Council on
Academic Accreditation
Audiology | Speech-Language Pathology

Summary of Revisions to
Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology
(New Standards Implemented August 1, 2017)

At its February 2016 meeting, the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) approved revisions to standards as indicated below for implementation on August 1, 2017. The following is a comparison of the revised standards as they relate to the current 2008 Standards (last revised January 2014) and a brief description of the changes. Further edits were approved in July 2017 and also reflected in this document.

The CAA restructured the standards to include a Requirement for Review section, formerly the implementation language, which provides interpretations or explanations of the standard. The standards also include Documentation Guidance that provides suggestions to programs on how to document compliance; however, the Documentation Guidance were extracted as a separate resource.

For purposes of comparison, some of the 2008 Standards and implementation language are presented in **[**brackets**]** indicating concepts that have been separated out and presented in a different 2017 Standard. Some implementation language has been removed and replaced with ellipses (…), to highlight the concepts covered in the corresponding 2017 Standard.

2017 Standard	2008 Standard	Noted Revisions
1.0 - ADMINISTRATIVE STRUCTURE AND GOVERNANCE		

1.1 The sponsoring institution of higher education holds current regional accreditation.
 	
Requirement for Review:
● The institution of higher education within which the audiology and/or speech-language pathology program is housed must hold regional accreditation from one of the following regional accrediting bodies:
   o   Middle States Commission on Higher Education;
	1.1 The applicant institution of higher education holds regional accreditation.
	
	The institution of higher education within which the applicant audiology and/or speech-language pathology program is housed must hold regional accreditation from one of the following six regional accrediting bodies:
	1. Middle States Association of Colleges and Schools, Middle States Commission on Higher Education;
	2. New England Association of Schools and Colleges, Commission on Institutions of Higher Education;
		No substantive change in content
		
		2008 Standard 1.1 is split into 2 standards for 2017 (1.1 and 1.2).
		
		2017 1.1 focuses on the following element in current standard 1.1:
		   ● Sponsoring institution must hold regional accreditation

2017 Standard	2008 Standard	Noted Revisions
1.0 - ADMINISTRATIVE STRUCTURE AND GOVERNANCE		
o New England Association of Schools and Colleges, Commission on Institutions of Higher Education; o North Central Association of Colleges and Schools, The Higher Learning Commission; o Northwest Commission on Colleges and Universities; o Southern Association of Colleges and Schools, Commission on Colleges; o Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities. Documentation Guidance: ● Provide an official letter from the accreditor indicating that the sponsoring institution holds current regional accreditation or a link to the regional accrediting body's directory of accredited programs. ● For programs with components located outside the region of the home campus, verify that all locations in which its academic components are housed, including satellite campuses outside of the United States, are regionally accredited.	3. North Central Association of Colleges and Schools, The Higher Learning Commission; 4. Northwest Commission on Colleges and Universities; 5. Southern Association of Colleges and Schools, Commission on Colleges; or 6. Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities. **[**The sponsoring institution of higher education must be authorized under applicable law or other acceptable authority to provide the program of post-secondary education and have appropriate graduate degree-granting authority.**]** For programs with components located outside the region of the home campus, the program must verify to the CAA that all locations in which its academic components are housed, including official satellite campuses outside of the United States, are regionally accredited.	
1.2 The sponsoring institution of higher education must be authorized to provide the program of study in audiology and/or speech-language pathology.	**1.1 The applicant institution of higher education holds regional accreditation.** (…)	New number No substantive change in content

2017 Standard	2008 Standard	Noted Revisions
1.0 - ADMINISTRATIVE STRUCTURE AND GOVERNANCE		
Requirement for Review: ● The sponsoring institution of higher education must be authorized under applicable laws or other acceptable authority to provide the program of post-secondary education. ● The sponsoring institution of higher education must have appropriate graduate degree-granting authority.	The sponsoring institution of higher education must be authorized under applicable law or other acceptable authority to provide the program of post-secondary education and have appropriate graduate degree-granting authority. (…)	2008 Standard 1.1 is split into 2 standards for 2017 (1.1 and 1.2) 2017 1.2 focuses on the following element in current standard 1.1: ● Sponsoring institution must have degree authorization
1.3 The program has a mission and goals that are consistent with preparation of students for professional practice. *Requirement for Review:* ● The mission statement and the goals of the program (including religious mission, if relevant) must be presented. ● The program must describe how the mission statement and program goals are used to guide decision making to prepare students for entry level into professional practice in audiology or speech-language pathology.	**1.2 The program's mission and goals are consistent with CAA standards for entry into professional practice (3.1A and/or 3.1B) and with the mission of the institution.** The mission statements of the institution, college, and program (including religious mission, if relevant) must be presented as evidence to support compliance with this standard. The program's faculty must regularly evaluate the congruence of program and institutional goals and the extent to which the goals are achieved.	New number 2008 Standard 1.2 is split into 2 standards for 2017 (1.3 and 1.4). Changed focus of standard from: ● CAA's standards for entry into practice to the program's mission and goals that support student preparation for entry into practice Other elements in current Standard 1.2 addressed in 2017 Standard 1.4.
1.4 The program faculty must regularly evaluate the congruence of program and institutional missions and the extent to which the goals are achieved. *Requirement for Review:*	**1.2 The program's mission and goals are consistent with CAA standards for entry into professional practice (3.1A and/or 3.1B) and with the mission of the institution.** (…)	New number. 2008 Standard 1.2 is split into 2 standards for 2017 (1.3 and 1.4). Focuses on the following element in current standard 1.2: ● Evaluation of congruence between program and institution missions

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2017 Standard	2008 Standard	Noted Revisions
1.0 - ADMINISTRATIVE STRUCTURE AND GOVERNANCE		
• The program monitors its mission and goals to ensure that they remain congruent with those of the institution. • The program periodically reviews and revises its mission and goals. • The program systematically evaluates its progress toward fulfillment of its mission and goals.	The program's faculty must regularly evaluate the congruence of program and institutional goals and the extent to which the goals are achieved.	Other elements in current Standard 1.2 are addressed in 2017 Standard 1.3.
1.5 The program develops and implements a long-term strategic plan. *Requirement for Review:* • The plan must be congruent with the mission and goals of the program and the sponsoring institution, have the support of the administration, and reflect the role of the program within its community. • The plan identifies long-term goals, specific measurable objectives, strategies for attainment of the goals and objectives, and a schedule for analysis of the plan. • The plan must include a mechanism for regular evaluation of the plan itself and of progress in meeting the plan's objectives. • An executive summary of the strategic plan or the strategic plan must be shared with faculty, students, staff, alumni, and other interested parties.	**1.3 The program develops and implements a long-term strategic plan.** The plan must be congruent with the mission of the institution, have the support of the university administration, and reflect the role of the program within the community. Components of a plan may include long-term program goals, specific measurable objectives, strategies for attainment, a schedule for analysis, and a mechanism for regular evaluation of the plan itself and of progress in meeting the plan's objectives. The plan and the results of the regular evaluation of the plan and its implementation must be shared with faculty, students, staff, alumni, and other interested parties.	New number. Requirements are more explicit.

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2017 Standard	2008 Standard	Noted Revisions
1.0 - ADMINISTRATIVE STRUCTURE AND GOVERNANCE		
1.6 The program's faculty has authority and responsibility for the program. *Requirement for Review:* • The institution's administrative structure demonstrates that the program's faculty is recognized as the body that can initiate, implement, and evaluate decisions affecting all aspects of the professional education program, including the curriculum. • The program faculty has reasonable access to higher levels of administration	**1.4 The program's faculty has authority and responsibility for the program.** The institution must indicate by its administrative structure that the program's faculty is recognized as a body that can initiate, implement, and evaluate decisions affecting all aspects of the professional education program, including the curriculum. The program's faculty has reasonable access to higher levels of administration. The program must describe how substantive decisions regarding the academic and clinical programs are initiated, developed, and implemented by the program faculty. Programs without independent departmental status must be particularly clear in describing these aspects of the organizational structure.	New number No substantive changes in content
1.7 The individual responsible for the program of professional education seeking accreditation holds a graduate degree with a major emphasis in speech-language pathology, in audiology, or in speech, language, and hearing science and holds a full-time appointment in the institution. *Requirement for Review:* ● Individuals with graduate degrees in areas other than those listed in the	**1.5 The individual responsible for the program(s) of professional education seeking accreditation holds a graduate degree with a major emphasis in speech-language pathology, in audiology, or in speech, language, and hearing science and holds a full-time appointment in the institution. The individual effectively leads and administers the program(s).**	New standard number 2008 Standard 1.5 is split into 2 standards for 2017 (1.7 and 5.11). Focuses on the following element in current standard 1.5: ● Qualifications of individual responsible for the program (e.g., program director)

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2017 Standard	2008 Standard	Noted Revisions
1.0 - ADMINISTRATIVE STRUCTURE AND GOVERNANCE		
standard typically do not satisfy this standard. In such cases, the individual's qualifications must be evaluated by the CAA to determine appropriateness for the program director to provide leadership in teaching, research, and clinical areas. ● A department chair who is not serving as the program director need not meet this standard.	Individuals with graduate degrees in areas other than those listed in the standard typically do not satisfy this standard. In such cases, the individual's qualifications must be evaluated by the CAA to determine appropriateness for the program director to provide the leadership in teaching, research, and clinical areas. A department chair who is not serving as the program director need not meet this standard, but it must be clear in this situation that the program director is indeed responsible for the program(s) of professional education. [Regular evaluation of the program director's effectiveness in advancing the goals of the program and institution and in leadership and administration of the program must be documented.]	Other elements in current Standard 1.5 are addressed in 2017 Standard 5.11.
1.8 The institution and program must comply with all applicable laws, regulations, and executive orders prohibiting discrimination towards students, faculty, staff, and persons served in the program's clinics. This includes prohibitions on discrimination based on any category prohibited by applicable law including but not limited to age, citizenship, disability, ethnicity, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, and veteran status. *Requirement for Review:*	**1.6 Students, faculty, staff, and persons served in the program's clinics are treated in a nondiscriminatory manner-that is, without regard to race, color, religion, sex, national or ethnic origin, disability, age, sexual orientation, genetic information, citizenship, or status as a covered veteran. The institution and program comply with all applicable laws, regulations, and executive orders pertaining thereto.** The signature of the institution's president or designee on the application for accreditation affirms the institution's compliance with all	New number No substantive changes in content Removed detailed list of applicable laws July 2017: Further edits were approved after a call for comment for the Standard and the first bullet in the Requirements for Review to be more inclusive and consistent with relevant federal, state, and local laws, regulations, and executive orders

2017 Standard	2008 Standard	Noted Revisions
1.0 - ADMINISTRATIVE STRUCTURE AND GOVERNANCE		
• The institution and program must comply with all applicable federal, state, and local laws, regulations, and executive orders prohibiting discrimination, including laws that prohibit discrimination based on age, citizenship, disability, ethnicity, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, and veteran status. • The program must adhere to its institutional policies and procedures—including non-harassment policies, internal complaint procedures, and appropriate educational programs—to ensure that the program complies with all applicable nondiscrimination statutes and that all staff and faculty are made aware of the policies and the conduct they prohibit. • The program must maintain, as relevant, a record of internal and external complaints, charges, and litigation alleging violations of such policies and procedures and ensure that appropriate action has been taken.	applicable federal, state, and local laws prohibiting discrimination, including harassment, on the basis of race, color, religion, sex, national or ethnic origin, disability, age, sexual orientation, genetic information, citizenship, and status as a covered veteran [(e.g., the Americans with Disabilities Act of 1990, the Civil Rights Act of 1964, the Equal Pay Act, the Age Discrimination in Employment Act, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 **[**to the Higher Education Act of 1965**]**, the Rehabilitation Act of 1973, the Vietnam-Era Veterans Readjustment Assistance Act of 1974, the Uniformed Services Employment and Reemployment Rights Act [USERRA], the Genetic Information Nondiscrimination Act [GINA], the Immigration Reform and Control Act [IRCA], and the Equal Employment Opportunity Commission's Civil Service Reform Act of 1978 [CSRA], and all amendments to the foregoing).**]** The program demonstrates compliance through its policies and procedures. The program must adhere to its institutional policies and procedures to ensure compliance with all nondiscrimination statutes, including non-harassment policies, internal complaint procedures, and appropriate training programs to ensure that all staff and faculty are made aware of the policies and the conduct they prohibit. The program must	

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1.0 - ADMINISTRATIVE STRUCTURE AND GOVERNANCE		
	maintain, as relevant, a record of internal and external complaints, charges, and litigation alleging violations of such policies and ensure that appropriate corrective action has been taken.	
1.9 The program provides information about the program and the institution to students and to the public that is current, accurate, and readily available. *Requirement for Review:* ● Websites, catalogs, advertisements, and other publications/electronic media must be accurate regarding the program's accreditation status. The program must indicate the program's CAA accreditation status in accordance with the language specified in the Public Notice of Accreditation Status in the CAA *Accreditation Handbook*, as required under federal regulations. • Websites, catalogs, advertisements, and other publications/electronic media must be accurate regarding standards and policies regarding recruiting and admission practices, academic offerings, matriculation expectations, academic calendars, grading policies and requirements, and fees and other charges. • The program must make student outcome measures available to the general public by posting the results on	**1.7 The program provides information about the program and the institution to students and to the public that is current, accurate, and readily available.** Web sites, catalogs, advertisements, and other publications/electronic media must be accurate regarding the program's accreditation status, standards and policies regarding recruiting and admission practices, academic offerings, matriculation expectations, academic calendars, grading policies and requirements, and fees and other charges. Although many types of data may be posted, the program must make available to the general public, by posting on the program's web site via a clearly visible and readily accessible link, the following measures of student achievement: • number and percentage of students completing the program within the program's published time frame for each of the 3 most recently completed academic years; • number and percentage of test-takers from the program who passed the Praxis examination for each of the 3 most recently completed academic years; test-takers who graduated more than 3 years	New number Requirements are more explicit, including emphasis on the publication of accreditation statement and the specific labeling of student achievement data published on the website. July 2017: Edits approved to remove reporting requirement for student outcome data by cohort in Requirements for Review

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1.0 - ADMINISTRATIVE STRUCTURE AND GOVERNANCE		

the program's website via a clearly visible and readily accessible link.
• The program must make public the number of expected terms for program completion for full-time and part-time students.
• At a minimum, the following results of student outcome measures for the most recently completed 3 academic years must be provided:
   o number and percentage of students completing the program within the program's published time frame for each of the 3 most recently completed academic years,
   o number and percentage of program test-takers who pass the *Praxis*® Subject Assessment examination for each of the 3 most recently completed academic years (programs need report only the results once for test-takers who take the test more than one time in the reporting period),
   o number and percentage of program graduates employed in the profession or pursuing further education in the profession within 1 year of graduation for each of the 3 most recently completed academic years.
• Student outcome measures must be labeled "Student Achievement Data" or "Student Outcome Data."
	ago should not be included in the data; results should be reported only once for test-takers who took the exam multiple times in a single examination reporting period;
	• number and percentage of program graduates employed in the profession or pursuing further education in the profession within 1 year of graduation for each of the 3 most recently completed academic years.
	
