



acae Accreditation Commission for Audiology Education

cap Computerized Accreditation Program

ACCREDITATION STANDARDS
FOR THE DOCTOR OF AUDIOLOGY (Au.D.) PROGRAM
ADOPTED MARCH 2005
BY THE
ACCREDITATION COMMISSION FOR AUDIOLOGY EDUCATION (ACAE)

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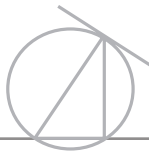


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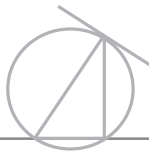
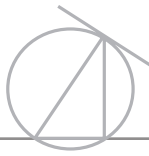


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Preamble

The Accreditation Commission for Audiology Education (ACAE) is an independent non-profit organization formally established in 2003 by representative members of the American Academy of Audiology (AAA) and the Academy of Dispensing Audiologists (ADA). The mission of the ACAE is to serve the public by establishing, maintaining and applying standards to ensure the academic quality and continuous improvement of audiology education that reflect the evolving practice of audiology.

The Doctor of Audiology (Au.D.) is the professional degree that prepares students for the independent and comprehensive practice of audiology. The Au.D. is a professional degree distinct from the Ph.D., which is specifically designed for researchers and educators. The Au.D. program stresses the integration of didactic and clinical learning across a broad spectrum of audiology specialties and environments. The ACAE accreditation process is designed for any program that offers an Au.D. degree. The ACAE expects a four-year program of study and clinical experience to comply with the curriculum and experiential requirements set forth in the standards. The expectations are identical for all programs and include oversight of all didactic and clinical education throughout the curriculum.

The primary purpose of the ACAE accreditation is to recognize, reinforce and promote high quality performance in Au.D. educational programs through a rigorous verification process. This process will produce evidence that Au.D. programs have prepared graduates who are qualified to be doctoral-level audiologists. It also will assure communities of interest that graduates will be able to function according to the national scope of practice, as defined by the profession.

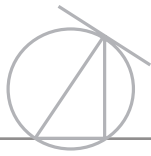
The intent of the ACAE is to provide an efficient and user-friendly web-based process of accreditation that will be helpful to all of its constituents and communities of interest, including: institutions, their administration, faculty and students; regulatory agencies; the public; and other stakeholders.

The ACAE standards require Au.D. programs to use a system of competency-based assessments (outcome measures) to quantify a student's proficiency in stated areas related to evaluation, diagnosis, treatment and management within audiology's scope of practice. The results of these competency-based assessments will allow the programs to assist individual students and implement programmatic changes. The ACAE provides a unique competency-based assessment tool, which programs will use to compare many detailed curricular aspects of their program with the same aspects of other programs. The accreditation process is designed to assist programs in self-study and continuous program improvement.

The dynamic nature of contemporary health and human service delivery requires recipients of the degree in Audiology (Au.D.) to have sound diagnostic, treatment, and management skills in order to function as autonomous direct care providers. Pre-requisites for entry into Au.D. programs must include basic sciences as well as a broad education in the liberal arts. Au.D. programs will graduate generalists with broad exposure and competence in the delivery of hearing and balance services. The graduates of these programs will be prepared as critical consumers of the research that serves as the foundation for audiologic practice. Further, they will be contributors to the growth and dissemination of evidential research and knowledge related to hearing and balance, which in turn, will impact clinical practice and service delivery.

Format of Standards

The standards are divided into five segments: *General Standards for Au.D. Programs; Administrative Structure; Planning and Evaluation; Specific Curricular Standards; and Faculty*. Each segment has individual standards that are divided into two parts: The Standards (with specific implications, when applicable) and Examples of Supportive Evidence. All standards must be addressed to comply with the requirements of the ACAE.



GENERAL STANDARDS FOR Au.D. PROGRAMS

Eligibility

1. Regional Accreditation

The sponsoring institution(s) and affiliates, if any, must be accredited by regional institutional accrediting agencies with recognized accrediting authority. For programs outside of the United States, the ACAE will determine an alternative and equivalent external review process.

