2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Audiology

Effective Date: January 1, 2020

Introduction

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association. The charges to the CFCC are: to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and to administer the certification maintenance program.

A Practice and Curriculum Analysis of the Profession of Audiology was conducted in 2016 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2020 standards and implementation procedures for the Certificate of Clinical Competence in Audiology (CCC-A) went into effect on January 1, 2020. View the Audiology Standards Crosswalk [PDF] for more specific information on how the standards have changed.

Revisions: August 2022

- **Standard I** was revised to better define qualifying degrees and coursework.

Revisions: September 2021—Effective January 1, 2022

- **Standard II** was updated to reflect current terminology.

- **Standard III** was updated to only require 50% of supervised clinical practicum be completed in person.
- **Standard V** was updated to require that at least 2 of the 30 required Professional Development Hours (PDHs)—formerly known as Certification Maintenance Hours or CMHs—be earned each maintenance interval in the areas of cultural competency, cultural humility, culturally responsive practice, and/or diversity, equity, and inclusion.

View the Audiology Standards Crosswalk with 2022 Updates [PDF] for further information.

Terminology

Cultural competence: The knowledge and skill needed to address language and culture; this knowledge and skill evolves over time and spans lifelong learning.

Cultural humility: A lifelong commitment to engaging in self-evaluation and self-critique and to remedying the power imbalance implicit to clinical interactions.

Culturally responsive practice: Responding to and serving individuals within the context of their cultural background—and the ability to learn from and relate respectfully with people of other cultures.

Professional interactions: Refers to not only service delivery but to interactions with colleagues, students, audiology externs, interprofessional practice providers, and so forth.

Citation

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The Standards for the CCC-A are shown in bold. The CFCC implementation procedures follow each standard.

- Standard I—Academic Qualifications
- Standard II—Knowledge and Skills Outcomes
- Standard III—Verification of Knowledge and Skills
- Standard IV—Examination
- Standard V—Maintenance of Certification

Standard I: Academic Qualifications

Applicants for certification must hold a doctoral degree in audiology from a program accredited by the CAA, a program in CAA candidacy status, or equivalent.

Implementation: Verification of the graduate degree is accomplished by submitting (a) an official transcript showing that the degree has been awarded or (b) a letter from the university registrar verifying completion of requirements for the degree. Applicants must have graduated from a program holding CAA accreditation or candidacy status in audiology throughout the period of enrollment.

Applicants who hold a doctoral degree (e.g., AuD, PhD, MD, etc.) from a non–CAA-accredited program will have their transcripts evaluated by the CFCC to confirm that their doctoral post-graduate coursework covers the same content as a CAA-accredited clinical audiology doctoral degree program. See the AuD coursework outline for further details.

Individuals educated outside the United States or its territories must submit official transcripts and evaluations of their degrees and courses to verify equivalency. These evaluations must be conducted by credential evaluation services agencies recognized by the National Association of Credential Evaluation Services (NACES). Evaluations must (a) confirm that the degree earned is equivalent to a U.S. clinical doctoral degree, (b) show that the coursework is equivalent to a CAA-accredited clinical doctoral program, (c) include a translation of academic coursework into the American semester-hour system, and (d) indicate which courses were completed at the graduate level.

Standard II: Knowledge and Skills Outcomes

Applicants for certification must have acquired knowledge and developed skills in the professional areas of practice as identified in Standards II-A through II-F, as verified in accordance with Standard III.

Implementation: The knowledge and skills identified in this standard, although separated into areas of practice, are not independent of each other. The competent practice of audiology requires that an audiologist be able to integrate across all areas of practice. Therefore, assessments used to verify knowledge and skills acquisition must require that the candidate for certification demonstrate integration of the knowledge and skills found in Standards II-A through II-F below. Refer to the list of acceptable coursework for further details.

Standard II-A: Foundations of Practice

Applicant has demonstrated knowledge of:

A1. Genetics, embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology of hearing and balance over the life span
A2. Effects of pathogens, and pharmacologic and teratogenic agents, on the auditory and vestibular systems
A3. Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span

A4. Principles, methods, and applications of acoustics, psychoacoustics, and speech perception, with a focus on how each is impacted by hearing loss throughout the life span

A5. Calibration and use of instrumentation according to manufacturers' specifications and accepted standards

A6. Standard safety precautions as well as cleaning/disinfection of equipment and of the clinic/facility in accordance with Centers for Disease Controls (CDC), facility-specific policies, and manufacturers' instructions to control for infectious/contagious diseases

A7. Applications and limitations of specific audiologic assessments and interventions in the context of overall client/patient management

