

SUMMARY OF CLINICAL PRACTICE HOURS | AUDIOLOGY PROGRAM (AF-14)

OVERVIEW OF REQUIREMENTS

1. A minimum of 350 hours total SUPERVISED CLINICAL PRACTICE HOURS required.
2. A maximum of 50 of these hours may be simulated practice hours (see definition below).
3. Clinical practice hours must include:
 - A. At least 20 hours related to speech-language pathology
 - B. Minimum 300 hours CLIENT CONTACT, distributed as the following:
 - I. At least 50 hours with CHILDREN
 - II. At least 50 hours with ADULTS
 - III. At least 100 hours ASSESSMENT / IDENTIFICATION
 - IV. At least 50 hours INTERVENTION / TREATMENT

DEFINITIONS

“Client Contact” means a supervised practical learning experience where the student clinician actively participates in patient/client service. The patient/client or significant communication partner (i.e. spouse, parent, work colleague) need not be present for all activities, but these should be focused on the client’s specific needs (e.g. team meetings, discussion with supervisor). This category is not meant to capture activities that are of a general nature (e.g. delivering a presentation on a disorder type).

Client contact may be undertaken **in person**, or **virtually**:

- **In-person care** is the in-person provision of services to clients
- **Virtual care** is where health care services are provided at a distance, using information and digital communications, technologies and processes. It is the responsibility of the student’s clinical supervisor to ensure that virtual care is appropriate for the clinical services being provided. See the CSHBC [Virtual Care Standard of Practice](#) for further information.

“Graduate Level” means university study leading to degrees beyond a bachelor's degree.

“Practicum” means a supervised practical learning experience conducted in connection with an education program in audiology or speech-language pathology.

“Simulation” means a practical learning experience where the student clinician participates in an activity that utilizes a real-life imitation of a patient/client with a set of problems. Simulations may be computerized or may involve an individual who is trained to act as a real patient/client.

DEFINITIONS (continued)

“**Supervision**” means the process by which a supervisor oversees a supervisee’s practice of a health profession. Supervisory oversight may include a supervisor monitoring, reviewing, guiding, directing, training, evaluating, or providing formal or informal feedback about a supervisee’s activities, performance, or competencies, in accordance with professional standards and guidelines. See the CSHBC [Supervision Standard of Practice](#) for more information.

APPLICANT INFORMATION

| Surname: | First Name: | Name of University: |
|----------|-------------|---------------------|
| | | |

SUMMARY OF CLINICAL PRACTICE HOURS (AUD)

| SECTION A ESSENTIAL TOPICS Your Clinical Practice Hours <u>MUST</u> include each of the following topics ¹ | CLIENT CONTACT | | | | Simulated Practice ² Max of 50 hrs Combined |
|--|------------------------|---------------------|--------------------------|---------------------|---|
| | Assessment (Diagnosis) | | Intervention (Treatment) | | |
| | Children | Adults | Children | Adults | |
| Hearing Measurement | | | | | |
| Audiological Assessment | | | | | |
| Electrophysiological & Other Diagnostic Measurements | | | | | |
| Amplification (Systems, Selection, Fitting, Verification, & Validation) | | | | | |
| Implantable Hearing Devices | | | | | |
| SECTION A TOTAL: _____ | 1. Subtotal: | 2. Subtotal: | 3. Subtotal: | 4. Subtotal: | 5. Subtotal: |
| | _____ | _____ | _____ | _____ | _____ |

¹ Applicants must demonstrate clinical practice hours in each of the below topics; however, there is no prescribed minimum number of hours that must be completed in each.

² Simulated hours may be completed in any topic and may be in the areas of assessment (diagnosis) and/or intervention (treatment).



| SECTION B OTHER TOPICS If your total hours in Section A do not meet the requirements outlined at the top of page 1 of this form, please provide details of additional clinical practice hours. These may include following topics ³ : | CLIENT CONTACT | | | | Simulated Practice Max of 50 hrs Combined |
|---|------------------------|--------------|--------------------------|--------------|--|
| | Assessment (Diagnosis) | | Intervention (Treatment) | | |
| | Children | Adults | Children | Adults | |
| Calibration & Maintenance of Instrumentation | | | | | |
| Auditory & Vestibular Disorders Involving Both Peripheral & Central Pathways of Hearing | | | | | |
| Assessment & Management of Tinnitus, Including Hyperacusis | | | | | |
| Habilitation & Rehabilitation Procedures Applied to Children, Adults, the Elderly, & Specific Populations (e.g., Developmental Delay, Occupational Hearing Loss) | | | | | |
| Identification (including screening) and Prevention | | | | | |
| Other (please specify): ----- | | | | | |
| SECTION B TOTAL: _____ | 6. Subtotal: | 7. Subtotal: | 8. Subtotal: | 9. Subtotal: | 10. Subtotal: |
| | _____ | _____ | _____ | _____ | _____ |

| SECTION C SPEECH-LANGUAGE PATHOLOGY Minimum of 20 hours | CLIENT CONTACT | | | | Simulated Practice |
|---|------------------------|---------------|--------------------------|---------------|--------------------|
| | Assessment (Diagnosis) | | Intervention (Treatment) | | |
| Speech-language pathology assessment, intervention, and/or prevention activities: | | | | | |
| SECTION C TOTAL: _____ | 11. Subtotal: | 12. Subtotal: | 13. Subtotal: | 14. Subtotal: | 15. Subtotal: |
| | _____ | _____ | _____ | _____ | _____ |

³ Note that these are not required topics but may be used to supplement total practice hours to meet the requirements outlined at the top of page 1 of this form.

| SECTION D DISTRIBUTION OF CLINICAL PRACTICUM HOURS | TOTAL HOURS | |
|--|-------------|-------------------|
| TOTAL HOURS with Children = sum of columns 1, 3, 6, and 8: | | Minimum 50 hours |
| TOTAL HOURS with Adults = sum of columns 2, 4, 7, and 9: | | Minimum 50 hours |
| TOTAL HOURS of Speech-Language Pathology = sum of columns 11 - 15: | | Minimum 20 hours |
| TOTAL HOURS of Assessment / Diagnosis = sum of columns 1, 2, 6, and 7: | | Minimum 100 hours |
| TOTAL HOURS of Intervention / Treatment = sum of columns 3, 4, 8, and 9: | | Minimum 50 hours |
| TOTAL HOURS of Simulation = sum of columns 5, 10, and 15: | | Maximum 50 hours |

| | |
|---|-------|
| FINAL TOTAL = sum of Section A + Section B + Section C: | _____ |
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| I verify that the summary of clinical practice hours above was completed within the program of: | |
|---|---|
| Name of University: | Degree / Name of Program: |
| | |
| Program Director's Name (Please Print): | Program Director's Work Email Address & Telephone Number: |
| | |
| Program Director's Signature | Date |
| | YYYY / MM / DD |