| **Test Content Categories**  | **How well do I know the content? (scale 1–5)** | **What resources do I have/need for this content?** | **Where can I find the resources I need?** | **Dates I will study this content** | **Date completed** |
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| **I. Foundations of Audiology (20%)** |  |  |  |  |  |
| **A. Acoustics and Psychoacoustics** |  |  |  |  |  |
| 1. Physics of sound and acoustics |  |  |  |  |  |
| 2. Sound measurement |  |  |  |  |  |
| 3. Physiological and psychological acoustics |  |  |  |  |  |
| 4. Speech perception and acoustics |  |  |  |  |  |
| B. Anatomy, Physiology, and Behavior over the Life Span |  |  |  |  |  |
| 1. Normal processes of auditory behavior over the life span |  |  |  |  |  |
| 2. Development of language and speech |  |  |  |  |  |
| 3. Age-related changes in the auditory and vestibular systems |  |  |  |  |  |
| 4. Embryology and development of hearing and vestibular mechanisms |  |  |  |  |  |
| 5. Normal processes of auditory behavior over the life span |  |  |  |  |  |
| 6. Development of language and speech |  |  |  |  |  |
| 7. Age-related changes in the auditory and vestibular systems |  |  |  |  |  |
| C. Pathophysiology |  |  |  |  |  |
| 1. Genetics and associated syndromes |  |  |  |  |  |
| 2. Nongenetic systemic health conditions |  |  |  |  |  |
| 3. Infectious pathologies |  |  |  |  |  |
| 4. Pharmacology, ototoxicity, and vestibulotoxicity |  |  |  |  |  |
| **D. Psychometrics and Instrumentation** |  |  |  |  |  |
| 1. Psychometrics and psychophysical methods |  |  |  |  |  |
| 2. Calibration, function, and use of measurement equipment |  |  |  |  |  |
| II. Prevention and Screening (10%) |  |  |  |  |  |
| **A. Education** |  |  |  |  |  |
| 1. Education about causes, effects, and prevention of auditory and balance disorders |  |  |  |  |  |
| B. Prevention |  |  |  |  |  |
| 1. Exposure assessment and analysis |  |  |  |  |  |
| 2. Risk mitigation, including: |  |  |  |  |  |
| a. selecting and fitting hearing protection  |  |  |  |  |  |
| b. identifying opportunities for noise controls |  |  |  |  |  |
| c. identifying falling risk factors |  |  |  |  |  |
| 3. Audiometric and balance monitoring |  |  |  |  |  |
| C. Screening and Risk Identification |  |  |  |  |  |
| 1. For auditory and balance disorders |  |  |  |  |  |
| 2. Newborn hearing screening programs |  |  |  |  |  |
| 3. Speech language disorders |  |  |  |  |  |
| 4. Cognitive deficits |  |  |  |  |  |
| 5. Other conditions that may compromise communication, health, quality of life, education, and psychosocial function |  |  |  |  |  |
| D. Program Performance |  |  |  |  |  |
| 1. Monitoring the effectiveness of screening and prevention programs |  |  |  |  |  |
| III. Assessment (35%) |  |  |  |  |  |
| **A. Clinical Preparation** |  |  |  |  |  |
| 1. Gather and evaluate referral and background information; select procedures based on age, developmental level, functional status, behavior, cultural and linguistic diversity, physical, sensory, and cognitive abilities |  |  |  |  |  |
| 2. Verify proper function of equipment |  |  |  |  |  |
| B. Audiological Evaluation—Behavioral |  |  |  |  |  |
| 1. Pure-tone air and bone conduction testing |  |  |  |  |  |
| 2. Speech audiometry |  |  |  |  |  |
| 3. Specialized tests for organic and nonorganic hearing loss |  |  |  |  |  |
| 4. Developmentally appropriate tests for infants and children |  |  |  |  |  |
| 5. Modify tests based on age, functional status, behavior, cultural and linguistic background, physical, sensory, and cognitive abilities |  |  |  |  |  |
| C. Audiological Evaluation—Physiologic |  |  |  |  |  |
| 1. Immittance: tympanometry, acoustic reflex testing, wideband acoustic immittance |  |  |  |  |  |
| 2. Otoacoustic emission testing |  |  |  |  |  |
| 3. Auditory evoked potential (AEP), including electrocochleography (ECOG), auditory brainstem response (ABR) threshold testing, ABR for neurodiagnostic evaluation, auditory steady-state response (ASSR), and other |  |  |  |  |  |
| D. Balance and Vestibular Assessment |  |  |  |  |  |
| 1. Videonystagmography (VNG) and electronystagmography (ENG) |  |  |  |  |  |
| 2. Rotary chair tests |  |  |  |  |  |
| 3. Vestibular evoked myogenic potentials (VEMP) |  |  |  |  |  |
| 4. Video head impulse test (vHIT) |  |  |  |  |  |
| 5. Posturography |  |  |  |  |  |
| E. Other Assessments and Evaluations |  |  |  |  |  |
| 1. Patient history |  |  |  |  |  |
| 2. Otoscopy |  |  |  |  |  |
| 3. Self-report measures of auditory and balance problems |  |  |  |  |  |