A8. Implications of cultural and linguistic differences, as well as individual preferences and needs, on clinical practice and on families, caregivers, and significant others

A9. Implications of biopsychosocial factors in the experience of and adjustment to auditory disorders and other chronic health conditions

A10. Effects of hearing loss on educational, vocational, social, and psychological function throughout the life span

A11. Manual and visual communication systems and the use of interpreters, transliterators, and/or translators

A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication

A13. Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making

A14. Assessment of diagnostic efficiency and treatment efficacy using quantitative data (e.g., number of tests, standardized test results) and qualitative data (e.g., standardized outcome measures, client/patient-reported measures)

A15. Client-centered, behavioral, cognitive, and integrative theories and methods of counseling and their relevance in audiologic habilitation/rehabilitation

A16. Principles and practices of client/patient/person/family-centered care, including the role and value of clients'/patients' narratives, clinician empathy, and shared decision-making regarding treatment options and goals

A17. Importance, value, and role of interprofessional communication and practice in client/patient care

A18. The role, scope of practice, and responsibilities of audiologists and other related professionals

A19. Health care, private practice, and educational service delivery systems

A20. Management and business practices, including but not limited to cost analysis, budgeting, coding, billing and reimbursement, and client/patient management

A21. Advocacy for individual client/patient needs and for legislation beneficial to the profession

and the individuals served

A22. Legal and ethical practices, including standards for professional conduct, client/patient rights, confidentiality, credentialing, and legislative and regulatory mandates

A23. Principles and practices of effective clinical education and mentoring of students, other professionals, and support personnel

Standard II-B: Prevention and Screening

Applicant has demonstrated knowledge of and skills in:

B1. Educating the public and those at risk on the topics of prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders

B2. Establishing relationships with professionals and community groups to promote hearing wellness for all individuals across the life span

B3. Participating in programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems

B4. Utilizing instrument(s) (i.e., sound-level meter, dosimeter, etc.) to determine ambient noise levels and providing strategies for reducing noise and reverberation time in educational, occupational, and other settings

B5. Recognizing a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk to determine a need for hearing screening

B6. Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements

B7. Participating in occupational hearing conservation programs

B8. Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span

B9. Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation

B10. Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function

B11. Screening for comprehension and production of language, including the cognitive and social aspects of communication

B12. Screening for speech production skills (e.g., articulation, fluency, resonance, and voice characteristics)

B13. Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate

B14. Evaluating the success of screening and prevention programs using performance measures (i.e., test sensitivity, specificity, and positive predictive value)

Standard II-C: Audiologic Evaluation

Applicant has demonstrated knowledge of and skills in:

C1. Reviewing and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors
C2. Completing a case history and client/patient narrative
C3. Obtaining client/patient-reported and/or caregiver-reported measures to assess function
C4. Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system
C5. Providing assessments of tinnitus severity and its impact on clients'/patients' activities of daily living and quality of life
C6. Providing assessment of tolerance problems to determine the presence of hyperacusis
C7. Selecting, performing, and interpreting a complete immittance test battery based on client/patient need, medical necessity, and other findings; tests to be considered include single-probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function
C8. Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated
C9. Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSs); obtaining a performance intensity function with standardized speech materials, when indicated
C10. Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used
C11. Selecting, performing, and interpreting physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold testing, and click stimuli for neural diagnostic purposes
C12. Selecting, performing, and interpreting otoacoustic emissions testing
C13. Selecting, performing, and interpreting tests for nonorganic hearing loss
C14. Selecting, performing, and interpreting vestibular testing, including electronystagmography (ENG)/videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and cervical vestibular-evoked myogenic potential (cVEMP)
C15. Selecting, performing, and interpreting tests to evaluate central auditory processing disorder

Applicant has demonstrated knowledge of:

C16. Electrophysiologic testing, including but not limited to auditory steady-state response, auditory middle latency response, auditory late (long latency) response, and cognitive potentials (e.g., P300 response, mismatch negativity response)
C17. Posturography
C18. Rotary chair tests
C19. Video head impulse testing (vHIT)

Standard II-D: Counseling

Applicant has demonstrated knowledge of and skills in:

D1. Identifying the counseling needs of individuals who are deaf or hard of hearing based on the narratives and results of client/patient and/or caregiver responses to questionnaires and validation measures
D2. Providing individual, family, and group counseling as needed based on client/patient and clinical population needs
D3. Facilitating and enhancing clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders
D4. Enhancing clients'/patients' acceptance of and adjustment to hearing aids, hearing assistive technologies, and osseointegrated and other implantable devices
D5. Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing loss for the client/patient, family members, and/or caregivers to enhance their well-being and quality of life
D6. Facilitating clients'/patients' acquisition of effective communication tools and techniques of coping skills
D7. Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment disorders
D8. Enhancing adherence to treatment plans and optimizing treatment outcomes
D9. Monitoring and evaluating client/patient progress and modifying counseling goals and approaches, as needed