Examples of Supportive Evidence:

- Regional accreditation document of institution or program.

2. Governance

The governance structure of the institution and program must be effective, clearly assigning authority and responsibility for the formulation and implementation of policies that enable the institution and program to fulfill its mission.

- 2.1 The institution must be organized, and the program conducted, in such a way as to demonstrate a clear chain of command and, simultaneously, assure open communication among administrators, faculty, students, staff and other constituencies.
- 2.2 The institution and the program must have effective policies concerning governing issues, including but not limited to conflict of interest, due process, disclosure, non-discrimination, confidentiality of records, and fiscal accountability.
- 2.3 The governance structure must clearly assign authority and responsibility for the hiring, evaluation, retention and discharge of the program's director.

Examples of Supportive Evidence:

- Organizational chart indicating reporting mechanisms;
- Policy manual references;
- Document (s) containing governance policies.

3. Policies, Procedures, and Protocols

The institution must have effective policies, procedures and protocols in place to support its organization, student population and administration.

Examples of Supportive Evidence:

- Specific documents that contain these policies, procedures and protocols.

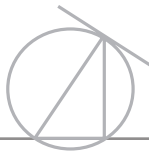
ADMINISTRATIVE STRUCTURE

4. Structure

There must be a clear description of the administrative structure of the Au.D. program, demonstrating that it is adequate for both its size and scope. Evidence of how programmatic responsibilities are shared among the faculty must be in place.

Examples of Supportive Evidence:

- Description of the administrative structure for all facets of the program;
- Organizational charts of Au.D. program and its relationship within the institution/program;
- Position descriptions of senior administrators from the department;
- Standing Committees within program, e.g., admissions, recruitment, finances & financial aid, faculty development, student appeals, etc.



5. **Program's Mission, Goals, and Objectives**

The program must have a current statement of its mission and the goals and objectives by which it intends to prepare students for the independent and comprehensive practice of audiology.

Examples of Supportive Evidence:

- Program's mission statement;
- Program's goals and objectives.

6. **Goals and Objectives Assessment**

The program must have a method in place of assuring that it measures the extent to which it meets its goals and objectives in order to prepare students for the independent and comprehensive practice of audiology.

Examples of Supportive Evidence:

- Method used to measure program's goals and objectives;
- Narrative and supportive data.

7. **Program Director Experience and Qualifications**

The director must possess an appropriate doctorate to direct an educational program at the Au.D. level and have the experience and qualifications requisite for providing effective leadership for the program, its faculty and students. The program must have a director with a full-time faculty appointment.

Examples of Supportive Evidence:

- Job description;
- Curriculum vitae.

8. **Finances**

The program must possess the financial resources necessary to fulfill its mission, goals and objectives to prepare students for the independent and comprehensive practice of audiology and must use sound and generally accepted financial management procedures.

Examples of Supportive Evidence:

- Most recent audited financial statement for the institution;
- Administrative letter of program support;
- Budget documents from the past two years for the program;
- Documents or narrative describing budgetary planning process.

9. **Facilities**

The teaching and patient care facilities must be adequate and appropriate to fulfill the mission, goals and curriculum objectives of the program. Classroom, laboratory, and clinical facilities must be adequate, including those on campus, off campus, and in affiliated facilities. Computer-based resources must be adequate.

Examples of Supportive Evidence:

- Documentation or current description of patient care facilities, classrooms, technology, and laboratories;
- Narrative description of any planned changes in facilities, including financial impact/support;
- Descriptions of all off-campus clinical sites including qualifications of preceptors;
- Detailed descriptions of any computer-based resources used in the program.



10. Equipment

Programs must demonstrate that students have access to and experience with up-to-date equipment and supplies. Equipment and supplies must be adequate and appropriate to the students' clinical experiences. Equipment must be adequate and appropriate to current standards, scope of practice and best practices documents.

Examples of Supportive Evidence:

- List and description of equipment and supplies required for the program (e.g., location, frequency of use, quantity, condition, calibration records, etc.).

