



## CERTIFICATION PROGRAM & APPLICATION

### Certificate B: Cochlear Implant 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 B 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.*

<b>Applicant Signature</b>	<b>Application Date</b>

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

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

<b>Supervisor Signature:</b>			
------------------------------	--	--	--

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

<b>Supervisor Signature:</b>			
------------------------------	--	--	--

<b>Completed Form &amp; Fee:</b>	\$50.00 per certificate to a maximum of \$100 regardless of the number of certificates held. After completion of the Certification Program, please upload this form and submit the application fee through the <a href="#">Registrant Portal</a> of the <a href="#">CSHBC website</a> .		
----------------------------------	--	--	--

<b>Date Submitted:</b>			
------------------------	--	--	--

## PRE-REQUISITES: CERTIFICATE B

**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.**

<b>Pre-requisite 1</b>	Full registration status as a Registered Audiologist (RAUD).	
<b>Pre-requisite 2</b>	Completion of a graduate-level course in cochlear implant management, including candidacy, assessment, programming, and equipment maintenance and post-implant evaluation.	
<b>Institution:</b>		
<b>Course Name:</b>		
<b>Date Completed:</b>		

***NOTE: For applicants who have not completed a graduate-level course within the past 7 years, a substantially equivalent pre-requisite course must be completed.***

*This includes:*

- an online course covering topics such as candidacy and selection, outcome measures, and rehabilitation following a CI; AND  
an in-depth manufacturer’s course on CI.

<b>Institution:</b>		
<b>Equivalent Course Name:</b>		
<b>Date Completed:</b>		

## CERTIFICATION PROGRAM: CERTIFICATE B

**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	
<b>Objective 1</b>	<b>Attain foundational knowledge for CI management</b>	<b>Supervisor initials</b>
1.1	Understands the roles and responsibilities of team members in the provision of CI services	
1.2	Minimum one-year clinical experience (training 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; this is specified by hours of direct pt. contact above	
1.4	Familiarity with emergency processes in the applicable setting	
<b>Objective 2</b>	<b>Attain the background clinical knowledge for CI assessment &amp; management</b>	<b>Supervisor Initials</b>
2.1	Knowledge of the purposes of the Cis	
2.2	Knowledge of normal and abnormal hearing and its relationship to CI	
2.3	Knowledge of the anatomy and physiology of the complete auditory system	
<b>Objective 3</b>	<b>Make appropriate patient/client selection</b>	<b>Supervisor Initials</b>
3.1	Demonstrate knowledge of CI candidacy	
3.2	Obtaining information from medical records	

3.3	Obtaining client history and reviewing relevant results	
3.4	Able to conduct candidacy assessments	
3.5	Able to conduct the necessary audiological evaluation	
3.6	Understands the referral criteria to other health professionals and specialists	
<b>Objective 4</b>	<b>Understand the contraindications, precautions and potential complications of cochlear implantation</b>	<b>Supervisor Initials</b>
4.1	Able to describe the advantages and disadvantages of CI	
4.2	Knowledge of the risks, benefits and precautions for specific patient populations	
4.3	Able to describe the indications and contraindications for the procedure	
4.4	Understanding the objectives and goals of the cochlear implantation	
4.5	Understand the components of post-operative assessment	
4.6	Understand the requirements for trouble shooting the CI device and equipment	
<b>Objective 5</b>	<b>Perform the cochlear implant services</b>	<b>Supervisor initials</b>
5.1	Completes a minimum of 25 hours in CI candidacy assessment under general supervision	
5.2	Able to perform cochlear implant programming. Completes a minimum of 100 hours in CI programming with 50 hours under close supervision and 50 hours under general supervision, which may be adapted based on agreement between the supervisor and the registrant.	
5.3	Completes a minimum of 50 hours in post-operative assessment under general supervision	
5.4	Completes a minimum of 25 hours in trouble-shooting and diagnostics of CI devices and equipment under general supervision	

5.5	Understands specific cochlear implant devices and software applications that are in use	
	Specify training:	
5.6	Writes accurate, complete patient reports	
<b>Extensions:</b>	<b>By mutual agreement between the supervisor and trainee, any or all objectives may be extended beyond minimum requirements</b>	
<b>Objectives extended?</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
<b>If yes, which objectives were extended?</b>		

## 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)*