Standard II-E: Audiologic Rehabilitation Across the Life Span

Applicant has demonstrated knowledge of and skills in:

E1. Engaging clients/patients in the identification of their specific communication difficulties and adjustment to them by eliciting client/patient narratives and interpreting self-reported and/or caregiver-reported measures
E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory–perceptual and motor skills, and other health/medical conditions as well as participating in interprofessional collaboration to provide

comprehensive management and monitoring of all relevant issues

E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship with sensitivity to differences in culture, identity, and language

E4. Providing assessments of family members' perception of and reactions to communication difficulties

E5. Identifying the effects of hearing loss and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning

E6. Engaging clients/patients (including, as appropriate, school-aged children and adolescents) and family members in shared decision-making regarding treatment goals and options

E7. Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties

E8. Selecting and fitting appropriate amplification devices (i.e., standard, bone, osseointegrated, and implantable devices) and assistive technologies

E9. Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound pressure level, and input–output characteristics

E10. Verifying that amplification devices meet quality control and American National Standards Institute (ANSI) and U.S. Food and Drug Administration (FDA) standards

E11. Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance

E12. Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices

E13. Conducting individual and/or group hearing aid and wireless technology orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately

E14. Identifying individuals who are candidates for cochlear implantation and other implantable devices

E15. Counseling cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options

E16. Providing programming and fitting adjustments; providing post-fitting counseling for cochlear implant clients/patients

E17. Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS) based on clients'/patients' communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit

E18. Providing HATS for those requiring access in public and private settings or for those requiring necessary accommodation in the work setting, in accordance with federal and state

regulations

E19. Ensuring compatibility of HATS when used (a) in conjunction with hearing aids, cochlear implants, or other devices and (b) in different-use environments

E20. Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)

E21. Providing auditory, visual, and auditory–visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication

E22. Counseling clients/patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder

E23. Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations

E24. Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances

E25. Monitoring and assessing the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s)

E26. Providing canalith repositioning for clients/patients diagnosed with benign paroxysmal positional vertigo (BPPV)

E27. Providing intervention for central and peripheral vestibular deficits

E28. Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome

Standard II-F: Pediatric Audiologic (Re)habilitation

Applicant has demonstrated knowledge of and skills in:

F1. Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing loss

F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for deaf and hard of hearing children with sensitivity to differences in culture, identity, and language

F3. Educating parents regarding the potential effects of hearing loss on speech-language, cognitive, and social–emotional development and functioning

F4. Educating parents regarding (a) optional and optimal modes of communication and (b) educational laws and rights, including 504 plans, individualized education programs (IEPs), individual family service plans (IFSPs), and individual health plans

F5. Selecting age- and developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation

F6. Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices, implanted devices, and HATS
F7. Planning and implementing parent education/support programs concerning the management of hearing loss and subsequent communication and adjustment difficulties
F8. Providing for intervention to ensure age- and developmentally appropriate speech and language development
F9. Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome
F10. Providing ongoing support for children by participating in IEP or IFSP processes
F11. Counseling the deaf or hard of hearing child regarding peer pressure, stigma, self-identity, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills, with sensitivity to differences in culture and language
F12. Evaluating acoustics of classroom settings and providing recommendations for universal design and accommodations
F13. Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals

Standard III: Verification of Knowledge and Skills

Applicants for certification must have completed supervised clinical practicum under an ASHA-certified audiologist who (1) has a minimum of 9 months of full-time clinical experience (or its part-time equivalent) and (2) has completed at least 2 hours of professional development in the area of clinical instruction/supervision.

The applicant's clinical experiences must meet CAA standards for duration and be sufficient to demonstrate the acquisition of the knowledge and skills identified in Standard II.

Implementation: The applicant's doctoral program director or designated signatory must verify that the applicant has acquired and demonstrated all of the knowledge and skills identified in Standard II.