	Programs that include a distance education or satellite component as part of their accreditation must post all of the student achievement measures referenced above separately for each modality.	

2017 Standard	2008 Standard	Noted Revisions
1.0 - ADMINISTRATIVE STRUCTURE AND GOVERNANCE		
o If both the audiology and the speech-language programs are accredited, separate data tables must be provided for each program. o If the program has a distance education component or a satellite campus, the student outcome data must be presented for each modality.		

2017 Standard	2008 Standard	Noted Revisions
2.0 – FACULTY		

2.1 The number and composition of the full-time program faculty (academic doctoral, clinical doctoral, other) are sufficient to deliver a program of study that:
    2.1.1 allows students to acquire the knowledge and skills required in Standard 3.0,
    2.1.2 allows students to acquire the scientific and research fundamentals of the discipline,
    2.1.3 allows students to meet the program's established goals and objectives,
    2.1.4 meets the expectations set forth in the program's mission and goals,
    2.1.5 is offered on a regular basis so that it will allow the students to complete the program within the published time frame.
 	
Requirement for Review:
● The program must document
  o the number of individuals in and composition of the group that delivers the program of study;
  o the distribution of faculty in terms of the number of full-time and part-time individuals who hold academic doctoral degrees, clinical doctoral degrees, and master's degrees;
  o how the faculty composition is sufficient to allow students to acquire the knowledge and skills required in Standard 3.0;
	2.2 The number of full-time doctoral-level faculty in speech-language pathology, audiology, and speech, language, and hearing sciences and other full- and part-time faculty is sufficient to meet the teaching, research, and service needs of the program and the expectations of the institution. The institution provides stable support and resources for the program's faculty.
	
	A sufficient number of qualified doctoral-level faculty with full-time appointments is essential for accreditation. This number must include research-qualified faculty (e.g., PhDs). The program must document that the number of doctoral-level and other faculty is sufficient to offer the breadth and depth of the curriculum, including its scientific and research components, so that students can complete the requirements within a reasonable time period and achieve the expected knowledge and skills. **[**The faculty must have sufficient time for scholarly and creative activities, advising students, participating in faculty governance, and other activities consistent with the institution's expectations. Faculty must be accessible to students.**]**
	
	[Institutional commitment to the program's faculty is demonstrated through documentation of stability of financial support for faculty, evidence that workload
		New number. 2008 Standard 2.2 is split into 2 standards for 2017 (2.1 and 2.2)
		
		Focuses on the following element in current standard 2.2:
		● Sufficient full-time faculty to allow students to meet expected timelines
		● Sufficient full-time faculty to allow students to achieve expected knowledge and skills
		
		Added focus on research opportunities and evidence-based practice.
		
		Other elements in current Standard 2.2 are addressed in 2017 Standard 2.2.

2017 Standard	2008 Standard	Noted Revisions
2.0 – FACULTY		
o how the faculty composition is sufficient to allow students to acquire the scientific and research fundamentals of the profession; o how the faculty composition is sufficient to allow students to meet the program's established learning goals and objectives; o how the faculty composition is sufficient to allow students to meet the expectations set forth in the program's mission and goals; o how the faculty composition ensures that the elements (classes and clinical practica) of the program are offered on a regular basis so that students can complete the program within the published time frame.	assignments are consistent with institutional policies, and evidence of positive actions taken on behalf of the program's faculty.**]** **[**The program must demonstrate that faculty members have the opportunity to meet the institution's criteria for tenure, promotion, or continued employment, in accord with the institution's policies.**]**	
2.2 The number, composition, and workload of the full-time program faculty are sufficient to allow faculty to meet expectations with regard to teaching, research, and service of the sponsoring institution. *Requirement for Review:* ● The program must demonstrate that all faculty who have responsibility in the graduate program and have obligations to provide teaching, research, and service as part of their workload o are accessible to students, o have sufficient time for scholarly and creative activities,	**2.2 The number of full-time doctoral-level faculty in speech-language pathology, audiology, and speech, language, and hearing sciences and other full- and part-time faculty is sufficient to meet the teaching, research, and service needs of the program and the expectations of the institution. The institution provides stable support and resources for the program's faculty.** A sufficient number of qualified doctoral-level faculty with full-time appointments is essential for accreditation. **[**This number must include research-qualified faculty (e.g., PhDs). The program must document that the	2008 Standard 2.2 is split into 2 standards for 2017 (2.1 and 2.2) Focuses on the following element in the current standard 2.2: ● Sufficient full-time faculty so that institutional expectations can be met Other elements in current Standard 2.2 are addressed in 2017 Standard 2.1 and 6.2.

2017 Standard	2008 Standard	Noted Revisions
2.0 – FACULTY		
- o have sufficient time to advise students, - o have sufficient time to participate in faculty governance, - o have sufficient time to participate in other activities that are consistent with the expectations of the sponsoring institution. - The program must demonstrate that all faculty who have responsibility in the graduate program and have obligations to provide clinical education and service as part of their workload - o are accessible to students, - o have sufficient time for scholarly and creative activities, - o have sufficient time to advise students, - o have sufficient time to participate in faculty governance, - o have sufficient time to participate in other activities that are consistent with the expectations of the sponsoring institution. - The program must demonstrate that faculty who are tenure eligible have the opportunity to meet the criteria for tenure of the sponsoring institution. - The program must demonstrate that faculty who are eligible for promotion have the opportunity to meet the criteria for promotion of the sponsoring institution.	number of doctoral-level and other faculty is sufficient to offer the breadth and depth of the curriculum, including its scientific and research components, so that students can complete the requirements within a reasonable time period and achieve the expected knowledge and skills.**]** The faculty must have sufficient time for scholarly and creative activities, advising students, participating in faculty governance, and other activities consistent with the institution's expectations. Faculty must be accessible to students. Institutional commitment to the program's faculty is demonstrated through documentation of stability of financial support for faculty, evidence that workload assignments are consistent with institutional policies, and evidence of positive actions taken on behalf of the program's faculty. The program must demonstrate that faculty members have the opportunity to meet the institution's criteria for tenure, promotion, or continued employment, in accord with the institution's policies.	

2017 Standard	2008 Standard	Noted Revisions
2.0 – FACULTY		
● The program must demonstrate that faculty who are eligible for continuing employment have the opportunity to meet the expectations for continued employment of the sponsoring institution.		
2.3 All faculty members (full-time, part-time, adjuncts), including all individuals providing clinical education, are qualified and competent by virtue of their education, experience, and professional credentials to provide academic and clinical education as assigned by the program leadership. *Requirement for Review:* ● The program must demonstrate that the qualifications and competence to teach graduate-level courses and to provide clinical education are evident in terms of appropriateness of degree level, practical or educational experiences specific to responsibilities in the program, and other indicators of competence to offer graduate education. ● The program must demonstrate that all individuals providing didactic and clinical education, both on-site and off-site, have appropriate experience and qualifications for the professional area in which education is provided. ● The program must demonstrate that the faculty possess appropriate qualifications and expertise to provide the depth and	**2.1 All faculty members, including all individuals providing clinical education, are qualified and competent by virtue of their education, experience, and professional credentials to provide academic and clinical education assigned by the program.** Qualifications and competence to teach graduate-level courses and to provide clinical education must be evident in terms of appropriateness of degree level, practical or educational experiences specific to responsibilities in the program, and other indicators of competence to offer graduate education. All individuals providing didactic and clinical education, both on-site and off-site, must have appropriate experience and qualifications for the professional area in which education is provided so that the program can achieve its mission and goals to enable its graduates to qualify for entry into independent professional practice. The faculty must possess appropriate qualifications and expertise to provide the depth and breadth of instruction for the curriculum, consistent with the institutional expectations for clinical graduate programs.	New number No substantive change in content

2017 Standard	2008 Standard	Noted Revisions
2.0 – FACULTY		
breadth of instruction for the curriculum as specified in Standard 3.0. ● The program must demonstrate that the majority of academic content is taught by doctoral faculty who hold the appropriate terminal academic degree (PhD, EdD).	Academic content is to be taught by doctoral-level faculty except where there is a compelling rationale for instruction by an individual with other professional qualifications that satisfy institutional policy.	
2.4 All faculty members maintain continuing competence and demonstrate pursuit of lifelong learning. *Requirement for Review:* ● The program must demonstrate that all individuals who have responsibility to deliver academic and clinical components of the graduate program maintain continuing competence. ● The program must demonstrate that all individuals who have responsibility to deliver the graduate program pursue lifelong learning.	**2.3 Faculty members maintain continuing competence.** Faculty can demonstrate continuing competence in a variety of ways, including course and curricular development, professional development, and research activities. Evidence of each faculty member's professional development activities must appear in faculty vitae. [The program must demonstrate that support, incentives, and resources are available for the continued professional development of the faculty. Examples of evidence include release time for research and professional development, support for professional travel, and professional development opportunities on campus.]	New number 2008 Standard 2.3 is split into 2 standards for 2017 (2.4 and 6.2). Focuses on the following element in current Standard 2.3: ● Continuing competence documented Other elements in current Standard 2.3 addressed in 2017 Standard 6.2

2017 Standard	2008 Standard	Noted Revisions
3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
3.1A An effective entry-level professional audiology program allows each student to acquire knowledge and skills in sufficient breadth and depth to enable the student to function as an effective, well-educated, and competent clinical audiologist (i.e., one who can practice within the full scope of practice of audiology). The education program is designed to afford each student with opportunities to meet the expectations of the program that are consistent with the program's mission and goals and that prepare each student for independent professional practice as an audiologist. *Requirement for Review:* The doctoral program in audiology must meet the following requirements. ● Provide evidence of a curriculum that allows students to achieve the knowledge and skills listed below. Typically, the achievement of these outcomes requires the completion of 4 years of graduate education or the equivalent. ● Include a minimum of 12 months' full-time equivalent of supervised clinical experiences. These include short-term rotations and longer term externships and should be distributed throughout the program of study. ● Establish a clear set of program goals and objectives that must be met for students to acquire the knowledge and skills	**3.1A The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in audiology.** The program must provide a curriculum leading to an entry-level clinical doctoral degree with a major emphasis in audiology. The program must offer appropriate courses and clinical experiences on a regular basis so that students are able to satisfy the degree requirements within the published time frame. The program must ensure that students have opportunities to acquire the knowledge and skills needed for entry into independent professional practice across the range of practice settings (including but not limited to hospitals, schools, private practice, community speech and hearing centers, and industry) and to qualify for relevant state and national credentials for independent professional practice that are relevant to the program's purpose and goals. Doctoral-level programs in audiology must provide evidence of a curriculum that allows students to achieve the knowledge and skills listed below. Typically, the achievement of these outcomes requires the completion of 4 years of graduate education or the equivalent.	Separated out elements of standards and expectations according to domains. Added a new section on Professional Practice Competencies (3.1.1A) Re-ordered some of the knowledge and skills to group similar concepts

2017 Standard	2008 Standard	Noted Revisions
3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		

needed for entry into independent professional practice.
● Establish a clear process to evaluate student achievement of the program's established objectives.
● Offer opportunities for each student to acquire the knowledge and skills needed for entry into independent professional practice, consistent with the scope of practice for audiology, and across the range of practice settings.
● Offer a plan of study that encompasses the following domains:
   o professional practice competencies;
   o foundations of audiology practice;
   o identification and prevention of hearing loss, tinnitus, and vestibular disorders;
   o assessment of the structure and function of the auditory and vestibular systems;
   o assessment of the impact of changes in the structure and function of the auditory and vestibular systems;
   o intervention to minimize the effects of changes in the structure and function of the auditory and vestibular systems on an individual's ability to participate in his or her environment.
● Offer high quality learning environments that are learner centered, knowledge and skill centered, and assessment centered.
	The doctoral curriculum in audiology must include a minimum of 12 months' full-time equivalent of supervised clinical experiences. These include short-term rotations and longer term externships and should be distributed throughout the program of study. Clinical experiences must constitute at least 25% of the program length.
	
	The aggregate total of clinical experiences must equal at least 12 months, to include direct client/patient contact, consultation, record keeping, and administrative duties relevant to professional service delivery in audiology. The program must provide sufficient breadth and depth of opportunities for students to obtain a variety of clinical experiences in different work settings, with different populations, and with appropriate equipment and resources in order to acquire and demonstrate skills across the scope of practice in audiology, sufficient to enter independent professional practice.
	
	It is the responsibility of the program to plan a clinical program of study for each student. The program must demonstrate that it has sufficient agreements with supervisors or preceptors and clinical sites to provide each student with the clinical experience necessary to prepare them for independent professional practice. It is the program's responsibility to design, organize, administer,	

2017 Standard	2008 Standard	Noted Revisions
3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
• Offer the academic and clinical program on a regular basis so that students are able to satisfy degree and other requirements within the published time frame. • Offer opportunities to qualify for state and national credentials that are required for entry into independent professional practice that are consistent with the program mission and goals.	and evaluate the overall clinical education of each student. The doctoral academic and clinical curriculum in audiology must include instruction in the areas of (a) foundations of audiology practice, (b) prevention and identification, (c) evaluation, and (d) treatment, as described below. (...)	
3.1.1A Professional Practice Competencies The program must provide content and opportunities for students to learn so that each student can demonstrate the following attributes and abilities and demonstrate those attributes and abilities in the manners identified. Accountability • Practice in a manner that is consistent with the professional codes of ethics and the scope of practice documents for the profession of audiology. • Adhere to federal, state, and institutional regulations and policies that are related to care provided by audiologists. • Understand the professional's fiduciary responsibility for each individual served.	**3.1A The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in audiology.** Instruction in prevention and identification of auditory and vestibular disorders must include opportunities for students to acquire the knowledge and skills necessary to: • interact effectively with patients, families, other appropriate individuals, and professionals • [prevent the onset and minimize the development of communication disorders] • [identify individuals at risk for hearing impairment] • apply the principles of evidence-based practice • [screen individuals for hearing impairment and activity limitation or	New content section Added knowledge related to interprofessional education and supervision.