| 4. Assessment of functional hearing ability and auditory processing |  |  |  |  |  |
| a. speech in noise testing |  |  |  |  |  |
| b. spatial testing |  |  |  |  |  |
| c. temporal processing |  |  |  |  |  |
| **5.** Assessment of tinnitus |  |  |  |  |  |
| a. impact questionnaires |  |  |  |  |  |
| b. psychoacoustic testing, including pitch and loudness matching |  |  |  |  |  |
| 6. Evaluation of sound tolerance |  |  |  |  |  |
| a. loudness discomfort levels |  |  |  |  |  |
| b. questionnaires and interviews |  |  |  |  |  |
| F. Integrating Assessment Results |  |  |  |  |  |
| **1. Integrate findings** |  |  |  |  |  |
| a. Determine type and severity of auditory and balance impairment |  |  |  |  |  |
| b. Develop recommendations for further evaluation, intervention, and/or referral |  |  |  |  |  |
| **c.** Distinguish among hearing, tinnitus, and sound tolerance problems |  |  |  |  |  |
| G. Documentation and Communication |  |  |  |  |  |
| 1. Document the procedures and results of evaluations |  |  |  |  |  |
| 2. Generate recommendations based on all clinical findings and patient preferences, including appropriate referrals |  |  |  |  |  |
| 3. Communicate results and recommendations to patients, families, and other appropriate individuals; interact effectively with interpreters and individuals involved in interprofessional practice |  |  |  |  |  |
| IV. Intervention (25%) |  |  |  |  |  |
| A. Treatment Planning |  |  |  |  |  |
| 1. Integrate referral and background information |  |  |  |  |  |
| 2. Select and modify treatment based on age, developmental level, functional status, behavior, cultural and linguistic diversity, physical, sensory and cognitive abilities, and patient and family preferences |  |  |  |  |  |
| 3. Integrate results of assessments and other evaluations to support recommendations for treatment and/or referral |  |  |  |  |  |
| 4. Establish short- and long-term goals |  |  |  |  |  |
| B. Device Selection |  |  |  |  |  |
| 1. Evaluate communication and hearing challenges, motivation, and needs and expectations for the purpose of device selection |  |  |  |  |  |
| 2. Hearing aids |  |  |  |  |  |
| a. Evaluate speech recognition in noise and loudness discomfort for the purpose of hearing-aid selection |  |  |  |  |  |
| b. Select hearing-aid coupling; e.g., earmold modifications, dome selection, venting |  |  |  |  |  |
| c. Select features and processing strategies based on communication needs and preferences; e.g., noise reduction, directionality, compression, frequency |  |  |  |  |  |
| 3. Cochlear implants, hybrids, and other implantable devices |  |  |  |  |  |
| a. Determine candidacy |  |  |  |  |  |
| b. Discuss benefits and limitations |  |  |  |  |  |
| c. Ensure appropriate support systems  |  |  |  |  |  |
| 4. Hearing assistive technology system (HATS); e.g., personal and group amplification systems, assistive listening, and alerting devices |  |  |  |  |  |
| a. Determine candidacy based on needs and preferences |  |  |  |  |  |
| b. Determine compatibility when used in conjunction with other devices |  |  |  |  |  |
| c. Select features based on communication and hearing needs and preferences |  |  |  |  |  |
| C. Device Verification and Validation |  |  |  |  |  |
| 1. Fitting and programming devices |  |  |  |  |  |
| 2. Conduct quality control measures to ensure proper functioning of devices; e.g., electroacoustic analysis, confirm function of features |  |  |  |  |  |
| 3. Conduct real ear measures to verify audibility, comfort, and tolerance |  |  |  |  |  |
| modify verification procedures to promote quality outcomes; e.g., RECD |  |  |  |  |  |
| 4. Validate effectiveness of intervention using outcome measures |  |  |  |  |  |
| 5. Repair and modify devices, when appropriate |  |  |  |  |  |
| D. Audiological (Re)habilitation and lntervention |  |  |  |  |  |
| 1. Monitor progress of goals for the audiological (re)habilitation plan and revise as necessary |  |  |  |  |  |
| 2. Provide instruction on communication strategies to patients and key communication partners |  |  |  |  |  |
| 3. Facilitate communication development and/or auditory learning |  |  |  |  |  |
| 4. Provide services and support across the life span |  |  |  |  |  |
| a. Counsel regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills |  |  |  |  |  |
| b. Participate in interprofessional care |  |  |  |  |  |
| c. Provide audiological (re)habilitation |  |  |  |  |  |
| d. Incorporate implications of comorbidity in treatment plan |  |  |  |  |  |