11. Resources

Support staff and services for the purpose of meeting the educational, instructional, clinical, and other scholarly goals must be adequate. Support services must include clerical or other staff, space, access to information or other technologies, research services, technological support, and administrative support.

Examples of Supportive Evidence:

- Description of all clerical support personnel available to the program;
- Description of information and technological support;
- Description of library resources and other support services.

12. Student Support Services

The program must have student support services that are compatible with the overall mission, goals, and objectives of the curriculum. There must be adequate mentoring, academic advising, career and placement services. Full-time residential Au.D. students must be informed of and have access to health services and programs provided to other students in the institution. When appropriate, there must be opportunities to participate in program governance, and students must have access to administrators of the program. Students must be provided with policies regarding academic, professional, clinical, and ethical conduct.

Examples of Supportive Evidence:

- Student manuals;
- Clinical policies and procedures for students;
- Advisement meetings with students;
- Student newsletters, etc.;
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) training.

13. Student Records

Records regarding student admission, enrollment and achievement must be maintained in a secure setting within the institution and in accordance with the Family Educational Rights and Privacy Act (FERPA). Student profiles must be on file from the time of acceptance. An accurate and secure system of students' program records must be maintained for a minimum of five years after graduation.

Examples of Supportive Evidence:

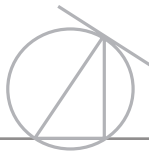
- Student profiles – from entrance into curriculum;
- Student records – for five years;
- Student records/other credentials – for licensure, employment, as applicable;
- Description of procedure, including location, for maintaining security of records.

14. Recruitment Practices

The program must have a student recruitment process that attracts and maintains a qualified applicant pool. Criteria, policies and procedures for admission must be clearly defined, documented and made available to applicants.

Examples of Supportive Evidence:

- Recruitment policies and procedures;
- Recruitment plan;
- Examples of recruitment materials.



15. Admissions Practices

All application, admission and degree-granting requirements and regulations must be applied equitably to individual applicants and students regardless of age, gender, sexual preference, race, disability, religion, or national origin. The program must ensure that students are capable of meeting the demands of the curriculum in audiology. Each program must therefore determine those pre-requisites needed for successful completion of coursework.

Examples of Supportive Evidence:

- Admission pre-requisites and rationale;
- Admission policies and procedures, including minimal technical standards;
- Admissions statistics for the past five years including number of applicants and profiles of entering class with detail on gender, academic ranking and racial/ethnic information;
- Current entering class statistics.

16. Academic Publications: Calendars, Catalogs, Publications, Achievement Levels and Advertising

The program must publish and make available to students policies and procedures in a timely and accurate manner. These include: academic achievement, grading, satisfactory academic progress, requirements for graduation, attendance, tuition, fees, refund policy, honors, scholarship, financial aid, and other related matters. A publication must also be made available with information regarding requirements for graduates' professional credentialing. All statements made about the program in promotional materials, catalogs, or other institutional publications, including web-based publications, must be accurate.

Examples of Supportive Evidence:

- Catalogs;
- Institutional publications, including online publications;
- Student policies.

17. Resolution of Student Complaints

The program must have a system for handling, adjudicating, and resolving student complaints. It must inform students of their right to file a complaint. The rights of due process also must be available to students. Programs must maintain a record of student complaints and their disposition for a period of three years.

Examples of Supportive Evidence:

- Policies regarding student complaints;
- Due process policy for students;
- Student promotion and appeal documents.

PLANNING AND EVALUATION

18. Systematic Process for Planning and Program Evaluation

The program must have a systematic process for measuring student achievement; for planning, evaluating and monitoring its overall efforts to achieve its mission, goals and objectives in order to prepare students for the independent and comprehensive practice of audiology; for assessing its effectiveness serving its various communities of interest; for reviewing and revising the curriculum as needed, based on the results of its evaluation activities; and for planning to achieve its mission in the future.