2017 Standard	2008 Standard	Noted Revisions
3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
• Understand the various models of delivery of audiologic services (e.g., hospital, private practice, education, etc.). • Use self-reflection to understand the effects of his or her actions and make changes accordingly. • Understand the health care and education landscapes and how to facilitate access to services. • Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values. Integrity • Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers. • Understand and use best professional practices as they relate to maintenance of confidentiality for all individuals in accordance with requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).	participation restriction using clinically appropriate and culturally sensitive screening measures] • [screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate and culturally sensitive screening measures] • [administer conservation programs designed to reduce the effects of noise exposure and of agents that are toxic to the auditory and vestibular systems] Instruction in the evaluation of individuals with suspected disorders of auditory, balance, communication, and related systems must include opportunities for students to acquire the knowledge and skills necessary to: • interact effectively with patients, families, professionals, and others, as appropriate • evaluate information from appropriate sources to facilitate assessment planning • [obtain a case history] • [perform an otoscopic examination] • [remove cerumen, when appropriate] • administer clinically appropriate and culturally sensitive assessment measures • [perform audiologic assessment using physiological, psychophysical, and self-assessment measures]	

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Effective Communication Skills ● Use all forms of expressive communication—including written, spoken, and nonverbal communication—with individuals served, family members, caregivers, and any others involved in the interaction to ensure the highest quality of care that is delivered in a culturally competent manner. ● Communicate—with patients, families, communities, interprofessional team colleagues, and other professionals caring for individuals—in a responsive and responsible manner that supports a team approach to maximize care outcomes. Clinical Reasoning ● Use valid scientific and clinical evidence in decision making regarding assessment and intervention. ● Apply current knowledge, theory, and sound professional judgment in approaches to intervention and management of individuals served. ● Use clinical judgment and self-reflection to enhance clinical reasoning.	● [perform electrodiagnostic test procedures] ● [perform balance system assessment and determine the need for balance] rehabilitation] ● [perform assessment for rehabilitation ● [document evaluation procedures and results] ● [interpret results of the evaluation to establish type and severity of disorder] ● apply the principles of evidence-based practice ● [generate recommendations and referrals resulting from the evaluation process] ● provide counseling to facilitate understanding of the auditory or balance disorder ● maintain records in a manner consistent with legal and professional standards ● communicate results and recommendations orally and in writing to the patient and other appropriate individual(s) ● [use instrumentation according to manufacturer's specifications and recommendations] ● [determine whether instrumentation is in calibration according to accepted standards] Instruction in treatment of individuals with auditory, balance, and related communication disorders must include	

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Evidence-Based Practice ● Access sources of information to support clinical decisions regarding assessment and intervention and management. ● Critically evaluate information sources and apply that information to appropriate populations. ● Integrate evidence in the provision of audiologic services. Concern for Individuals Served ● Show evidence of care, compassion, and appropriate empathy during interactions with each individual served, family members, caregivers, and any others involved in care. ● Encourage active involvement of the individual in his or her own care. Cultural Competence ● Understand the impact of his or her own set of cultural and linguistic variables on delivery of effective care (these include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation). ● Understand the impact of the cultural and linguistic variables of the individuals served on delivery of effective care (these include, but are not limited to, variables such as age,	opportunities for students to acquire the knowledge and skills necessary to: ● interact effectively with patients, families, professionals, and other appropriate individuals ● [develop and implement treatment plans using appropriate data] ● [discuss prognosis and treatment options with appropriate individuals] ● counsel patients, families, and other appropriate individuals ● develop culturally sensitive and age-appropriate management strategies ● collaborate with other service providers in case coordination ● conduct self-evaluation of effectiveness of practice ● [perform hearing aid, assistive listening device, and sensory aid assessment] ● [recommend, dispense, and service prosthetic and assistive devices] ● [provide hearing aid, assistive listening device, and sensory aid orientation] ● [conduct audiologic rehabilitation] ● [monitor and summarize treatment progress and outcomes] ● [assess efficacy of interventions for auditory and balance disorders] ● apply the principles of evidence-based practice ● [establish treatment admission and discharge criteria]	

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ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation). ● Understand the interaction of cultural and linguistic variables between the caregivers and the individual served in order to maximize service delivery. ● Understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, physical and sensory abilities) and how they relate to clinical services. ● Understand the role of manual and other communication systems and the use of sign and spoken interpreters/ transliterators and assistive technology to deliver the highest quality care. Professional Duty ● Engage in self-assessment to improve his or her effectiveness in the delivery of clinical services. ● Understand the roles and importance of professional organizations in advocating for the rights of access to comprehensive audiologic services. ● Understand the role of clinical teaching and clinical modeling, as	● serve as an advocate for patients, families, and other appropriate individuals ● [document treatment procedures and results] ● maintain records in a manner consistent with legal and professional standards ● communicate results, recommendations, and progress to appropriate individual(s) ● [use instrumentation according to manufacturer's specifications and recommendations] ● [determine whether instrumentation is in calibration according to accepted standards]	

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well as supervision of students and other support personnel. ● Understand the roles and importance of interdisciplinary/interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources. ● Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases. ● Understand and use the knowledge of one's own role and the roles of other professionals to appropriately assess and address the needs of the individuals and populations served. Collaborative Practice ● Understand how to apply values and principles of interprofessional team dynamics. ● Understand how to perform effectively in different interprofessional team roles to plan and deliver care—centered on the individual served—that is safe, timely, efficient, effective, and equitable.		

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3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
3.1.2A Foundations of Audiology Practice The program includes content and opportunities to learn so that each student can demonstrate knowledge of the - embryology, anatomy, and physiology of the auditory, vestibular, and related body systems; - normal aspects of auditory and vestibular function across the lifespan; - normal aspects of speech production and language function across the lifespan; - normal aspects of speech perception across the lifespan; - effects and role of genetics in auditory function, diagnosis, and management of hearing loss; - effects and role of genetics in vestibular function, diagnosis, and management of vestibular disorders; - effects of chemicals and other noxious elements on auditory and vestibular function; - effects of pathophysiology on the auditory, vestibular, and related body systems; - medical and surgical interventions that may be used to treat the results of pathophysiology in these systems; - interaction and interdependence of speech, language, and hearing in the	**3.1A The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in audiology.** (…) Instruction in foundations of audiology practice must include opportunities for students to acquire knowledge in the following areas: - normal aspects of auditory physiology and behavior over the life span - interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders - anatomy and physiology, pathophysiology and embryology, and development of the auditory and vestibular systems - principles, methods, and applications of psychoacoustics - effects of chemical agents on the auditory and vestibular systems - instrumentation and bioelectrical safety issues - infectious/contagious diseases and universal precautions - physical characteristics and measurement of acoustic stimuli	Re-ordered some knowledge areas to group with similar concepts

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discipline of human communication sciences and disorders; • effects of hearing loss on the speech and language characteristics of individuals across the life span and the continuum of care; • effects of hearing impairment on educational, vocational, social, and psychological function and, consequently, on full and active participation in life activities; • physical characteristics and measurement of simple and complex acoustic stimuli; • physical characteristics and measurement of non-acoustic stimuli (e.g., EEG, tactile, electrical signals); • methods of biologic, acoustic, and electroacoustic calibration of clinical equipment to ensure compliance with current American National Standards Institute (ANSI) standards (where available) and other recommendations regarding equipment function; • principles of psychoacoustics as related to auditory perception in individuals with normal hearing and those with hearing loss; • principles and practices of research, including experimental design, evidence-based practice, statistical	• physical characteristics and measurement of electric and other nonacoustic stimuli • principles and practices of research, including experimental design, evidence-based practice, statistical methods, and application to clinical populations • medical/surgical procedures for treatment of disorders affecting auditory and vestibular systems • client/patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services • genetic bases of hearing and hearing loss • speech and language characteristics across the life span associated with hearing impairment • development of speech and language production and perception • manual and other communication systems, use of interpreters, and assistive technology • ramifications of cultural diversity on professional practice • educational, vocational, and social and psychological effects of hearing impairment and their impact on the development of a treatment program • health care and educational delivery systems	

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methods, and application of research to clinical populations.	• professional codes of ethics and credentialing • supervisory processes and procedures • laws, regulations, policies, and management practices relevant to the profession of audiology (…)	
3.1.3A Identification and prevention of hearing loss, tinnitus, and vestibular disorders The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in • the prevention of the onset of loss of auditory system function, loss of vestibular system function, development of tinnitus, and development of communication disorders; • the use of protocols to minimize the impact of the loss of hearing, tinnitus, loss of vestibular system function, and development of communication disorders; • the use of screening protocols, including clinically appropriate and culturally sensitive screening measures, to assess individuals who may be at risk for hearing impairment and activity limitation or participation restriction;	**3.1A The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in audiology.** (…) Instruction in prevention and identification of auditory and vestibular disorders must include opportunities for students to acquire the knowledge and skills necessary to: • interact effectively with patients, families, other appropriate individuals, and professionals • prevent the onset and minimize the development of communication disorders • identify individuals at risk for hearing impairment • apply the principles of evidence-based practice • screen individuals for hearing impairment and activity limitation or participation restriction using clinically appropriate	Re-ordered knowledge and skills to group similar concepts.

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• the screening of individuals for speech and language impairments and other factors affecting communication function using clinically appropriate and culturally sensitive screening measures; • the use of screening tools for functional assessment; • administering programs designed to reduce the effects of noise exposure, tinnitus, and agents that are toxic to the auditory and vestibular systems; • applying psychometrics and principles of screening; • applying the principles of evidence-based practice; • selection and use of outcomes measures that are valid and reliable indicators of success of prevention programs.	and culturally sensitive screening measures • screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate and culturally sensitive screening measures • administer conservation programs designed to reduce the effects of noise exposure and of agents that are toxic to the auditory and vestibular systems (…)	
3.1.4A Assessment of the structure and function of the auditory and vestibular systems The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to • evaluate information from appropriate sources to facilitate assessment planning; • obtain a case history; • perform an otoscopic examination; • remove cerumen, when appropriate;	**3.1A The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in audiology.** (….) Instruction in the evaluation of individuals with suspected disorders of auditory, balance, communication, and related systems must include opportunities for students to acquire the knowledge and skills necessary to:	

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3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
- administer clinically appropriate and culturally sensitive assessment measures; - perform audiologic assessment using behavioral, physiological (e.g., immittance, wideband reflectance, evoked potentials), psychophysical, and self-assessment tools; - perform audiologic assessment using techniques that are representative of the challenges listeners may face in everyday communication situations; - perform assessment to plan for rehabilitation; - perform assessment to characterize tinnitus; - perform balance system assessment and determine the need for balance rehabilitation; - document evaluation procedures and results; - interpret results of the evaluation to establish type and severity of disorder; - generate recommendations and referrals resulting from the evaluation processes; - provide counseling in a culturally sensitive manner to facilitate understanding of the hearing loss, tinnitus, or balance disorder of the individual being served;	- interact effectively with patients, families, professionals, and others, as appropriate - evaluate information from appropriate sources to facilitate assessment planning - obtain a case history - perform an otoscopic examination - remove cerumen, when appropriate - administer clinically appropriate and culturally sensitive assessment measures - perform audiologic assessment using physiological, psychophysical, and self-assessment measures - perform electrodiagnostic test procedures - perform balance system assessment and determine the need for balance rehabilitation - perform assessment for rehabilitation - document evaluation procedures and results - interpret results of the evaluation to establish type and severity of disorder - apply the principles of evidence-based practice - generate recommendations and referrals resulting from the evaluation process - provide counseling to facilitate understanding of the auditory or balance disorder - maintain records in a manner consistent with legal and professional standards - communicate results and recommendations orally and in writing to	

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3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
- maintain records in a manner consistent with legal and professional standards; - communicate results and recommendations orally and in writing to the individual being served and other appropriate individual(s); - engage in interprofessional practice to facilitate optimal assessment of the individual being served; - assign the correct Common Procedural Terminology (CPT) code(s) and the correct International Classification of Diseases (ICD) code(s); - apply the principles of evidence-based practice; - select and use outcomes measures that are valid and reliable indicators of success in assessment protocols that are used.	the patient and other appropriate individual(s) - use instrumentation according to manufacturer's specifications and recommendations - determine whether instrumentation is in calibration according to accepted standards	
3.1.5A Assessment of the impact of changes in the structure and function of the auditory and vestibular systems The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to administer clinically appropriate and culturally sensitive self-assessment measures of communication function for individuals across the lifespan and the continuum of care,	**3.1A The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in audiology.** (…) Instruction in treatment of individuals with auditory, balance, and related communication disorders must include opportunities for students to acquire the knowledge and skills necessary to:	Re-ordered some knowledge and skills to group similar concepts

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3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
• administer clinically appropriate and culturally sensitive scales of communication function to communication partners of the individual being served, • administer clinically appropriate and culturally sensitive functional assessment tools for individuals across the lifespan and the continuum of care, • determine contextual factors that may facilitate or impede an individual's participation in everyday life, • select and use outcomes measures that are valid and reliable indicators of success in determining the impact of changes in structure and function of the auditory and vestibular systems.	• interact effectively with patients, families, professionals, and other appropriate individuals • develop and implement treatment plans using appropriate data • discuss prognosis and treatment options with appropriate individuals • counsel patients, families, and other appropriate individuals • develop culturally sensitive and age-appropriate management strategies • collaborate with other service providers in case coordination • conduct self-evaluation of effectiveness of practice • perform hearing aid, assistive listening device, and sensory aid assessment • recommend, dispense, and service prosthetic and assistive devices • provide hearing aid, assistive listening device, and sensory aid orientation • conduct audiologic rehabilitation • monitor and summarize treatment progress and outcomes • assess efficacy of interventions for auditory and balance disorders • apply the principles of evidence-based practice • establish treatment admission and discharge criteria • serve as an advocate for patients, families, and other appropriate individuals	

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3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
	• document treatment procedures and results • maintain records in a manner consistent with legal and professional standards • communicate results, recommendations, and progress to appropriate individual(s) • use instrumentation according to manufacturer's specifications and recommendations • determine whether instrumentation is in calibration according to accepted standards	
3.1.6A Intervention to minimize the effects of changes in the auditory and vestibular systems on an individual's ability to participate in his or her environment The program's curriculum provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to • perform assessment for aural (re)habilitation; • perform assessment for tinnitus intervention; • perform assessment for vestibular rehabilitation; • develop and implement treatment plans using appropriate data; • counsel individuals served, families, and other appropriate individuals	**3.1A The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in audiology.** (…) Instruction in treatment of individuals with auditory, balance, and related communication disorders must include opportunities for students to acquire the knowledge and skills necessary to: • interact effectively with patients, families, professionals, and other appropriate individuals • develop and implement treatment plans using appropriate data • discuss prognosis and treatment options with appropriate individuals	Intervention knowledge and skills grouped together in 2017 standards from several different sections in current standards.