| e. For children, participate in IEP or IFSP process, and plan and implement |  |  |  |  |  |
| E. Tinnitus Management |  |  |  |  |  |
| 1. Implement or recommend evidence-based intervention methods |  |  |  |  |  |
| a. cognitive-behavioral therapy (CBT) and other methods |  |  |  |  |  |
| b. sound-based therapy, including hearing aids, combination (hearing aid and sound generator) instruments, and other sound sources |  |  |  |  |  |
| c. self-management education |  |  |  |  |  |
| F. Decreased Sound Tolerance, i.e. Hyperacusis, Misophonia |  |  |  |  |  |
| 1. Treatment consistent with different severity levels |  |  |  |  |  |
| 2. Sound desensitization procedures |  |  |  |  |  |
| G. Vestibular Rehabilitation |  |  |  |  |  |
| 1. Determine candidacy and appropriate treatment plan |  |  |  |  |  |
| 2. Provide and monitor treatment for benign paroxysmal positional vertigo (BPPV) and peripheral and central vestibular disorders |  |  |  |  |  |
| H. Counseling for Auditory and Balance Impairment |  |  |  |  |  |
| 1. Provide informational counseling regarding hearing and balance, communication development, modes of communication and device use and safety |  |  |  |  |  |
| 2. Address interpersonal, psychosocial, educational, and vocational implications of auditory and balance impairment for the individual, family members, and/or caregivers to enhance their well-being and quality of life |  |  |  |  |  |
| I. Documentation and Communication |  |  |  |  |  |
| 1. Document intervention processes and outcomes; generate recommendations resulting from intervention; communicate outcomes and recommendations to individuals involved in interdisciplinary practice |  |  |  |  |  |
| 2. Communicate outcomes and recommendations to individuals involved in interprofessional practice |  |  |  |  |  |
| V. Professional and Ethical Responsibilities (10%) |  |  |  |  |  |
| A. Professional Practice |  |  |  |  |  |
| 1. Service delivery models across different settings (e.g., hospital-based clinic, community-based clinic, private practice, school-based practice, industry/conservation) |  |  |  |  |  |
| 2. Management and business practices, including |  |  |  |  |  |
| a. financial planning (e.g., budgeting, cost analysis) |  |  |  |  |  |
| b. coding, billing, and reimbursement |  |  |  |  |  |
| c. risk management, including activities, policies, and procedures, to reduce risk and liability from both patient safety and financial perspectives |  |  |  |  |  |
| d. patient management |  |  |  |  |  |
| 3. Effective and appropriate communication; selecting a means of communication; e.g., formal reports, notes, electronic mail, telephone calls, and using appropriate verbal and written language for recipient(s) |  |  |  |  |  |
| 4. Use of instrumentation and calibration to current standards and equipment specifications |  |  |  |  |  |
| 5. Standard safety precautions and infection control to reduce transmission of disease(s); e.g., |  |  |  |  |  |
| a. cleaning/disinfection/sterilization of equipment |  |  |  |  |  |
| b. discarding disposables (otoscope specula, immittance and OAE probe tips, earmold impression syringe tips, insert receivers, etc.) and infectious waste |  |  |  |  |  |
| c. determining necessity for gloves and/or protective apparel |  |  |  |  |  |
| B. Legal and Ethical Practice and Advocacy |  |  |  |  |  |
| 1. Standards for professional conduct, ethical principles, and decision making |  |  |  |  |  |
| 2. Protection of patients’ rights and informing patient(s) of their privacy rights with respect to their personal health information |  |  |  |  |  |
| 3. Legislative and regulatory mandates |  |  |  |  |  |
| 4. Advocacy for individuals served and for the profession |  |  |  |  |  |
| C. Evidence-Based Practice |  |  |  |  |  |
| 1. Apply translational research findings from science to clinical application to maintain current (best practice) models of care |  |  |  |  |  |
| 2. Maintain up-to-date knowledge on research principles and practices; e.g., experimental design, statistical methods, and application to clinical populations |  |  |  |  |  |
| 3. Assessment of screening, diagnostic and treatment efficacy and/or effectiveness |  |  |  |  |  |
| D. Interprofessional Practice |  |  |  |  |  |
| 1. Importance, value, and role of interprofessional communication and practice |  |  |  |  |  |
| 2. The role, scope of practice, and responsibilities of audiologists and other related professionals |  |  |  |  |  |
| E. Principles and Practice of Supervision |  |  |  |  |  |
| 1. Supervision and mentoring of students, other professionals, and support personnel |  |  |  |  |  |