The program must:

- Conduct an analytical self-evaluation at regular intervals that evaluates the program's performance with respect to student achievement, faculty performance, and the ability to meet program goals.
- Use competency-based assessment tools on an annual basis to measure outcomes in student achievement and program performance.



Examples of Supportive Evidence:

This should include, but not be limited to:

- Evaluation and trend data on students' annual performance diagnostic profiles;
- Analysis of the results of student performance, e.g., national test results, publications, and/or reports;
- Plans for strategic-planning within the program;
- Plans for remediation based on all forms of student assessment;
- Plans for program remediation;
- Student evaluations of faculty performance;
- Exit questionnaires and interviews of graduates;
- Job placement statistics;
- Employer satisfaction surveys;
- Post-graduation student review / survey of curriculum / preparation for practice;
- Summary statement of the program's strengths and weaknesses with regard to each of the ACAE's accreditation standards;
- ACAE's competency-based assessment tool or other competency-based instruments to measure outcomes in student achievement and program performance.

19. Program Quality

The program must be committed to attaining the highest quality in its education of students and must work systematically to demonstrate that it has developed measurement tools for achieving this quality.

Examples of Supportive Evidence:

- Self-study;
- Program evaluation;
- Measurement tools used;
- Outside consultation;
- Collegial review procedures.

SPECIFIC CURRICULAR STANDARDS

20. Multiple Methods of Instruction and Evaluation

If the program uses multiple methods of instruction and evaluation, it must explain how and the extent to which different methods of instruction and evaluation are incorporated into the curriculum.

Programs may consider combining two or more methods of learning and evaluation in the curriculum, e.g., distance learning and laboratory instruction.

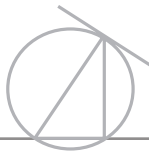
Note: The ACAE considers distance learning to be one of the many viable forms used to educate students. It, therefore, does not maintain separate standards for this method or any other delivery systems. Instead, the ACAE's standards are identical for all methods of delivery.

Examples of Supportive Evidence:

- Description of technology used;
- Rationale and description of multiple methods of instruction and evaluation.

21. Required Knowledge and Competencies

The audiology program, which includes didactic and clinical experiences, must prepare students to meet the recognized competencies for independent practice identified in this standard. The program must also ensure that the clinical experiences encompass the entire scope of practice and focus on current evidence-based practices. The program must provide evidence that each student is able to demonstrate knowledge and competency in the following areas:



Foundation

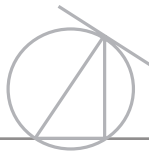
The student will:

- Understand the basic cell, organ, and body systems, with special emphasis on the auditory and vestibular/balance systems and their interrelationships to the body as a whole over the lifespan, including newborns, infants, children, adolescents, adults, elderly and special needs individuals.
- Be knowledgeable about the development of normal auditory and communication processes, including the embryology and development of the auditory/ vestibular, central nervous and related systems.
- Be knowledgeable about theoretical and applied principles of acoustics, psychoacoustics, non-acoustic stimuli, and electronics as applied to the normal and disordered auditory and vestibular systems.
- Recognize the various localized and systemic processes that lead to dysfunction and disease.
- Understand the effect that disease processes can have on the body and major organ systems, with special emphasis on the auditory and vestibular systems.
- Recognize the mechanisms of the various classes of pharmaceutical agents, their interactions, and safe, effective use for the treatment of disease and conditions affecting the ear, the auditory and vestibular systems, central nervous system and related systems.
- Be knowledgeable about the structures and processes contributing to the development of auditory, vestibular and communication disorders and abnormalities.
- Develop the skills required for understanding and identifying the impact of hearing disorders on communication for newborns, infants, children, adolescents, adults, elderly and special needs individuals.
- Understand the impact of genetics on the development and preservation of auditory function as well as the impact on the development of disorders of the auditory, vestibular, and related systems.
- Be able to engage in critical and applied analysis of the research foundation for hearing, balance and communication sciences.