2017 Standard	2008 Standard	Noted Revisions
3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
regarding prognosis and treatment options; • develop culturally sensitive and age-appropriate management strategies; • perform hearing aid, assistive listening device, and sensory aid assessment; • perform assessment of devices used to manage tinnitus; • recommend, dispense, and service prosthetic and assistive devices; • provide hearing aid, assistive listening device, and sensory aid orientation; • conduct audiologic (re)habilitation and engage in interprofessional practice to maximize outcomes for individuals served; • serve as an advocate for individuals served, their families, and other appropriate individuals; • monitor and summarize treatment progress and outcomes; • assess efficacy of interventions for auditory, tinnitus, and balance disorders; • apply the principles of evidence-based practice; • document treatment procedures and results; • maintain records in a manner consistent with legal and professional standards; • communicate results, recommendations, and progress in a	• counsel patients, families, and other appropriate individuals • develop culturally sensitive and age-appropriate management strategies • collaborate with other service providers in case coordination • conduct self-evaluation of effectiveness of practice • perform hearing aid, assistive listening device, and sensory aid assessment • recommend, dispense, and service prosthetic and assistive devices • provide hearing aid, assistive listening device, and sensory aid orientation • conduct audiologic rehabilitation • monitor and summarize treatment progress and outcomes • assess efficacy of interventions for auditory and balance disorders • apply the principles of evidence-based practice • establish treatment admission and discharge criteria • serve as an advocate for patients, families, and other appropriate individuals • document treatment procedures and results • maintain records in a manner consistent with legal and professional standards • communicate results, recommendations, and progress to appropriate individual(s)	

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3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
culturally sensitive and age-appropriate manner to appropriate individual(s); • select and use outcomes measures that are valid and reliable indicators of success in determining the impact of the interventions used to minimize the effects of changes in structure and function of the auditory and vestibular systems.	• use instrumentation according to manufacturer's specifications and recommendations • determine whether instrumentation is in calibration according to accepted standards (…) The program must provide opportunities for students to acquire and demonstrate knowledge in the following areas: • principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders across the life span, including consideration of anatomical/physiological, psychological, developmental, linguistic, and cultural correlates of the disorders • standards of ethical conduct • interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders • processes used in research and the integration of research principles into evidence-based clinical practice • contemporary professional issues and advocacy • certification, specialty recognition, licensure, and other relevant professional credentials	

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3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
	(…) The program must provide opportunities for students to acquire and demonstrate skills in the following areas: • oral and written or other forms of communication • prevention, evaluation, and intervention of communication disorders and swallowing disorders • interaction and personal qualities, including counseling, collaboration, ethical practice, and professional behavior • effective interaction with patients, families, professionals, and other individuals, as appropriate • delivery of services to culturally and linguistically diverse populations • application of the principles of evidence-based practice • self-evaluation of effectiveness of practice	

2017 Standard	2008 Standard	Noted Revisions
3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
3.2A An effective audiology program is characterized by planning and organization, is reviewed systematically and on a regular basis, and is consistent with current knowledge and practice guidelines of the profession. *Requirement for Review:* ● The program must demonstrate that the ○ curriculum is planned and based on current standards of audiology practice; ○ curriculum is based on current literature and other current documents related to professional practice and education in audiology; ○ curriculum is delivered using sound pedagogical methods; ○ curriculum is reviewed systematically and on a regular basis; ○ review of the curriculum is conducted by comparing existing plans to current standards of audiology practice, current literature, and other documents related to professional practice and education in audiology.	**3.2A Academic and clinical education reflects current knowledge, skills, technology, and scope of practice. The curriculum is regularly reviewed and updated. The diversity of society is reflected throughout the curriculum.** The program must provide evidence that the curriculum is regularly and systematically evaluated and updated to reflect current knowledge and scope of practice in the profession. Sensitivity to issues of diversity should be infused throughout the curriculum. Evidence of regular and systematic evaluation may include institutional program evaluations, exit interviews, alumni and employer input, and faculty and administrative review of student performance and outcomes.	2008 Standard 3.2A is split into 2 standards for 2017 (3.2A and 3.4A) 2017 standard focuses on the following elements in current standard 3.2A: ○ Current knowledge and scope of practice ○ Regular evaluation of the curriculum Other elements in current Standard 3.2A addressed in 2017 Standard 3.4A.

2017 Standard	2008 Standard	Noted Revisions
3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
3.3A An effective audiology program is planned and delivered in an organized, sequential, and integrated manner to allow each student to meet the program's established learning goals and objectives and develop into an independent, competent audiologist. *Requirement for Review:* • The program must demonstrate how the courses and clinical experiences are organized and sequenced and allow for integration across all elements of the program.	**3.4A The academic and clinical curricula reflect an appropriate sequence of learning experiences.** The program must provide evidence of appropriate sequencing of course work and clinical education. Appropriate sequencing must be evident in examples of typical programs of study including clinical placements.	New standard number No substantive changes in content.
3.4A An effective audiology program is organized and delivered in such a manner that the diversity of society is reflected in the program. *Requirement for Review:* • The program must provide evidence that issues related to diversity are infused throughout the academic and clinical program.	**3.2A Academic and clinical education reflects current knowledge, skills, technology, and scope of practice. The curriculum is regularly reviewed and updated. The diversity of society is reflected throughout the curriculum.** (…) Sensitivity to issues of diversity should be infused throughout the curriculum. (…)	2008 Standard 3.2A is split into 2 standards for 2017 (3.2A and 3.4A) Focuses on the following element in the current Standard 3.2A: • Diversity of society Other elements in current Standard 3.2A addressed in 2017 Standard 3.2A.

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3.5A An effective audiology program is organized so that the scientific and research foundations of the profession are evident.
 	
Requirement for Review:
 	
● The program must demonstrate the procedures used to verify that students obtain knowledge in
  ○ the basic sciences;
  ○ basic science skills (e.g., scientific methods, critical thinking);
  ○ the basics of communication sciences (e.g., acoustics, psychoacoustics and neurological processes of speech, language, and hearing).
● The program must demonstrate how the curriculum provides opportunities for students to
  ○ understand and apply the scientific bases of the profession,
  ○ understand and apply research methodology,
  ○ become knowledgeable consumers of research literature,
  ○ become knowledgeable about the fundamentals of evidence-based practice,
  ○ apply the scientific bases and research principles to clinical populations.
● The program must include research and scholarship participation opportunities that are consistent with the mission and goals of the program.
	3.3A The scientific and research foundations of the profession are evident in the curriculum.
	
	The program must demonstrate how it verifies that students obtain knowledge in the basic sciences (e.g., biological, behavioral, physical science, and statistics), basic science skills (e.g., scientific methods and critical thinking), and the basic communication sciences (e.g., acoustics and physiological and neurological processes of speech, language, and hearing). The curriculum must reflect the scientific bases of the professions and include research methodology. The curriculum must provide opportunities for students to become knowledgeable consumers of research literature, with an emphasis on the fundamentals of evidence-based practice, as well as the application of these principles and practices to clinical populations. The program of study must include research and scholarship participation opportunities that are consistent with the mission and goals of the program and the institutional and professional expectations for clinical doctoral programs.
		New number
		
		Separated out different elements of current standards, but no substantive changes in content.

2017 Standard	2008 Standard	Noted Revisions
3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
3.6A The clinical education component of an effective entry-level audiology program is planned for each student so that there is access to a base of individuals who may be served that is sufficient to achieve the program's stated mission and goals. That base includes a variety of clinical settings, populations, and age groups. The comprehensive clinical experiences must include direct contact with individuals seeking services, consultation, recordkeeping, and administrative duties relevant to professional service delivery in audiology. *Requirement for Review:* The program must demonstrate that it has mechanisms to develop comprehensive plans of clinical educational experiences so that each student has an opportunity to ● experience the breadth and depth of clinical practice, ● obtain experiences with different populations, ● obtain a variety of clinical experiences in different work settings, ● obtain experiences with appropriate equipment and resources, ● learn from experienced audiologists who will serve as effective clinical educators.	**3.7A The clinical education component of the curriculum provides students with access to a client/patient base that is sufficient to achieve the program's stated mission and goals and includes a variety of clinical settings, client/patient populations, and age groups.** The program must describe how it ensures that each student is exposed to a variety of populations across the life span and from culturally and linguistically diverse backgrounds. Clinical education must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities. The program must provide information about the size and diversity of the client/patient base and describe the clinical populations available in the facilities where students are placed.	New number Requirements are more explicit.

2017 Standard	2008 Standard	Noted Revisions
3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
3.7A An effective audiology program ensures that clinical education is provided in a manner that supports student development so that each student is prepared to enter independent professional practice. The type and structure of the clinical education are commensurate with the development of knowledge and skills of each student. *Requirement for Review:* ● The program must demonstrate that the procedures used in clinical education ensure that student development is supported and that each student acquires the independence needed to enter professional practice. ● The program must demonstrate that the clinical education component of the program is structured to be consistent with the knowledge and skill levels of each student.	**3.5A Clinical supervision is commensurate with the clinical knowledge and skills of each student, and clinical procedures ensure that the welfare of each person served by students is protected, in accord with recognized standards of ethical practice and relevant federal and state regulations.** The program must have written policies that describe how the manner and amount of supervision are determined and adjusted to reflect the competence of each student and the specific needs of the clients/patients served. The written policies must describe the extent to which students are supervised and receive supervisor or preceptor consultation when providing services to client/patients. **[**Procedures for client/patient safety, confidentiality, and security of client/patient records must also be clearly described in the program's written policies, in accordance with relevant federal and state regulations. Ethical standards must be clearly documented in the program's published materials.**]**	New number. 2008 Standard 3.5A is split into 2 standards for 2017 (3.7A and 3.8A) Focuses on the following element in the current standard 3.5A/B: • Supervision is commensurate with student knowledge and skills Other elements in current Standard 3.5A are addressed in 2017 Standard 3.8A. Concept of welfare of individuals served moved to 2017 standard 3.8A.

2017 Standard	2008 Standard	Noted Revisions
3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
3.8A Clinical education is provided in a manner that ensures that the welfare of each person served by a student and clinical educator team is protected and in accordance with recognized standards of ethical practice and relevant federal and state regulations. *Requirement for Review:* ● The program must demonstrate that the supervision provided to each student is adjusted to ensure that the specific needs are met for each individual who is receiving services. ● The program must demonstrate that the procedures used in clinical education ensure that the welfare of each person being served by the student and clinical educator team is protected. ● The program must demonstrate that the services provided by the student and clinical educator team is in accordance with recognized standards of ethical practice and relevant federal and state regulations.	**3.5A Clinical supervision is commensurate with the clinical knowledge and skills of each student, and clinical procedures ensure that the welfare of each person served by students is protected, in accord with recognized standards of ethical practice and relevant federal and state regulations.** The program must have written policies that describe how the manner and amount of supervision are determined and adjusted to reflect the competence of each student and the specific needs of the clients/patients served. The written policies must describe the extent to which students are supervised and receive supervisor or preceptor consultation when providing services to client/patients. Procedures for client/patient safety, confidentiality, and security of client/patient records must also be clearly described in the program's written policies, in accordance with relevant federal and state regulations. Ethical standards must be clearly documented in the program's published materials.	New number 2008 Standard 3.5A is split into 2 standards for 2017 (3.7A and 3.8A) Focuses on the following element in the current standard 3.5A/B: ● Welfare of individuals served ● Ethical practice Other elements in current Standard 3.5A are addressed in 2017 Standard 3.7A.

2017 Standard	2008 Standard	Noted Revisions
3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
3.9A Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty. *Requirement for Review:* ● The program must have written agreements with all active external facilities in which students are placed for clinical practicum experiences. ● The program must have written policies regarding the role of students in the selection of externship sites and the placement of students in the sites. ● The program must have written policies that describe the processes used by the program to select and place students in external facilities. ● The program must have written policies and procedures that describe the processes used to determine whether a clinical site has the appropriate clinical population and personnel to provide an appropriate clinical education experience for each student. ● The program must have processes to ensure that the clinical education in external facilities is monitored by the program to verify that educational objectives are met.	**3.6A Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty.** The program must have written agreements with all active external facilities, its policies regarding the identification and ongoing evaluation of external facilities, procedures for selecting and placing students in external clinical sites, and evidence that clinical education in external facilities is monitored by the program to ensure that educational objectives are met.	New number Requirements more explicit, but no substantive change in content

2017 Standard	2008 Standard	Noted Revisions
3.0A - CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY		
3.10A An effective entry-level audiology program ensures that its students know the expectations regarding their exercise of the highest level of academic and clinical integrity during all aspects of their education. *Requirement for Review:* ● The program must have written policies and procedures that describe its expectations of student behavior with regard to academic and clinical conduct. ● The program must have policies and procedures that describe the processes used to address violations of academic and clinical conduct, including, but not limited, to plagiarism, dishonesty, all aspects of cheating, and violations of ethical practice.	N/A	**New** standard added in response to feedback from programs regarding academic and clinical integrity of students.

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
3.1B An effective entry-level professional speech-language pathology program allows each student to acquire knowledge and skills in sufficient breadth and depth to function as an effective, well-educated, and competent clinical speech-language pathologist (i.e., one who can practice within the full scope of practice of speech-language pathology). The education program is designed to afford each student with opportunities to meet the expectations of the program that are consistent with the program's mission and goals and that prepare each student for professional practice in speech-language pathology. *Requirement for Review:* The master's program in speech-language pathology must perform the following functions. ● Provide the opportunity for students to complete a minimum of 400 supervised clinical practice hours, 25 of which may be in clinical observation; 325 of these hours must be attained at the graduate level. The supervised clinical experiences should be distributed throughout the program of study. ● The program must provide sufficient breadth and depth of opportunities for students to obtain a variety of clinical education experiences in different work settings, with different populations, and with appropriate equipment and	**3.1B The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in speech-language pathology.** The program must provide a curriculum leading to a master's or other entry-level graduate clinical degree with a major emphasis in speech-language pathology. The program must offer appropriate courses and clinical experiences on a regular basis so that students are able to satisfy the degree requirements within the published time frame. The intent of this standard is to ensure that program graduates have opportunities to acquire the knowledge and skills needed for entry into professional practice across the range of practice settings (including but not limited to hospitals, schools, private practice, community speech and hearing centers, and industry) and to qualify for those state and national credentials for independent professional practice that are relevant to the program's purpose and goals. Programs of study in speech-language pathology must be sufficient in depth and breadth for graduates to achieve the knowledge and skills outcomes identified for entry into professional practice as listed	Separated out and re-ordered elements of standards and expectations according to domains. Added a new section on Professional Practice Competencies (3.1.1B) and knowledge and skills related to interprofessional education and supervision. 9 disorder areas moved to 2017 standard 3.1.2B and 3.1.4B Divided some standards into separate sections for Foundations, Identification & Prevention, Evaluation, and General Knowledge.

