



SUMMARY OF SUPERVISED CLINICAL PRACTICE HOURS FORM

AUDIOLOGY

Name:	Date:
--------------	--------------

SECTION 1: BASIC KNOWLEDGE SPECIFIC TO THE PROFESSION – AUDIOLOGY
 Clinical experience in assessment, intervention and prevention of auditory and vestibular functions. **Minimum Requirement:
300 direct client contact hours**

	DIRECT CLIENT CONTACT				SIMULATED PRACTICE (50 Hr. max)
	Assessment		Intervention		
	Children	Adults	Children	Adults	
MUST INCLUDE THE FOLLOWING ACTIVITIES:					
Hearing Measurement					
Audiology Assessment (Including Special Diagnostic Measurements)					
Electrophysiological Measurements					
Amplification (Systems, Selection, Fitting, Verification and Validation)					
Implanted Hearing Devices					
SHOULD INCLUDE THE FOLLOWING ACTIVITIES:					
Calibration and Maintenance of Instrumentation					
Auditory and Vestibular Disorders Involving Both Peripheral and Central Pathways of Hearing					
Assessment and Management of Tinnitus, Including Hyperacusis					
Habilitation and Rehabilitation Procedures Applied to Children, Adults, the Elderly and Specific Populations (e.g. developmental delay, occupational hearing loss)					
SECTION 1: TOTAL HOURS					

SECTION 2: PROFESSIONAL COMPETENCIES - ALL COMMUNICATION DISORDERS
 To provide exposure to speech-language pathology assessment, intervention, and/or prevention **Minimum Requirement:
20 direct client contact hours**

	DIRECT CLIENT CONTACT				SIMULATED PRACTICE (50 Hr. max)
	Assessment		Intervention		
	Children	Adults	Children	Adults	
Speech-Language Pathology Assessment, Intervention and/or Prevention					
SECTION 2: TOTAL HOURS					



SUMMARY OF SUPERVISED CLINICAL PRACTICE HOURS FORM

AUDIOLOGY

CLINICAL PRACTICUM COMPONENT – AUDIOLOGY
 May include a maximum total of 50 simulated hours. **Minimum Requirement:
350 Direct Client Hours**

Section Summary	Minimum Hours Required	Total Hours Reported
1: Professional Competencies – Audiology	300	
• Hours with the pediatric population	50	
• Hours with the adult population	50	
• Hours of assessment/identification	50	
• Hours of intervention/treatment	100	
2: Professional Competencies - All Communication Disorders	20	
TOTAL	350	

I verify that _____ completed the summary of supervised clinical practicum hours within the program of:

Name of Program	
Name of Educational Institution	
Date of Program (from – to)	
Program Director’s Name	
Program Directors Signature	
Date Signed	

Submit to:
 The College of Speech-Language Pathologists and Audiologists of Saskatchewan
 1260 Hamilton Street | Regina, SK | S4R 2B4 |
 Fax: 306-757-3986
 Email: office@csask.ca