Diagnosis and Management

The student will:

- Develop the skills required for the diagnosis, triage, treatment and management of auditory and vestibular/balance conditions and diseases for patients over the lifespan, including newborns, infants, children, adolescents, adults, elderly and special needs individuals.
- Be knowledgeable regarding the application of audiologic diagnosis, treatment and management principles in diverse settings including practice-based, educational and industrial environments.
- Formulate critical thinking skills needed to assess the patient's auditory and vestibular status.
- Prescribe, perform and interpret clinical, laboratory and other diagnostic procedures and tests in consultation with other health professionals as may be required for proper management of the patient.
- Interpret and synthesize the findings from the patient's history, examination and other diagnostic tests and procedures in order to identify the etiology, the pathogenesis of the condition, and the diagnosis.
- Develop the skills necessary to formulate a treatment plan and understand the implications of various treatment options.
- Recognize the limitations of treatment in a general setting and formulate a written response for consultation or referral as appropriate.
- Discuss the findings, diagnosis and treatment options with the patient, parent or guardian, family, other health care or service providers, as well as any modifications or consequences that may occur over the course of treatment.
- Understand and be able to engage in the treatment and rehabilitation methods used for the management of auditory and vestibular disorders.
- Present the patient with the sequence of treatment (including preventive care), estimated fees, payment arrangements, time requirements, and the patient's responsibilities for treatment.
- Understand the informed consent process as it relates to clinical procedures.



Communication

The student will:

- Communicate effectively, both orally and in written form, with patients, families, caregivers, and other healthcare and service providers.
- Demonstrate empathy for patients and families.
- Demonstrate respect for all individuals encountered in audiologic practice, regardless of disability, income, gender, sexual orientation, race, religion or national origin.
- Maintain accurate and complete up-to-date patient records in a confidential manner, with clear and appropriate documentation of each patient encounter.

Professional Responsibilities and Values

The student will:

- Adhere to professional ethical systems as they relate to the practice of audiology.
- Demonstrate sensitivity to the psychosocial dynamics of the doctor/patient relationship.
- Be aware of the social, psychological, and economic forces affecting diverse patient populations.
- Demonstrate knowledge of professional, legal, public health, and public policy issues as they pertain to the various practice settings and community needs.
- Demonstrate knowledge of the practice management strategies and principles that are applicable to audiology.
- Demonstrate knowledge of the business, financial and reimbursement considerations necessary for operating an audiology practice.
- Demonstrate the ability to perform basic life support skills for emergencies encountered in audiology practice.
- Demonstrate knowledge of the history of the profession.

Examples of Supportive Evidence:

- Description of the specific courses, including the time and sequence in the curriculum, in which each knowledge and competency statement for the Doctor of Audiology degree is presented;
- Description of the process by which each student demonstrates the ability or skill to apply the specific items included in the knowledge and competency statement for the Doctor of Audiology degree.

22. Clinical Environments and Populations

The program must demonstrate that students receive instruction in varied clinical environments, including but not limited to a hospital or medical setting, private practice, rehabilitation setting, and an educational setting, and with varied populations, including newborns, infants, children, adolescents, adults, elderly and special needs that represent the scope of audiologic practice.

Examples of Supportive Evidence:

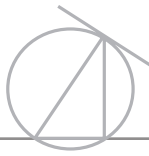
- Records of clinical experiences with data detailing the type of setting and the populations served;
- Clinical evaluation protocols that document the progressive independence of the student practitioner;
- Affiliation agreements with other facilities.

23. Externship

The program must assure that the clinical experiences that students engage in lead to the independent practice of audiology.

Examples of Supportive Evidence:

- Evaluations by Preceptors of each Extern's performance;
- Evaluations of the Preceptors by Externs;
- Documentation of Externship Policy.



24. Student Research and Scholarly Activity

The program must demonstrate that students have knowledge of the fundamentals of research, enabling them to read the professional literature and understand and critically evaluate the concepts related to evidence-based practice. The program must also demonstrate that students have cultivated the skill of being able to understand and critique research and recognize that this ability is essential to the practice of audiology. The students must be critical consumers of research and be able to apply this knowledge in evidence-based practice.