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3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		

resources in order to acquire and demonstrate skills across the scope of practice in speech-language pathology, sufficient to enter professional practice. Typically, the achievement of these outcomes requires the completion of 2 years of graduate education or the equivalent.
● Establish a clear set of program goals and objectives that must be met for students to acquire the knowledge and skills needed for entry into professional practice.
● Establish a clear process to evaluate student achievement of the program's established objectives.
● Offer opportunities for each student to acquire the knowledge and skills needed for entry into professional practice, consistent with the scope of practice for speech-language pathology, and across the range of practice settings.
● Offer a plan of study that encompasses the following domains:
  ○ professional practice competencies;
  ○ foundations of speech-language pathology practice;
  ○ identification and prevention of speech, language, and swallowing disorders and differences;
  ○ assessment of speech, language, and swallowing disorders and differences;
	below. Typically, the achievement of these outcomes requires the completion of 2 years of graduate education or the equivalent.
	
	The curriculum in speech-language pathology must provide the opportunity for students to complete a minimum of 400 supervised clinical education hours, 325 of which must be attained at the graduate level. The supervised clinical experiences should be distributed throughout the program of study. The program must provide sufficient breadth and depth of opportunities for students to obtain a variety of clinical education experiences in different work settings, with different populations, and with appropriate equipment and resources in order to acquire and demonstrate skills across the scope of practice in speech-language pathology, sufficient to enter professional practice.
	
	It is the responsibility of the program to plan a clinical program of study for each student. **[**The program must demonstrate that it has sufficient agreements with supervisors or preceptors and clinical sites to provide each student with the clinical experience necessary to prepare them for independent professional practice. It is the program's responsibility to design, organize, administer, and evaluate the overall clinical education of each student.**]**
	
	(…)	

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3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
o intervention to minimize the impact for speech, language, and swallowing disorders and differences. ● Offer high quality learning environments that are learner centered, knowledge and skill centered, and assessment centered. ● Offer the academic and clinical program on a regular basis so that students are able to satisfy degree and other requirements within the program's published time frame. ● Offer opportunities for students to qualify for state and national credentials that are required for entry into professional practice, consistent with the program's mission and goals (e.g., state license, state teacher certification, national credential).		
3.1.1B Professional Practice Competencies The program must provide content and opportunities for students to learn so that each student can demonstrate the following attributes and abilities and demonstrate those attributes and abilities in the manners identified. Accountability ● Practice in a manner that is consistent with the professional code of ethics and the scope of practice documents for the profession of speech-language pathology.	**3.1B The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in speech-language pathology.** (…) The program must provide opportunities for students to acquire and demonstrate skills in the following areas: • oral and written or other forms of communication • **[**prevention, evaluation, and intervention of communication disorders and swallowing disorders**]**	**New** content section Added knowledge of interprofessional education and supervision

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3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
- Adhere to federal, state, and institutional regulations and policies that are related to services provided by speech-language pathologists. - Understand the fiduciary responsibility for each individual served. - Understand the various models of delivery of speech-language pathology services (e.g., hospital, private practice, education, etc.). - Use self-reflection to understand the effects of his or her actions and makes changes accordingly. - Understand the health care and education landscape and how to facilitate access to services. - Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values. Integrity - Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers; and - Understand and use best professional practices related to maintenance of confidentiality for all individuals in accordance with HIPAA and FERPA requirements.	- interaction and personal qualities, including counseling, collaboration, ethical practice, and professional behavior - effective interaction with patients, families, professionals, and other individuals, as appropriate - delivery of services to culturally and linguistically diverse populations - application of the principles of evidence-based practice - self-evaluation of effectiveness of practice	

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3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
Effective Communication Skills ● Use all forms of expressive communication—including written, spoken, and non-verbal communication—with individuals served, family members, caregivers, and any others involved in the interaction to ensure the highest quality of care that is delivered in a culturally competent manner. ● Communicate—with patients, families, communities, and interprofessional team colleagues and other professionals caring for individuals in a responsive and responsible manner that supports a team approach to maximize care outcomes. Clinical Reasoning ● Use valid scientific and clinical evidence in decision-making regarding assessment and intervention. ● Apply current knowledge, theory, and sound professional judgment in approaches to intervention and management of individuals served. ● Use clinical judgment and self-reflection to enhance clinical reasoning.		

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
Evidence-Based Practice ● Access sources of information to support clinical decisions regarding assessment and intervention/management, ● Critically evaluate information sources and applies that information to appropriate populations, and ● Integrate evidence in provision of speech-language pathology services. Concern for Individuals Served ● Show evidence of care, compassion, and appropriate empathy during interactions with each individual served, family members, caregivers, and any others involved in care; and ● Encourage active involvement of the individual served in his or her own care. Cultural Competence ● Understand the impact of his or her own set of cultural and linguistic variables on delivery of effective care. These include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation. ● Understand the impact of the cultural and linguistic variables of the individuals served on delivery of care. These include but are not limited to		

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation. ● Understand the interaction of cultural and linguistic variables between the caregivers and the individuals served in order to maximize service delivery. ● Understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, and physical and sensory abilities) and how these characteristics relate to clinical services. Professional Duty ● Engage in self-assessment to improve his or her effectiveness in the delivery of services. ● Understand the roles and importance of professional organizations in advocating for rights to access to speech-language pathology services. ● Understand the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel. ● Understand the roles and importance of interdisciplinary/interprofessional assessment and intervention and be able to interact and coordinate care		

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3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
effectively with other disciplines and community resources. ● Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases. ● Understand and use the knowledge of one's own role and those of other professions to appropriately assess and address the needs of the individuals and populations served. Collaborative Practice ● Understand how to apply values and principles of interprofessional team dynamics. ● Understand how to perform effectively in different interprofessional team roles to plan and deliver care centered on the individual served that is safe, timely, efficient, effective, and equitable.		
3.1.2B Foundations of Speech-Language Pathology Practice The program must include content and opportunities to learn so that each student can demonstrate knowledge of the ● discipline of human communication sciences and disorders; ● basic human communication and swallowing processes, including the	**3.1B The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in speech-language pathology.** (…) The program must provide an academic and clinical curriculum that is sufficient for students to acquire and demonstrate, at a	

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appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases;
● ability to integrate information pertaining to normal and abnormal human development across the life span;
● nature of communication and swallowing processes
 ○ elements
  ▪ articulation;
  ▪ fluency;
  ▪ voice and resonance, including respiration and phonation;
  ▪ receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities;
  ▪ hearing, including the impact on speech and language;
  ▪ swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology);
  ▪ cognitive aspects of communication (e.g.,
	minimum, knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.
	
	The program must provide opportunities for students to acquire and demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences, as well as swallowing disorders, including etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, linguistic, and cultural correlates. These opportunities must be provided in the following areas:
	
	● articulation
	● fluency
	● voice and resonance, including respiration and phonation
	● receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities
	● hearing, including the impact on speech and language
	● swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)	

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attention, memory, sequencing, problem solving, executive functioning); ▪ social aspects of communication (e.g., behavioral and social skills affecting communication); ▪ augmentative and alternative communication. o knowledge of the above elements includes each of the following: ▪ etiology of the disorders or differences, ▪ characteristics of the disorders or differences, ▪ underlying anatomical and physiological characteristics of the disorders or differences, ▪ acoustic characteristics of the disorders or differences (where applicable), ▪ psychological characteristics associated with the disorders or differences, ▪ developmental nature of the disorders or differences, ▪ linguistic characteristics of the disorders or differences (where applicable), ▪ cultural characteristics of the disorders or differences.	• cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning) • social aspects of communication (e.g., behavioral and social skills affecting communication) • communication modalities (e.g., oral, manual, and augmentative and alternative communication techniques and assistive technologies)	

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2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
3.1.3B Identification and Prevention of Speech, Language, and Swallowing Disorders and Differences The program must include content and opportunities to learn so that each student can demonstrate knowledge of ● principles and methods of identification of communication and swallowing disorders and differences, ● principles and methods of prevention of communication and swallowing disorders.	**3.1B The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in speech-language pathology.** (…) The program must provide opportunities for students to acquire and demonstrate knowledge in the following areas: • principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders across the life span, including consideration of anatomical/physiological, psychological, developmental, linguistic, and cultural correlates of the disorders • [standards of ethical conduct • interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders • processes used in research and the integration of research principles into evidence-based clinical practice • contemporary professional issues and advocacy • certification, specialty recognition, licensure, and other relevant professional credentials]	Much of content separated out and moved to 2017 standards 3.1.1 - 3.1.6B.

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
	The program must provide opportunities for students to acquire and demonstrate skills in the following areas: • [oral and written or other forms of communication] • prevention, evaluation, and intervention of communication disorders and swallowing disorders • [interaction and personal qualities, including counseling, collaboration, ethical practice, and professional behavior • effective interaction with patients, families, professionals, and other individuals, as appropriate • delivery of services to culturally and linguistically diverse populations • application of the principles of evidence-based practice • self-evaluation of effectiveness of practice]	
3.1.4B Evaluation of Speech, Language, and Swallowing Disorders and Differences The program must include content and opportunities to learn so that each student can demonstrate knowledge and skills in assessment across the lifespan for disorders and differences associated with ● articulation; ● fluency;	**3.1B The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in speech-language pathology.** (…) The program must provide opportunities for students to acquire and demonstrate knowledge of the nature of speech, language,	

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3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
- voice and resonance, including respiration and phonation; - receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities; - hearing, including the impact on speech and language; - swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology); - cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning); - social aspects of communication (e.g., behavioral and social skills affecting communication); and - augmentative and alternative communication needs.	hearing, and communication disorders and differences, as well as swallowing disorders, including etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, linguistic, and cultural correlates. These opportunities must be provided in the following areas: - articulation - fluency - voice and resonance, including respiration and phonation - receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities - hearing, including the impact on speech and language - swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction) - cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning) - social aspects of communication (e.g., behavioral and social skills affecting communication) - communication modalities (e.g., oral, manual, and augmentative and	

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
	alternative communication techniques and assistive technologies)	
	The program must provide opportunities for students to acquire and demonstrate knowledge in the following areas:	
	• principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders across the life span, including consideration of anatomical/physiological, psychological, developmental, linguistic, and cultural correlates of the disorders	
	• [standards of ethical conduct	
	• interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders	
	• processes used in research and the integration of research principles into evidence-based clinical practice	
	• contemporary professional issues and advocacy	
	• certification, specialty recognition, licensure, and other relevant professional credentials]	
	The program must provide opportunities for students to acquire and demonstrate skills in the following areas:	

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
	• **[**oral and written or other forms of communication**]** • prevention, evaluation, and intervention of communication disorders and swallowing disorders • **[**interaction and personal qualities, including counseling, collaboration, ethical practice, and professional behavior • effective interaction with patients, families, professionals, and other individuals, as appropriate • delivery of services to culturally and linguistically diverse populations • application of the principles of evidence-based practice • self-evaluation of effectiveness of practice**]**	
3.1.5B Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms The program must include content and opportunities to learn so that each student can demonstrate knowledge and skills in • intervention for communication and swallowing differences with individuals across the lifespan to minimize the effect of those disorders and differences on the ability to participate as fully as possible in the environment.	**3.1B The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in speech-language pathology.** (…) The program must provide opportunities for students to acquire and demonstrate knowledge **[**of the nature of speech, language, hearing, and communication disorders and differences, as well as swallowing disorders, including etiologies, characteristics, and anatomical/physiological,	

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
• intervention for disorders and differences of o articulation; o fluency; o voice and resonance, including respiration and phonation; o receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities; o hearing, including the impact on speech and language; o swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology); o cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning); o social aspects of communication (e.g., behavioral and social skills affecting communication); o augmentative and alternative communication needs.	acoustic, psychological, developmental, linguistic, and cultural correlates.**]** These opportunities must be provided in the following areas: • articulation • fluency • voice and resonance, including respiration and phonation • receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities • hearing, including the impact on speech and language • swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction) • cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning) • social aspects of communication (e.g., behavioral and social skills affecting communication) • communication modalities (e.g., oral, manual, and augmentative and alternative communication techniques and assistive technologies)	

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
	The program must provide opportunities for students to acquire and demonstrate knowledge in the following areas: • principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders across the life span, including consideration of anatomical/physiological, psychological, developmental, linguistic, and cultural correlates of the disorders • [standards of ethical conduct • interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders • processes used in research and the integration of research principles into evidence-based clinical practice • contemporary professional issues and advocacy • [certification, specialty recognition, licensure, and other relevant professional credentials] The program must provide opportunities for students to acquire and demonstrate skills in the following areas: • [oral and written or other forms of communication]	

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
	• prevention, evaluation, and intervention of communication disorders and swallowing disorders • **[**interaction and personal qualities, including counseling, collaboration, ethical practice, and professional behavior • effective interaction with patients, families, professionals, and other individuals, as appropriate • delivery of services to culturally and linguistically diverse populations • application of the principles of evidence-based practice • self-evaluation of effectiveness of practice**]**	
3.1.6B General Knowledge and Skills Applicable to Professional Practice The program must include content and opportunities to learn so that each student acquires knowledge and skills in working with individuals with the aforementioned communication and swallowing disorders across the lifespan and by demonstration of • ethical conduct; • integration and application of knowledge of the interdependence of speech, language, and hearing; • engagement in contemporary professional issues and advocacy; • processes of clinical education and supervision;	**3.1B The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in speech-language pathology.** (...) The program must provide opportunities for students to acquire and demonstrate knowledge **[**of the nature of speech, language, hearing, and communication disorders and differences, as well as swallowing disorders, including etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, linguistic, and	Added knowledge of clinical education and supervision

