email or phone:		Registration #	
Health Care Professional designation and Certificate A where available:			

Supervisor Signature:			
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Fee:	<p>\$50.00 per certificate to a maximum of \$100 regardless of the number of certificates held.</p> <p>Either 1) complete the application, including payment of fee, through the Registrant Portal of the CSHBC website, 2) remit a cheque with this form completed to CSHBC, 900 - 200 Granville Street, Vancouver, BC V6C 1S4, or 3) provide credit card information by phone (604.742.6380) and submit this completed form by email attachment to enquiries@cshbc.ca.</p>
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Date Submitted:	
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PRE-REQUISITES: CERTIFICATE A

The following PRE-REQUISITES are required prior to commencement of the CERTIFICATION PROGRAM objectives -- pre-requisite education/courses must have been completed within the past 7 years.

Pre-requisite 1	Full registration status as a Registered Audiologist (RAUD).	
Pre-requisite 2	Completion of a minimum 3-credit hour, graduate-level training course from an accredited training program which focused on vestibular anatomy, physiology, assessment, and management.	
Institution:		
Course Name:		
Date Completed:		

NOTE: If your graduate course was not completed within the past 7 years, and/or did not include a specific 3-credit hour course in Vestibular Assessment and Management, an equivalent course must be completed (certificate or proof of completion required).

UBC graduates (2014 or later) are considered to have a 3-credit hour course and are not required to complete an additional equivalent course if they have completed Audiology 553.

Acceptable courses include:

- [American Institute of Balance course in vestibular assessment and management](#); OR
- [Micromedical Didactic Course in Vestibular Management](#).

Institution:		
Equivalent Course Name:		
Date Completed:		

CERTIFICATION PROGRAM: CERTIFICATE A

The CERTIFICATION PROGRAM is a progressive learning process that includes knowledge, clinical judgment, practical application of skills, and demonstrated competencies -- the program must be completed within three years.

Program Objectives	Knowledge, Skills, and Demonstrated Competencies for Certification Program	
Objective 1	Attaining background knowledge for the Vestibular Assessment & Management Certificate	Supervisor initials
1.1	Understands the roles and responsibilities of team members in the provision of vestibular assessment and management services	
1.2	Minimum one-year clinical experience – training on this certificate may commence prior to completion of the one-year experience once the pre-requisites have been met	
1.3	Training setting allows for hands on practical experience with the relevant population	
1.4	Familiarity with emergency processes in the applicable setting	
Objective 2	Attaining the background knowledge for vestibular assessment & management	Supervisor Initials
2.1	Knowledge of the purposes of vestibular assessments	
2.2	Knowledge of the anatomy and physiology of the auditory, visual and somatosensory systems	
Objective 3	Making appropriate patient/client selection	Supervisor Initials
3.1	Understands and recognizes contraindications to vestibular assessment or portions thereof	
3.2	Demonstrate proficiency in client selection and candidacy	
3.3	Obtaining information from medical records	

3.4	Obtaining client history and reviewing relevant results	
3.5	Understands the referral criteria to other health professionals and specialists	
Objective 4	Understanding the vestibular assessment & treatment	Supervisor Initials
4.1	Knowledge and understanding of electrophysiological tests including, but not limited to:	
4.1.1	<ul style="list-style-type: none"> ▪ Auditory Brainstem Response 	
4.1.2	<ul style="list-style-type: none"> ▪ Electrocochleography 	
4.1.3	<ul style="list-style-type: none"> ▪ Vestibular Evoked Myogenic Potential 	
4.2	Knowledge of assessment and evaluations for the presence of oscillopsia	
4.3	Knowledge of the risks, benefits and precautions for specific patient populations	
4.4	Ability to describe the indications and contraindications for the procedure	
4.5	Understanding the objectives and goals of the procedures (i.e. expected outcomes)	
4.6	Knowledge in the administration and interpretation of Electronystagmography / Videonystamography including, but not limited to:	
4.6.1	<ul style="list-style-type: none"> ▪ Ocular motor testing 	
4.6.2	<ul style="list-style-type: none"> ▪ Positioning and positional testing 	
4.6.3	<ul style="list-style-type: none"> ▪ Air and water-caloric testing 	
4.6.4	<ul style="list-style-type: none"> ▪ Ice-water caloric testing 	
4.7	Knowledge of patient's ability to tolerate the procedure	

4.8	Understand the contraindications to vestibular management	
4.9	Understand the patient preparation and instruction required	
4.10	Knowledge of autorotation tests and computerized dynamic posturography	
4.11	Knowledge of treatment for different forms of positional vertigo	
4.12	Understanding of vestibular rehabilitation therapy	
4.13	Knowledge of outcome measures and monitoring therapy	
Objective 5	To perform the vestibular assessment & management services	Supervisor initials
5.1	Ability to administer and interpret pre-testing screening including, but not limited to:	
5.1.2	<ul style="list-style-type: none"> ▪ Vertebral Artery Screening Test 	
5.1.3	<ul style="list-style-type: none"> ▪ Cervical Vertigo Test 	
5.2	Ability to administer and interpret postural stability screening tests	
5.3	Experience in administering and interpreting Electronystagmography/ Videonystagmography including, but not limited to:	
5.3.1	<ul style="list-style-type: none"> ▪ Ocular motor testing 	
5.3.2	<ul style="list-style-type: none"> ▪ Positioning and positional testing 	
5.3.3	<ul style="list-style-type: none"> ▪ Air and water-caloric testing 	
5.3.4	<ul style="list-style-type: none"> ▪ Ice-water caloric testing 	
5.4	Completion of 10 patient assessments under constant supervision of a qualified practitioner	
	Dates completed:	



Objective 6	To accurately interpret the vestibular assessment results	Supervisor initials
6.1	Completion of 10 patient interpretations under constant supervision of a qualified practitioner	
6.2	Completion of 10 patient interpretations under general supervision of a qualified practitioner.	
6.3	Knowledge of normal and abnormal results and implications of those results	
6.4	Ability to describe potential treatments and patient options, based on the patient's results	
6.5	Use of the assessment results (images) for educational purposes during or after the examination as appropriate	
6.6	Writes accurate, complete patient reports	
Extensions:	By mutual agreement between the supervisor and trainee, any or all objectives may be extended beyond the minimum requirements	
Objectives extended? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, which objectives were extended?		

CSHBC RELATED DOCUMENTS

Certified Practice (SOP-PROF-06)

Approved Certification Programs (POL-QA-04)

Infection Prevention and Control Guidelines for Audiology (ACPG-08)

Supervision (SOP-PRAC-07)