Examples of Supportive Evidence:

- Policies that encourage and reflect research and scholarly activity;
- Evidence of research coursework and research activities by students;
- Documentation of space devoted to research;
- Instruction in information technologies and sciences directly related to accessing research and professional literature;
- Evidence of approval, when appropriate, from the Institutional Review Board (IRB) for human or animal subject research protocols.

FACULTY

25. Policies and Procedures of Faculty

There must be published policies and procedures for faculty recruitment, promotion, tenure, academic assignments and responsibilities, sabbaticals, reporting relationships, grievances, and benefits.

Examples of Supportive Evidence:

- Faculty handbook;
- Published policies.

26. Participation in Program's Governance of Faculty

A system must be in place to facilitate faculty participation in the governance of the program and the institution.

Examples of Supportive Evidence:

- List of faculty committees and membership;
- Schedule and minutes of faculty meetings within the past two years.

27. Number and Qualifications of Faculty

The number and qualifications of faculty must be sufficient to prepare students for the independent and comprehensive practice of audiology and satisfy the stated mission and goals and objectives of the program.

Examples of Supportive Evidence:

- List of faculty with abbreviated biographical sketches and teaching responsibilities;
- Student/faculty ratio and description of method used to calculate it and the rationale for ratio differentials;
- Faculty curriculum vitae.

28. Maintaining and Enhancing Qualifications of Faculty

The faculty must be allocated adequate time and resources to engage in activities that maintain and enhance their qualifications and continuing competency, e.g., clinical practice, continuing education, research, and scholarly activity.



Examples of Supportive Evidence:

- Description of how faculty work loads are determined;
- Description of faculty development program;
- Description of merit/reward mechanisms;
- List of faculty publications;
- List of current grants and contracts;
- Copies of licensure or registration;
- Evidence of continuing professional education activities.

29. Evaluation Process of Faculty

The program must implement a faculty evaluation process that establishes goals and assesses performance of each faculty member.

Examples of Supportive Evidence:

- Description of the faculty evaluation process;
- Copy of each faculty member's individual plan;
- Summary of Student Evaluations.

30. Faculty Within Program That Provide Direct Clinical Care

There must be a sufficient number of faculty members within the program who are in active clinical practice and who provide monitored clinical education to students.

Examples of Supportive Evidence:

- List of faculty who provide direct care;
- Documentation of faculty members' experiences with direct care provided on annual basis.

31. Number and Qualifications of Preceptors

Preceptors teach, educate and closely monitor students in all clinical experiences and must be qualified and licensed professionals, or be appropriately credentialed within their jurisdiction for the specialty area in which the students are being educated.

Examples of Supportive Evidence:

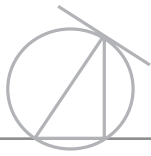
- Curriculum vitae;
- Job description;
- Evidence of the qualifications of preceptors;
- Methods used by the program to select preceptors;
- Methods used on a regular basis to educate the preceptors selected for the program;
- Methods used on a regular basis to evaluate the preceptors selected for the program;
- System in place to demonstrate ongoing interaction between the program and the preceptor regarding the student's progress.

32. Preceptor Availability

Preceptors must be available when students are being educated in clinical settings and must provide assurance that the student education is in accordance with the program curriculum and all federal and state regulations. The preceptor must also be available to the program for any required interaction.

Examples of Supportive Evidence:

- Signed agreement from the site in which the preceptor practices that these conditions will be met;
- Signed mutual agreement with each preceptor and clinical site or institution;
- Signed evaluation of student by preceptor and student and given to program designee;
- System in place to demonstrate availability to the program for any required interaction.



33. Written and Mutual Agreements

The program must have a current written and mutual agreement with each preceptor, clinical site or institution.

Examples of Supportive Evidence:

- Current agreement stating that the preceptor and site or institution will abide by the responsibilities outlined by the program and, in return, the program will provide evidence that the student and preceptor have been academically prepared for the specific clinical education environment;
- Documentation that the clinical site has reasonable and acceptable liability coverage.

ACKNOWLEDGEMENTS

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