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
• professionalism and professional behavior in keeping with the expectations for a speech-language pathologist; • interaction skills and personal qualities, including counseling and collaboration; • self-evaluation of effectiveness of practice.	cultural correlates.**]** These opportunities must be provided in the following areas: • articulation • fluency • voice and resonance, including respiration and phonation • receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities • hearing, including the impact on speech and language • swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction) • cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning) • social aspects of communication (e.g., behavioral and social skills affecting communication) • communication modalities (e.g., oral, manual, and augmentative and alternative communication techniques and assistive technologies)	

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
	The program must provide opportunities for students to acquire and demonstrate knowledge in the following areas: • principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders across the life span, including consideration of anatomical/physiological, psychological, developmental, linguistic, and cultural correlates of the disorders • standards of ethical conduct • interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders • [processes used in research and the integration of research principles into evidence-based clinical practice] • contemporary professional issues and advocacy • [certification, specialty recognition, licensure, and other relevant professional credentials] The program must provide opportunities for students to acquire and demonstrate skills in the following areas: • [oral and written or other forms of communication	

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
	• prevention, evaluation, and intervention of communication disorders and swallowing disorders**]** • interaction and personal qualities, including counseling, collaboration, ethical practice, and professional behavior • effective interaction with patients, families, professionals, and other individuals, as appropriate • **[**delivery of services to culturally and linguistically diverse populations • application of the principles of evidence-based practice • self-evaluation of effectiveness of practice**]**	

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
3.2B An effective speech-language pathology program is characterized by planning and organization, is reviewed systematically and on a regular basis, and is consistent with current knowledge and practice guidelines of the profession. *Requirement for Review:* ● The program must demonstrate that the o curriculum is planned and based on current standards of speech-language pathology practice; o curriculum is based on current literature and other current documents related to professional practice and education in speech-language pathology; o curriculum is delivered using sound pedagogical methods; o curriculum is reviewed systematically and on a regular basis; o review of the curriculum is conducted by comparing existing plans with current standards of speech-language pathology practice, current literature, and other documents related to professional practice and education in speech-language pathology.	**3.2B Academic and clinical education reflects current knowledge, skills, technology, and scope of practice. The curriculum is regularly reviewed and updated. The diversity of society is reflected throughout the curriculum.** The program must provide evidence that the curriculum is regularly and systematically evaluated and updated to reflect current knowledge and scope of practice in the profession. Sensitivity to issues of diversity should be infused throughout the curriculum. Evidence of regular and systematic evaluation may include institutional program evaluations, exit interviews, alumni and employer input, and faculty and administrative review of student performance and outcomes.	2008 Standard 3.2B is split into 2 standards for 2017 (3.2B and 3.4B). Focuses on the following elements in current standard 3.2B: o Current knowledge and scope of practice o Regular evaluation of the curriculum Other elements in current Standard 3.2B addressed in 2017 Standard 3.4B.

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
3.3B An effective speech-language pathology program is planned and delivered in an organized, sequential, and integrated manner to allow each student to meet the program's established learning goals and objectives and develop into a competent speech-language pathologist. *Requirement for Review:* ● The program must demonstrate how the courses and clinical experiences are organized and sequenced and allow for integration across all elements of the program.	**3.4B The academic and clinical curricula reflect an appropriate sequence of learning experiences.** The program must provide evidence of appropriate sequencing of course work and clinical education. Appropriate sequencing must be evident in examples of typical programs of study, including clinical placements.	New number No substantive changes in content
3.4B An effective speech-language pathology program is organized and delivered in such a manner that the diversity of society is reflected in the program. *Requirement for Review:* ● The program must provide evidence that issues related to diversity are infused throughout the academic and clinical program.	**3.2B Academic and clinical education reflects current knowledge, skills, technology, and scope of practice. The curriculum is regularly reviewed and updated. The diversity of society is reflected throughout the curriculum.** [The program must provide evidence that the curriculum is regularly and systematically evaluated and updated to reflect current knowledge and scope of practice in the profession.] Sensitivity to issues of diversity should be infused throughout the curriculum. [Evidence of regular and systematic evaluation may include institutional program evaluations, exit interviews, alumni and employer input, and faculty and administrative review of student performance and outcomes.	2008 Standard 3.2B is split into 2 standards for 2017 (3.2B and 3.4B). Focuses on the following elements in current standard 3.2B: o Diversity of society Other elements in current Standard 3.2B addressed in 2017 Standard 3.2B.

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		

3.5B An effective speech-language pathology program is organized so that the scientific and research foundations of the profession are evident.
 	
Requirement for Review:
 	
● The program must demonstrate the procedures used to verify that students obtain knowledge in
  o the basic sciences and statistics;
  o basic science skills (e.g., scientific methods, critical thinking);
  o the basics of communication sciences (e.g., acoustics, linguistics, and neurological processes of speech, language, and hearing).
● The program must demonstrate how the curriculum provides opportunities for students to
  o understand and apply the scientific bases of the profession,
  o understand and apply research methodology,
  o become knowledgeable consumers of research literature,
  o become knowledgeable about the fundamentals of evidence-based practice,
  o apply the scientific bases and research principles to clinical populations.
 	
The program must include research and scholarship participation opportunities that are consistent with the mission and goals of the program.
	3.3B The scientific and research foundations of the profession are evident in the curriculum.
	
	The program must demonstrate how it verifies that students obtain knowledge in the basic sciences (e.g., biological, behavioral, physical science, and statistics), basic science skills (e.g., scientific methods and critical thinking), and the basic communication sciences (e.g., acoustics; physiological and neurological processes of speech, language, and hearing; linguistics). The curriculum must provide opportunities for students to become knowledgeable consumers of research literature with an emphasis on the fundamentals of evidenced-based practice, as well as the application of these principles and practices to clinical populations. The curriculum must reflect the scientific bases of the professions and include research methodology, research literature, and opportunities to participate in research and scholarship activities, consistent with the mission and goals of the program, institution, and profession.
		New number
		
		No substantive changes in content

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		

3.6B The clinical education component of an effective entry-level speech-language pathology program is planned for each student so that there is access to a base of individuals who may be served that is sufficient to achieve the program's stated mission and goals and includes a variety of clinical settings, populations, and age groups. The comprehensive clinical experiences must include direct contact with individuals seeking service, consultation, recordkeeping, and administrative duties relevant to professional service delivery in speech-language pathology.
 	
Requirement for Review:
 	
● The program must demonstrate that it has mechanisms to develop comprehensive plans of clinical educational experiences so that each student has an opportunity to
  o experience the breadth and depth of clinical practice,
  o obtain experiences with diverse populations,
  o obtain a variety of clinical experiences in different work settings,
  o obtain experiences with appropriate equipment and resources,
  o learn from experienced speech-language pathologists who will serve as effective clinical educators.
	3.7B The clinical education component of the curriculum provides students with access to a client/patient base that is sufficient to achieve the program's stated mission and goals and includes a variety of clinical settings, client/patient populations, and age groups.
	
	The program must describe how it ensures that each student is exposed to a variety of populations across the life span and from culturally and linguistically diverse backgrounds. Clinical education must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities. The program must provide information about the size and diversity of the client/patient base and describe the clinical populations available in the facilities where students are placed.
		New number
		
		Requirements are more explicit.
		
		Added types of activities that must be included in clinical experiences.

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
3.7B An effective speech-language pathology program ensures that clinical education is provided in a manner that supports student development so that each student is prepared to enter professional practice. The type and structure of the clinical education is commensurate with the development of knowledge and skills of each student. *Requirement for Review:* ● The program must demonstrate that the procedures used in clinical education ensure that student development is supported and that each student acquires the independence needed to enter professional practice. ● The program must demonstrate that the clinical education component of the program is structured to be consistent with the knowledge and skills levels of each student.	**3.5B Clinical supervision is commensurate with the clinical knowledge and skills of each student, and clinical procedures ensure that the welfare of each person served by students is protected, in accord with recognized standards of ethical practice and relevant federal and state regulations.** The program must have written policies that describe how the manner and amount of supervision are determined and adjusted to reflect the competence of each student and the specific needs of the clients/patients served. The written policies must describe the extent to which students are supervised and receive supervisor or preceptor consultation when providing services to client/patients. Procedures for client/patient safety, confidentiality, and security of client/patient records must also be clearly described in the program's written policies, in accordance with relevant federal and state regulations. Ethical standards must be clearly documented in the program's published materials.	New number. 2008 Standard 3.5A is split into 2 standards for 2017 (3.7B and 3.8B). Focuses on the following element in the current standard 3.5B: ● Supervision is commensurate with student knowledge and skills Other elements in current Standard 3.5B are addressed in 2017 Standard 3.8B.

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
3.8B Clinical education is provided in a manner that ensures that the welfare of each person served by a student and clinical educator team is protected and in accordance with recognized standards of ethical practice and relevant federal and state regulations. *Requirement for Review:* ● The program must demonstrate that the supervision provided to each student is adjusted to ensure that the specific needs are met for each individual who is receiving services. ● The program must demonstrate that the procedures used in clinical education ensure that the welfare of each person being served by the student and clinical educator team is protected. ● The program must demonstrate that the services provided by the student and clinical educator team are in accordance with recognized standards of ethical practice and relevant federal and state regulations.	**3.5B Clinical supervision is commensurate with the clinical knowledge and skills of each student, and clinical procedures ensure that the welfare of each person served by students is protected, in accord with recognized standards of ethical practice and relevant federal and state regulations.** The program must have written policies that describe how the manner and amount of supervision are determined and adjusted to reflect the competence of each student and the specific needs of the clients/patients served. The written policies must describe the extent to which students are supervised and receive supervisor or preceptor consultation when providing services to client/patients. Procedures for client/patient safety, confidentiality, and security of client/patient records must also be clearly described in the program's written policies, in accordance with relevant federal and state regulations. Ethical standards must be clearly documented in the program's published materials.	New number. 2008 Standard 3.5B is split into 2 standards for 2017 (3.7B and 3.8B). Focuses on the following element in the current standard 3.5B: ● Welfare of individuals served ● Ethical practice Other elements in current Standard 3.5B are addressed in 2017 Standard 3.7B.

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
3.9B Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty. *Requirement for Review:* ● The program must have written agreements with all active external facilities in which students are placed for clinical practicum experiences. ● The program must have written policies regarding the role of students in the selection of externship sites and the placement of students in the sites. ● The program must have written policies that describe the processes used by the program to select and place students in external facilities. ● The program must have written policies and procedures that describe the processes used to determine whether a clinical site has the appropriate clinical population and personnel to provide an appropriate clinical education experience for each student. ● The program must have processes to ensure that the clinical education in external facilities is monitored by the program to verify that educational objectives are met.	**3.6B Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty.** The program must have written agreements with all active external facilities, its policies regarding the identification and ongoing evaluation of external facilities, procedures for selecting and placing students in external clinical sites, and evidence that clinical education in external facilities is monitored by the program to ensure that educational objectives are met.	New number No substantive changes in content July 2017: Approved edits in Requirement for review for written or electronic documentation

2017 Standard	2008 Standard	Noted Revisions
3.0B – CURRICULUM (ACADEMIC AND CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY)		
3.10B An effective entry-level speech-language pathology program ensures that its students know the expectations regarding their exercise of the highest level of academic and clinical integrity during all aspects of their education. *Requirement for Review:* ● The program must have written policies and procedures that describe program expectations of student behavior with regard to academic and clinical conduct. ● The program must have policies and procedures that describe the processes used to address violations of academic and clinical conduct, including, but not limited to, plagiarism, dishonesty, and all aspects of cheating, and violations of ethical practice.	N/A	**New** standard added in response to feedback from programs regarding student and academic and clinical integrity.

2017 Standard	2008 Standard	Noted Revisions
4.0 - STUDENTS		
4.1 The program criteria for accepting students for graduate study in audiology or speech-language pathology meet or exceed the institutional policy for admission to graduate study. *Requirement for Review:* ● The admission criteria must meet or exceed those of the institution and be appropriate for the degree being offered. ● Policies regarding any exceptions to the criteria (such as "conditional" status) must be clearly explained and consistently followed.	**4.1 The program criteria for accepting students for graduate study in audiology and/or speech-language pathology meet or exceed the institutional policy for admission to graduate study.** The program's criteria for admission must meet or exceed those of the institution and be appropriate for the degree being offered. The admissions standards of the program and of the institution must be described and a rationale presented for any differences between the two sets of criteria. Policies regarding any exceptions to the criteria (such as "conditional" status) must be clearly explained and consistently followed.	No substantive changes in content
4.2 The program makes reasonable adaptations in curriculum, policies, and procedures to accommodate differences among individual students. *Requirement for Review:* ● The program must provide evidence that its curriculum and program policies and procedures for admission, internal and external clinical placements, and retention of students reflect a respect for and understanding of cultural, linguistic, and individual diversity. ● The program must have a policy regarding proficiency in spoken and written English and other languages of instruction and service delivery and all other performance expectations.	**4.2 The program makes reasonable adaptations in curriculum, policies, and procedures to accommodate differences among individual students.** The program must provide evidence that its curriculum and its policies and procedures for admission, internal and external clinical placements, and retention of students reflect a respect for and understanding of cultural, linguistic, and individual diversity. The program must provide its policy regarding proficiency in English and/or other languages of service delivery and all other performance expectations and demonstrate that the policy is applied consistently.	No substantive changes in content

2017 Standard	2008 Standard	Noted Revisions
4.0 - STUDENTS		
• The program must demonstrate that its language proficiency policy is applied consistently. • The program must have a policy regarding the use of accommodations for students with reported disabilities.		
4.3 The program has policies and procedures for identifying the need to provide intervention for each student who does not meet program expectations for the acquisition of knowledge and skills in the academic and clinical components of the program. *Requirement for Review:* • The program has policies and procedures for identifying students who need intervention to meet program expectations for the acquisition of knowledge and skills in the academic component of the curriculum. • The program has policies and procedures for identifying students who need intervention to meet program expectations for the acquisition of knowledge and skills in the clinical component of the curriculum. • The program has policies and procedures for implementing and documenting all forms of intervention used to facilitate each student's success in meeting the program's expectations.	**5.1 The program conducts ongoing and systematic formative and summative assessments of the performance of its current students.** (…) The program must: • assess acquisition of student learning outcomes; • provide students with regular feedback about their progress in acquiring the expected knowledge and skills in all academic and clinical components of the program, including all off-site experiences; • document the feedback mechanisms used to evaluate students' performance; • document guidelines for remediation (e.g., repeating course work and/or clinical experiences, provisions for retaking examinations) and implement remediation opportunities consistently.	2008 Standard 5.1 is split into 3 standards for 2017 (4.3, 5.1, and 5.2). Focuses on the following element in current standard 5.1: • Remediation guidelines Other elements in current Standard 5.1 are addressed in 2017 Standards 5.1 and 5.2.