Clinical instructors and supervisors must

- have earned, and kept current, their CCC-A certification;
- have completed, at minimum, 9 months of full-time clinical experience (or its part-time equivalent)***** of direct client/patient care after practicing with a full/unrestricted license; and
- have completed at least 2 professional development hours (PDHs)—formerly known as certification maintenance hours (CMHs)—or 0.2 ASHA continuing education units (ASHA CEUs) in clinical instruction/education/supervision **after earning the CCC-A.**

The knowledge and skills outcomes listed in Standard II require that at least 50% of the supervised clinical practicum be acquired on site and in person where the clinical instructors, supervisors, and clients/patients are present. Telepractice may be used for up to 40% and clinical simulation (CS) may be used for up to 10% of the supervised clinical practicum. Telepractice (client/patient is at a distance) is only acceptable when the prevailing regulatory body permits/bodies permit telepractice and the client/patient consents. Telesupervision in separate from telepractice and only accepted in limited circumstances.

The supervised clinical practicum within a doctoral program must

- include a variety of on-site and in-person clinical practicum to validate knowledge and skills across the scope of practice in audiology, including clinical and administrative duties; and
- be appropriate to the student's level of training, education, experience, and competence.

The supervised clinical experience should include interprofessional education and interprofessional collaborative practice (IPE/IPP). Under the supervision of their audiologist supervisor, students/applicants should seek experiences that include working with allied health professionals who are appropriately credentialed in their area of practice to enhance the student's knowledge and skills in an interdisciplinary, team-based, comprehensive health care delivery setting.

The supervised clinical practicum within a doctoral program may permit the following:

- Up to two applicants/students participating in the same session and counting the full experience/time of the session, provided that they are actively engaged in the session.
- An applicant obtaining up to 10% of their supervised clinical experience for ASHA certification through CS in accordance with the guidelines for audiology CS experiences. An applicant can count their CS experiences for ASHA certification only when obtained within the doctoral program.

Any portion of the applicant's supervised clinical practicum that was not completed under an audiologist meeting the requirements above can be completed post-graduation. The applicant's post-graduation clinical instructor/supervisor, who must also meet the above requirements, will verify that the applicant has demonstrated and acquired the knowledge and skills for ASHA certification following completion of the required supervised clinical experience. The post-graduate supervised clinical practicum may be telesupervised.

Applicants who apply for certification without completing a full, supervised clinical practicum under a clinical instructor/supervisor who meets the requirements above within their degree program will have 24 months from their application-received date to initiate the remainder of their experience and will have 48 months from the initiation date of their post-graduation supervised clinical practicum to complete the experience.

*Individuals with experience as a clinical educator may count their experience as being "clinical" if they (a) have worked directly with clients/patients who have a hearing or balance disorder and (b) have been the clients'/patients' recognized provider and have been ultimately responsible for their assessment and management. Individuals whose experience has been limited to classroom teaching, research/lab work, or working with only CS cannot count this experience as clinical unless it meets the criteria in (a) and (b).

Standard IV: Examination

The applicant must pass the national examination adopted by ASHA for purposes of certification in audiology.

Implementation: Results of the Praxis Examination in Audiology must be submitted directly to ASHA from ETS. A passing exam score must be earned no earlier than 5 years prior to the submission of the application and no later than 2 years following receipt of the application. If the applicant does not successfully pass the exam and does not report the results of the exam to ASHA within the 2-year application period, then the applicant's certification file will be closed. If the applicant passes or reports the results of the exam at a later date, then the individual will be required to reapply for certification under the standards that are in effect at that time.

Standard V: Maintenance of Certification

Individuals holding certification must demonstrate (a) continuing professional development hours (PDH) including 1 PDH in ethics; (b) 2 PDHs in cultural competency, cultural humility, culturally responsive practice, or diversity, equity, and inclusion; (c) adherence to the ASHA Code of Ethics; and (d) payment of annual dues and fees.

Implementation: Individuals who hold the Certificate of Clinical Competence in Audiology (CCC-A) must accumulate and report 30 professional development hours (PDHs) (formerly CMHs) or 3.0 ASHA CEUs during every 3-year certification maintenance interval. Beginning with the 2023–2025 interval, the 30 PDHs (or 3.0 ASHA CEUs) must include a minimum of 1 PDH in ethics and 2 PDHs in cultural competency, cultural humility, culturally responsive practice, or diversity, equity, and inclusion. Individuals will be subject to random audits of their professional development activities.

Individuals who hold the CCC-A must adhere to the ASHA *Code of Ethics* ("Code"). Any violation of the Code of Ethics may result in professional discipline by the ASHA Board of Ethics and/or the CFCC.

Annual payment of certification dues and/or fees is also a requirement of certification maintenance. If certification maintenance requirements are not met within the 3-year interval, then certification will expire. Individuals who wish to regain certification must submit a reinstatement application and meet the certification standards that are in effect at that time.