2017 Standard	2008 Standard	Noted Revisions
4.0 - STUDENTS		
• The program must demonstrate that the policies and procedures are applied consistently across all students who are identified as needing intervention.		

4.4 Students are informed about the program's policies and procedures, expectations regarding academic integrity and honesty, ethical practice, degree requirements, and requirements for professional credentialing.
 	
Requirement for Review:
• The program must provide information regarding
  ○ program policies and procedures,
  ○ program expectations regarding academic integrity and honesty,
  ○ program expectations for ethical practice,
  ○ the degree requirements,
  ○ the requirements for professional credentialing.
	4.3 Students are informed about the program's policies and procedures, degree requirements, requirements for professional credentialing, and ethical practice. [Students are informed about documented complaint processes.]
	
	Programs may provide this information to students through student handbooks or other written means. **[**The program must maintain a record of student complaints regarding any of the program's policies and procedures or regarding unlawful conduct and make these available to the CAA upon request. Students must be made aware of the contact information for the CAA in the event they wish to file a complaint related to the program's compliance with standards for accreditation.**]**
		New number
		
		2008 Standard 4.3 is split into 2 standards for 2017 (4.4 and 4.5).
		
		Focuses on the following element in current standard 4.3:
		• Program information provided to students
		
		Other elements related to complaints in current Standard 4.3 are addressed in 2017 Standard 4.5.

4.5 Students are informed about the processes that are available to them for filing a complaint against the program. *Requirement for Review:* • The program must provide information regarding the process and mechanism to file a complaint against the program within the sponsoring institution.	**4.3 [Students are informed about the program's policies and procedures, degree requirements, requirements for professional credentialing, and ethical practice.] Students are informed about documented complaint processes.** Programs may provide this information to students through student handbooks or other written means. The program must maintain a	New number. 2008 Standard 4.3 is split into 2 standards for 2017 (4.4 and 4.5). Focuses on the following element in current standard 4.3: • Student complaints Other elements in current Standard 4.3 are addressed in 2017 Standard 4.4.

2017 Standard	2008 Standard	Noted Revisions
4.0 - STUDENTS		
● The program must maintain a record of student complaints filed against the program within the sponsoring institution. ● The program must maintain a record of student complaints regarding any of the program's policies and procedures or regarding unlawful conduct and make these available to the CAA upon request. ● Students must be made aware of the process and mechanism, including contact information for the CAA, to file a complaint related to the program's compliance with standards for accreditation.	record of student complaints regarding any of the program's policies and procedures or regarding unlawful conduct and make these available to the CAA upon request. Students must be made aware of the contact information for the CAA in the event they wish to file a complaint related to the program's compliance with standards for accreditation.	
4.6 Students receive advising on a regular basis that pertains to both academic and clinical performance and progress. *Requirement for Review:* ● The program must maintain records of advisement for each of its students. ● The program must maintain records demonstrating that students are advised on a timely and continuing basis regarding their academic and clinical progress. ● The program must maintain records demonstrating that any concerns about a student's performance in meeting the program requirements, including language proficiency, are addressed with the student.	**4.4 Students receive advising on a regular basis that pertains to both academic and clinical performance and progress. [Students also are provided information about student support services.]** The program must describe how students are advised on a timely and continuing basis regarding their academic and clinical progress. **[In addition, the program must describe how students receive information about the full range of student support services available at the institution.]**	New number. 2008 Standard 4.4 is split into 2 standards for 2017 (4.6 and 4.9) Focuses on the following element in current standard 4.4: ● Advisement is timely, continuing, and documented Other elements in current Standard 4.4 are addressed in 2017 Standard 4.9.

2017 Standard	2008 Standard	Noted Revisions
4.0 - STUDENTS		
4.7 The program documents student progress toward completion of the graduate degree and professional credentialing requirements. *Requirement for Review:* ● The program must maintain complete and accurate records of all students' progress during the entire time of their matriculation in the program. ● The records for each student must include documentation that can demonstrate that the student has met all the academic, clinical, and other requirements for the degree and the credential(s) that are identified by the program in its mission and goals.	**5.2 The program documents student progress toward completion of the graduate degree and professional credentialing requirements [and makes this information available to assist students in qualifying for certification and licensure.]** **[The program must maintain accurate and complete records throughout each student's graduate program. It is advisable that forms or tracking systems be developed and used for this purpose. Responsibility for the completion of the records and timetable for completion must be clearly established.]** Records must be readily available to students upon request. Records must be available to program graduates in accordance with the institution's and program's policies for retention of student information, and those policies must be described. **[The program must maintain documentation on each student in sufficient detail so that the program can verify completion of all academic and clinical requirements for the graduate degree and eligibility for relevant state and national credentials.]**	New number 2008 Standard 5.2 is split into 2 standards for 2017 (4.7 and 4.8) Focuses on the following element in current standard 5.2: • Documentation of student progress Other elements in current Standard 5.2 are addressed in 2017 Standards 3.1A, 3.1.6A, 3.1B, 3.1.6B, and 4.8.
4.8 The program makes the documentation of student progress toward completing the graduate degree and meeting professional credentialing requirements available to its students to assist them in qualifying for the credential(s).	**5.2 The program documents student progress toward completion of the graduate degree and professional credentialing requirements and makes this information available to assist students in qualifying for certification and licensure.**	New number 2008 Standard 5.2 is split into 2 standards for 2017 (4.7 and 4.8) Focuses on the following element in current standard 5.2:

2017 Standard	2008 Standard	Noted Revisions
4.0 - STUDENTS		
Requirement for Review: ● The program must provide each student access to his or her own records upon request. ● The program must make records available to program graduates and those who attended the program, but did not graduate. ● The availability of records for program graduates and those who attended the program, but did not graduate, must be consistent with the institution's and the program's policies regarding retention of student records.	[The program must maintain accurate and complete records throughout each student's graduate program. It is advisable that forms or tracking systems be developed and used for this purpose. Responsibility for the completion of the records and timetable for completion must be clearly established.] Records must be readily available to students upon request. Records must be available to program graduates in accordance with the institution's and program's policies for retention of student information, and those policies must be described. [The program must maintain documentation on each student in sufficient detail so that the program can verify completion of all academic and clinical requirements for the graduate degree and eligibility for relevant state and national credentials.]	● Availability of student records Other elements in current Standard 5.2 are addressed in 2017 Standard 4.7.
4.9 Students are provided information about student support services available within the program and institution. *Requirement for Review:* ● The program must have a mechanism to inform students about the full range of student support services (beyond accommodations for disabilities addressed in Standard 4.2) available at the sponsoring institution.	**4.4 [Students receive advising on a regular basis that pertains to both academic and clinical performance and progress.] Students also are provided information about student support services.** [The program must describe how students are advised on a timely and continuing basis regarding their academic and clinical progress.] In addition, the program must describe how students receive information about the full range of student support services available at the institution.	New number 2008 Standard 4.4 is split into 2 standards for 2017 (4.6 and 4.9). Focuses on the following element in current standard 4.4: ● Student support services Other elements in current Standard 4.4 are addressed in 2017 Standard 4.6.

2017 Standard	2008 Standard	Noted Revisions
4.0 - STUDENTS		
4.10 The program must adhere to its institutional policies and procedures to verify that a student who registers for a distance education course or program is the same student who participates in and completes the program and receives the academic credit. *Requirement for Review:* ● The program must document that the institutional policies regarding verification of a student's identity are followed and implemented and applied consistently. ● The program must make clear that the identities of students enrolled in a distance education course or program are protected. ● If there are fees associated with learning within a distance modality, the program must document how that information is provided to students.	**4.5 The program must adhere to its institutional policies and procedures to verify that a student who registers for a distance education course or program is the same student who participates in and completes the program and receives the academic credit.** The program must document that the institutional policies regarding verification of a student's identity protect student privacy and are implemented and applied consistently. If the institution does not have specific policies, the program must develop and implement its own for this purpose. Acceptable mechanisms may include, but are not limited to, secure log in and pass code or other technologies or practices that are effective for verifying student identification, while at the same time protecting student privacy. The policies must include notification to students upon enrollment of any fees associated with verification of identity for distance education purposes.	New number No substantive changes in content

2017 Standard	2008 Standard	Noted Revisions
5.0 – ASSESSMENT		
5.1 The program regularly assesses student learning. *Requirement for Review:* ● The program must demonstrate that it assesses the achievement of student learning outcomes to determine student success in the acquisition of expected knowledge and skills. ● The program must demonstrate that it provides a learning environment that provides each student with consistent feedback.	**5.1 The program conducts ongoing and systematic formative and summative assessments of the performance of its current students.** The program must identify student–learning outcomes that address knowledge and skills consistent with the mission of the program. **[The program must use a variety of assessment mechanisms and techniques, including both formative and summative measures as defined below, administered by a range of program faculty and supervisors or preceptors, to evaluate students' progress, and apply those mechanisms consistently.** *Formative Assessment*—ongoing measurement throughout educational preparation for the purpose of monitoring acquisition of knowledge and skills and improving student learning *Summative Assessment*—comprehensive evaluation of learning outcomes, including acquisition of knowledge and skills, at the culmination of an educational experience (e.g., course, program)**]** The program must: • assess acquisition of student learning outcomes; • provide students with regular feedback about their progress in acquiring the expected knowledge and skills in all	2008 Standard 5.1 is split into 3 standards for 2017 (4.3, 5.1, and 5.2). Focuses on the following element in current standard 5.1: • Assessment of student learning outcomes Other elements in current Standard 5.1 are addressed in 2017 Standards3.1A, 3.1B, 4.3 and 5.2.

2017 Standard	2008 Standard	Noted Revisions
5.0 – ASSESSMENT		
	academic and clinical components of the program, including all off-site experiences; • document the feedback mechanisms used to evaluate students' performance; • **[**document guidelines for remediation (e.g., repeating course work and/or clinical experiences, provisions for retaking examinations) and implement remediation opportunities consistently.**]**	
5.2 The program conducts ongoing and systematic formative and summative assessments of the performance of its students. *Requirement for Review:* ● The program must develop an assessment plan that is used throughout the program for each student. The plan must include the purpose of the assessments and use a variety of assessment techniques, including both formative and summative methods. ● Assessments must be administered by multiple academic and clinical faculty members. ● The program must demonstrate how it uses its assessments to evaluate and enhance student progress and acquisition of knowledge and skills. ● The program must demonstrate that student assessment is applied consistently and systematically.	**5.1 The program conducts ongoing and systematic formative and summative assessments of the performance of its current students.** (…) The program must use a variety of assessment mechanisms and techniques, including both formative and summative measures as defined below, administered by a range of program faculty and supervisors or preceptors, to evaluate students' progress, and apply those mechanisms consistently. *Formative Assessment*—ongoing measurement throughout educational preparation for the purpose of monitoring acquisition of knowledge and skills and improving student learning *Summative Assessment*—comprehensive evaluation of learning outcomes, including acquisition of knowledge and skills, at the	New number. 2008 Standard 5.1 is split into 3 standards for 2017 (4.3, 5.1, and 5.2). Focuses on the following element in current standard 5.1: • Ongoing and systematic assessment of students • Summative and formative assessments Other elements in current Standard 5.1 are addressed in 2017 Standards 4.3 and 5.1.

2017 Standard	2008 Standard	Noted Revisions
5.0 – ASSESSMENT		
	culmination of an educational experience (e.g., course, program) (...)	
5.3 The program administers regular and ongoing assessment protocols to evaluate the quality of the program and to facilitate continuous quality improvement. *Requirement for Review:* ● The assessment protocols must be used to evaluate the academic and clinical aspects of the entire program. ● The program must collect data from multiple sources (e.g., alumni, faculty, employers, off-site clinical educators, community members, individuals receiving services) and allow evaluation of the program's success in achieving its goals, objectives, and the extent to which student learning outcomes have been met. ● The program must systematically collect evaluations of the academic and clinical aspects of the program from students and use these to assess those aspects of the program. ● The program must use the results of its assessment protocols to improve and refine the program goals and objectives and ensure alignment between the program's stated goals and objectives and the measured student learning outcomes.	**5.3 The program conducts regular and ongoing assessments of program effectiveness and uses the results for continuous improvement.** The program must document the procedures followed in evaluating the quality, currency, and effectiveness of its graduate program and the process by which it engages in systematic self-study. The documentation must indicate the mechanisms used to evaluate each program component, the schedule on which the evaluations are conducted and analyzed, and the program changes and/or improvements that have resulted from assessments. The program must collect and evaluate data on its effectiveness from multiple sources (e.g., students, alumni, faculty, employers, off-site supervisors or preceptors, community members, persons receiving services). The data must include students' and graduates' evaluations of courses and clinical education. (...)	2008 Standard 5.3 is split into 6 standards for 2017 (5.3, 5.4, 5.5, 5.6, 5.7, and 5.8). Focuses on the following element in current standard 5.3: ● Ongoing and systematic assessment of the program Other elements in current Standard 5.3 are addressed in 2017 Standards 5.4, 5.5, 5.6, 5.7, and 5.8.

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2017 Standard	2008 Standard	Noted Revisions
5.0 – ASSESSMENT		
5.4 The program uses the results of its ongoing programmatic assessments for continuous quality improvement and evaluates the improvements. *Requirement for Review:* ● The program must describe how it uses programmatic assessment data to promote continuous quality improvement of the program. ● The program must describe the processes it uses to evaluate program improvements for congruence with its stated mission and goals.	**5.3 The program conducts regular and ongoing assessments of program effectiveness and uses the results for continuous improvement.** (...) Results of the assessments, **[**including the required student achievement measures,**]** must be used to plan and implement program improvements that are consistent with the program's mission and goals.	2008 Standard 5.3 is split into 6 standards for 2017 (5.3, 5.4, 5.5, 5.6, 5.7, and 5.8). Focuses on the following element in current standard 5.3: ● Assessment results used for program improvement Other elements in current Standard 5.3 are addressed in 2017 Standards 5.3, 5.5, 5.6, 5.7, and 5.8.
5.5 The percentage of students who are enrolled on the first census date of the program and complete the program within the program's published academic terms meets or exceeds the CAA's established threshold. *Requirement for Review:* ● The CAA's established threshold requires that at least 80% of students must have completed the program within the program's published time frame (number of academic terms), as averaged over the 3 most recently completed academic years. ● If, when averaged over 3 academic years, the program's completion rate does not meet or exceed the CAA's established threshold, the program must provide an	**5.3 The program conducts regular and ongoing assessments of program effectiveness and uses the results for continuous improvement.** (...) In addition, the following measures of student achievement are required and will be evaluated relative to established thresholds, as defined below: ▪ Program completion rate—students completing the program requirements within the program's published time frame. Documentation must include the number and percentage of students completing the program within the published timeframe for each of the 3 most recently completed academic	2008 Standard 5.3 is split into 6 standards for 2017 (5.3, 5.4, 5.5, 5.6, 5.7, and 5.8). Focuses on the following element in current standard 5.3: ● Program completion rate ● Includes the use of non-consecutive semesters with a university-approved absence for calculation of completion rates Other elements in current Standard 5.3 are addressed in 2017 Standards 5.3, 5.4, 5.6, 5.7, and 5.8. July 2017: Edits approved to remove reporting requirement by cohort in Requirements for Review

2017 Standard	2008 Standard	Noted Revisions
5.0 – ASSESSMENT		
explanation and a plan for improving the results.	years. If, when averaged over 3 years, the program's completion rate does not meet or exceed the CAA's established threshold, the program must provide an explanation and a plan for improving the results. (...)	
5.6 The percentage of test-takers who pass the *Praxis*® Subject Assessments in audiology or speech-language pathology meets or exceeds the CAA's established threshold. *Requirement for Review:* ● The CAA's established threshold requires that at least 80% of test-takers from the program pass the *Praxis*® Subject Assessment examination, as averaged over the 3 most recently completed academic years; results should be reported only once for test-takers who took the exam multiple times in the same examination reporting period. ● If, when averaged over 3 academic years, the program's *Praxis*® Subject Assessment exam pass rate does not meet or exceed the CAA's established threshold, the program must provide an explanation and a plan for improving the results.	**5.3 The program conducts regular and ongoing assessments of program effectiveness and uses the results for continuous improvement.** (...) In addition, the following measures of student achievement are required and will be evaluated relative to established thresholds, as defined below: ● Praxis examination pass rate—test-takers from the program who passed the Praxis examination. Documentation must include the number and percentage of test-takers from the program, excluding individuals who graduated more than 3 years ago, who passed the Praxis examination for each of the 3 most recently completed academic years; results should be reported only once for test-takers who took the exam multiple times in the same examination reporting period. If, when averaged over 3 years, the program's pass rate does not meet or exceed the CAA's established threshold,	2008 Standard 5.3 is split into 6 standards for 2017 (5.3, 5.4, 5.5, 5.6, 5.7, and 5.8). Focuses on the following element in current standard 5.3: ● *Praxis*® Subject Assessment exam pass rates Other elements in current Standard 5.3 are addressed in 2017 Standards 5.3, 5.4, 5.5, 5.7, and 5.8. July 2017: Edits approved to remove reporting requirement by cohort in Requirements for Review

2017 Standard	2008 Standard	Noted Revisions
5.0 – ASSESSMENT		
	the program must provide an explanation and a plan for improving the results. (…)	
5.7 The percentage of program graduates who are employed in the profession or pursuing further education in the profession within 1 year of graduation meets or exceeds the CAA's established threshold. *Requirement for Review:* ● The CAA's established threshold requires that at least 80% of program graduates must be employed in the profession or pursuing further education in the profession within 1 year of graduation, as averaged over the 3 most recently completed academic years. ● If, when averaged over 3 academic years, the program's employment rate does not meet or exceed the CAA's established threshold, the program must provide an explanation and a plan for improving the results**.**	**5.3 The program conducts regular and ongoing assessments of program effectiveness and uses the results for continuous improvement.** (…) In addition, the following measures of student achievement are required and will be evaluated relative to established thresholds, as defined below: • Employment rate—program graduates employed in the profession or pursuing further education in the profession within 1 year of graduation. Documentation must include the number and percentage of program graduates who are employed or continuing further education in the profession for each of the 3 most recently completed academic years. If, when averaged over 3 years, the program's employment rate does not meet or exceed the CAA's established threshold, the program must provide an explanation and a plan for improving the results. (…)	2008 Standard 5.3 is split into 6 standards for 2017 (5.3, 5.4, 5.5, 5.6, 5.7, and 5.8). Focuses on the following element in current standard 5.3: • Employment rate Other elements in current Standard 5.3 are addressed in 2017 Standards5.3, 5.4, 5.5, 5.6, and 5.8. July 2017: Edits approved to remove reporting requirement by cohort in Requirements for Review

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2017 Standard	2008 Standard	Noted Revisions
5.0 – ASSESSMENT		
5.8 The program demonstrates how it uses the results of its analyses of success in meeting the established CAA thresholds for program completion rate, Praxis® Subject Assessments pass rate, and employment rate or the rate of continuation of education in the field for continuous quality improvement at the programmatic level. *Requirement for Review:* ● The program must demonstrate its analysis processes to determine whether the program is meeting or exceeding each established CAA threshold. ● The program must demonstrate how it uses the results of these analyses to ensure continuous quality improvement.	**5.3 The program conducts regular and ongoing assessments of program effectiveness and uses the results for continuous improvement.** (…) Results of the assessments, including the required student achievement measures, must be used to plan and implement program improvements that are consistent with the program's mission and goals.	2008 Standard 5.3 is split into 6 standards for 2017 (5.3, 5.4, 5.5, 5.6, 5.7, and 5.8). Focuses on the following element in current standard 5.3: ● Analysis of program effectiveness related to student outcome measures ● Results used for improvement Other elements in current Standard 5.3 are addressed in 2017 Standards 5.3, 5.4, 5.5, 5.6, and 5.7.
5.9 The program regularly evaluates and documents the results of the assessment of all faculty and staff to determine their effectiveness in delivering a thorough and current program. *Requirement for Review:* ● The program must demonstrate the mechanisms that it uses to evaluate the effectiveness of the faculty and staff in delivering the program. ● The program must demonstrate that the evaluation takes place in a fair and systematic fashion that is consistent with institutional policy and procedures. ● The program faculty must be actively involved in these evaluations in a manner	**5.4 The program regularly evaluates all faculty members and faculty uses the results for continuous improvement.** The program must describe the mechanism for regular evaluation of its faculty by program leadership (e.g. director, chair, evaluation committee) in accordance with institutional policy and guidelines. Students also must have the opportunity to evaluate faculty in all academic and clinical settings on a regular and ongoing basis. **[The program must demonstrate how results of all evaluations are communicated to the faculty and used to improve performance.]**	New number. 2008 Standard 5.4 is split into 2 standards for 2017 (5.9 and 5.10). Focuses on the following element in current standard 5.4: ● Evaluation of quality/currency/effectiveness of faculty ● Assessment schedule Other elements in current Standard 5.4 are addressed in 2017 Standard 5.10.

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2017 Standard	2008 Standard	Noted Revisions
5.0 – ASSESSMENT		
that is consistent with institutional policy and procedures.		
5.10 The faculty and staff involved in delivering the program to students use the results of the evaluation of their performance to guide continuous professional development that facilitates the delivery of a high quality program. *Requirement for Review:* ● The program must demonstrate how the faculty and staff use the results of evaluations of performance to guide continuous professional growth and development. ● The program must demonstrate how the growth and development of its faculty and staff facilitate the delivery of a high quality program.	**5.4 The program regularly evaluates all faculty members and faculty uses the results for continuous improvement.** **[**The program must describe the mechanism for regular evaluation of its faculty by program leadership (e.g. director, chair, evaluation committee) in accordance with institutional policy and guidelines. Students also must have the opportunity to evaluate faculty in all academic and clinical settings on a regular and ongoing basis.**]** The program must demonstrate how results of all evaluations are communicated to the faculty and used to improve performance.	New number. 2008 Standard 5.4 is split into 2 standards for 2017 (5.9 and 5.10). Focuses on the following element in current standard 5.4: ● Results used for faculty growth and development Other elements in current Standard 5.4 are addressed in 2017 Standards 5.9.
5.11 The individual responsible for the program of professional education seeking accreditation effectively leads and administers the program. *Requirement for Review:* ● The program director's effectiveness in advancing the goals of the program and in leadership and administration of the program must be regularly evaluated.	**1.5 [The individual responsible for the program(s) of professional education seeking accreditation** holds a graduate degree with a major emphasis in speech-language pathology, in audiology, or in speech, language, and hearing science and holds a full-time appointment in the institution.**]** **The individual** effectively leads and administers the program(s). (…) Regular evaluation of the program director's effectiveness in advancing the goals of the program and institution and in leadership and administration of the program must be documented.	2008 Standard 1.5 is split into 2 standards for 2017 (1.7 and 5.11). Focuses on the following element in current standard 1.5: ● Assessment of program director's effective leadership Other elements in current Standard 1.5 are addressed in 2017 Standard 1.7.

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2017 Standard	2008 Standard	Noted Revisions
6.0 - PROGRAM RESOURCES		

6.1 The institution provides adequate financial support to the program so that it can achieve its stated mission and goals.
 	
Requirement for Review:
● The program must demonstrate
   ○ that its budgetary allocation is regular, appropriate, and sufficient to deliver a high quality program that is consistent with its mission and goals;
   ○ that there is sufficient support, consistent with the program mission and goals, for personnel, equipment, educational and clinical materials, and research activities;
   ○ consistency of sources of funds that are received outside the usual university budgeting processes, if the program is dependent on them.
	6.1 The institution provides adequate financial support to the program so that the program can achieve its stated mission and goals.
	
	The program must provide evidence that budgetary allocations received for personnel, space, equipment, research support, materials, and supplies are regular, appropriate, and sufficient for its operations.
		No substantive change in content

6.2 The institution provides adequate support to the program so that its faculty and staff have the opportunities to maintain continuing competence. *Requirement for Review:* ● The program must demonstrate that support, incentives, and resources are available for the continued professional development of the faculty.	**2.3 Faculty members maintain continuing competence.** [Faculty can demonstrate continuing competence in a variety of ways, including course and curricular development, professional development, and research activities. Evidence of each faculty member's professional development activities must appear in faculty vitae.] The program must demonstrate that support, incentives, and resources are available for	2008 Standard 2.3 is split into 2 standards for 2017 (2.4 and 6.2). Focuses on the following element in current standard 2.3: ● Support for faculty to maintain continuing competence Other elements in current Standard 2.3 are addressed in 2017 Standard 2.4.

2017 Standard	2008 Standard	Noted Revisions
6.0 - PROGRAM RESOURCES		
	the continued professional development of the faculty. Examples of evidence include release time for research and professional development, support for professional travel, and professional development opportunities on campus.	
6.3 The program has adequate physical facilities (classrooms, offices, clinical space, research laboratories) that are accessible, appropriate, safe, and sufficient to achieve the program's mission and goals. *Requirement for Review:* ● The program must demonstrate that its facilities are adequate to deliver a program that is consistent with its mission and goals. ● The program must demonstrate that the facility has been evaluated and that the program includes access and accommodations for the needs of individuals with disabilities, in accordance with federal regulations.	**6.2 The program has adequate physical facilities (classrooms, offices, clinical space, research laboratories) that are accessible, appropriate, safe, and sufficient to achieve the program's mission and goals.** The program must demonstrate that its facilities are adequate and reflect contemporary standards of ready and reasonable access and use. This includes accommodations for the needs of persons with disabilities consistent with the mandates of the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973.	New number No substantive changes in content
6.4 The program's equipment and educational and clinical materials are appropriate and sufficient to achieve the program's mission and goals. *Requirement for Review:* ● The program must demonstrate that the quantity, quality, currency, and accessibility of materials and equipment are sufficient to meet the mission and goals of the program.	**6.3 The program's equipment and educational/ clinical materials are appropriate and sufficient to achieve the program's mission and goals.** The program must provide evidence that the amount, quality, currency, and accessibility of equipment and materials are sufficient to meet program goals and that the equipment is maintained in good working order. The program must provide evidence of calibration	New number Other elements in current Standard 6.3 are addressed in 2017 Standards 6.5 and 6.6.

2017 Standard	2008 Standard	Noted Revisions
6.0 - PROGRAM RESOURCES		
● The program must demonstrate that it has a process for reviewing and updating materials and equipment to determine whether the quantity, quality, and currency are sufficient to meet the mission and goals of the program. ● The program must demonstrate that the equipment is maintained in good working order. ● The program must demonstrate that any equipment for which there are ANSI or other standards-setting body requirements meets the expectations of the standard(s).	of equipment on a regular schedule, including evidence that the equipment meets standards specified by the manufacturer, the American National Standards Institute, or other appropriate agencies.	
6.5 The program has access to an adequate technical infrastructure to support the work of the students, faculty, and staff. The technical infrastructure includes access to the Internet, the online and physical resources of the library, and any streaming or videoconferencing facilities needed for the program to meet its mission and goals. *Requirement for Review:* ● The program must demonstrate adequate access to a technical infrastructure that supports the work of the students, faculty, and staff. ● The program must demonstrate how access to this infrastructure helps the program meet its mission and goals.	**6.4 The program has access to clerical and technical staff, support services, and library and technology resources that are appropriate and sufficient to achieve the program's mission and goals.** The program must demonstrate access to appropriate and sufficient resources for faculty and students, such as library resources, interlibrary loan services, access to the Internet, computer and laboratory facilities, and support personnel. The program must describe how the adequacy of support is evaluated and how these resources are addressed in the program's strategic plan.	2008 Standard 6.4 is split into 2 standards for 2017 (6.5 and 6.6). Focuses on the following element in current standard 6.4: ● Sufficiency of technical infrastructure and resources

2017 Standard	2008 Standard	Noted Revisions
6.0 - PROGRAM RESOURCES		
6.6 The program has access to clerical and technical staff that is appropriate and sufficient to support the work of the students, faculty, and staff. The access is appropriate and sufficient for the program to meet its mission and goals. *Requirement for Review:* ● The program must demonstrate adequate access to clerical and technical staff to support the work of the students, faculty, and staff. ● The program must demonstrate how access to the clerical and technical staff helps the program meet its mission and goals.	**6.4 The program has access to clerical and technical staff, support services, and library and technology resources that are appropriate and sufficient to achieve the program's mission and goals.** The program must demonstrate access to appropriate and sufficient resources for faculty and students, such as **[**library resources, interlibrary loan services, access to the Internet, computer and laboratory facilities, and**]** support personnel. The program must describe how the adequacy of support is evaluated and how these resources are addressed in the program's strategic plan.	2008 Standard 6.4 is split into 2 standards for 2017 (6.5 and 6.6). Focuses on the following element in current standard 6.4: ● Sufficiency of clerical and technical staff