



# MEMORANDUM

DATE	October 20, 2022
TO	Audiology Practice Committee
FROM	Marcia Raggio, Committee Chair Cherise Burns, Assistant Executive Officer
SUBJECT	Agenda Item 5: Update, Discussion, and Possible Action Regarding Audiology Licensing Requirements Related to Supervised Clinical and Professional Experience as stated in Business and Professions Code Sections 2532.2 and 2532.25 and Title 16, CCR sections 1399.152.2

## Background

Business and Professions Code (BPC) Section 2532.25(b)(2) requires the submission of evidence of no less than 12 months of satisfactorily completed supervised professional full-time experience (RPE) or its part-time equivalent obtained under the supervision of a licensed audiologist..... ” This experience shall be completed under the direction of a board-approved audiology doctoral program. The RPE shall follow completion of the didactic and clinical rotation requirements of the audiology doctoral program.

For current hearing and balance healthcare training this statutory requirement creates restrictive aspects for program completion, thereby creating hardships for audiology doctoral students and programs that may not support adequate consumer protection for audiology and balance services.

At the Board’s November 2020 Meeting, the Board approved a 2021 legislative proposal that would have modified BPC Section 2532.25 to allow some supervised clinical rotation hours to be counted toward the 12-month supervised professional experience.

This legislative proposal was included as part of the Board’s Sunset Review process in 2022.

At the August Board meeting, Board staff reported that after considerable discussion and negotiation with Board staff, the Assembly Business and Professions Committee and Senate Business, Professions and Economic Development Committee (Committees) agreed to accept some of the Board’s proposed amendments, which are now included in the Board’s Sunset Bill AB 2686 which goes into effect on January 1, 2023 as follows:

### **Business and Professions Code Section 2532.25**

(a) An applicant seeking licensure as an audiologist shall possess a doctorate in audiology earned from an educational institution approved by the board. The board may, in its discretion, accept qualifications it deems to be equivalent to a doctoral degree in audiology. The board shall not, however, accept as equivalent qualifications graduation from a master’s program that the applicant was enrolled

in on or after January 1, 2008.

(b) In addition to meeting the qualifications specified in subdivision (a), an applicant seeking licensure as an audiologist shall do all of the following:

(1) Submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and audiological disorders. The board shall establish by regulation the required number of clock hours of supervised clinical practice necessary for the applicant. The clinical practice shall be under the direction of an [audiology doctoral program at an](#) educational institution approved by the board.

(2) Submit evidence of no less than 12 months of satisfactorily completed supervised professional full-time experience or its part-time equivalent obtained under the supervision of a licensed audiologist or an audiologist having qualifications deemed equivalent by the board. This experience shall be completed under the direction of ~~a board-approved~~ [an](#) audiology doctoral ~~program. The required professional experience shall follow completion of the didactic and clinical rotation requirements of the audiology doctoral program.~~ [program at an educational institution approved by the board.](#)

(3) Pass an examination or examinations approved by the board. The board shall determine the subject matter and scope of the examination or examinations and may waive an examination upon evidence that the applicant has successfully completed an examination approved by the board. Written examinations may be supplemented by oral examinations as the board shall determine. An applicant who fails an examination may be reexamined at a subsequent examination upon payment of the reexamination fee required by this chapter.

(c) This section shall apply to applicants who graduate from an approved educational institution on and after January 1, 2008.

Effective January 1, 2023, the statute will allow audiology doctoral students the ability to start their 12-month professional full-time experience before the completion of the didactic and clinical rotation requirements. Board staff will await guidance from the Board on how to implement this provision due to the need to clarify the statutory language.

To determine how best to clarify the new statutory provisions, the Audiology Practice Committee developed an online survey for audiology doctoral programs to provide the Board with programmatic information pertinent to the potential guidance and regulatory changes. The survey questions are attached and will be sent out by the time of the October Board meeting. AuD Program and Clinical Directors will have until December 31, 2022 to complete the survey. After that, Board staff will compile the survey data and present it to the Audiology Practice Committee at its next meeting.

### **Action Requested**

This item is for informational purposes only, no action is required.

Attachment A: Doctoral Audiology Program Survey

# Doctoral Audiology Program Survey

## Background

The Speech-Language Pathology & Audiology & Hearing Aid Dispensers (Board), as part of the Sunset Review process, has obtained statutory changes regarding when the supervised, 12-month required professional experience (RPE) can begin to be accrued for the purposes of licensure. Beginning in 2023, the statute will no longer require that the RPE begin only after the completion of the didactic and clinical rotation requirements of the audiology doctoral program.

In order to begin preparing the regulatory package that will follow the statutory changes above, the Board seeks input from stakeholders to help inform appropriate and relevant regulatory changes that might be needed.

This survey is intended for both the Program Chair and Clinical Education/Training Program Directors to provide detailed feedback. This can be done by submitting a joint survey response or by submitting two separate surveys and the Board will combine the answers for each program.

This survey is comprised of the following four (4) sections:

- Section 1 – Personal/Program Information
- Section 2 – Your Program’s Perspective on Clinical and Professional Experience Requirements for California Licensure
- Section 3 – Your AuD Program’s Supervised Professional Experience Requirements (Externship)
- Section 4 – Your AuD Program’s Supervised Clinical Practice Requirements (Clinical Rotations)

In Section 1 we ask that you provide your contact information and your program’s contact information.

In Section 2 we ask that you provide your program’s perspective on potential regulatory changes to types of teaching methodologies for clinical practice that are not currently regulated.

In Section 3 we ask that you provide input on how your program’s externship program currently operates, how your program tracks student hours and progress, and any limitations placed on these externship experiences.

In Section 4 we ask that you provide input on how your program’s clinical rotations currently operate, how your program tracks student hours and progress, and any limitations placed on these clinical rotation experiences.

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# Doctoral Audiology Program Survey

## Section 1

### Personal/Program Information

**1. Name**

**2. Title/Position with Program**

**3. AuD Program Name, School Name, and Location**

AuD Program Name

School Name

Location

**4. Email and Phone Number**

Email

Phone Number

**5. May we contact you if we have additional questions?**

Yes

No

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# Doctoral Audiology Program Survey

## Section 2

### Your Program's Perspective on Clinical and Professional Experience Requirements for California Licensure

6. *Should the Board remove the “three different clinical settings” requirement for clinical rotations in current regulations and allow for the programs to determine the number of different settings?*

7. *Without a specified number of different settings requirements, how would your program verify the clinical rotations provide sufficient clinical practice with individuals representative of a wide spectrum of ages and audiological disorders?*

8. *How many clinical rotations are required prior to the start of the student’s externship? List the clinical nature of those rotations.*

9. *How many clinical hours are earned in each rotation? Describe the percentage of supervision for each rotation by year.*

10. *Should the Board remove the allowance that 25-hours of supervised clinical rotations in a field other than audiology be counted toward licensure?*

11. *Should supervised clinical rotation hours and externship hours be tracked and reported to the Board for verification?*

12. *Should tracking of supervised clinical rotation hours and externship hours distinguish when the hours are performed via tele-practice?*

13. *Should tracking of supervised clinical rotation hours and externship hours distinguish when the hours are performed via simulation?*

14. *For the clinical rotation hours, should the regulations limit the number of hours allowed for certain activities? For example, non-direct patient contact, audiology-related practice (i.e., shift hours), audiology simulations.*

# Doctoral Audiology Program Survey

**15. For the supervised professional experience, or externship, should the regulations limit the number of hours allowed for certain activities? For example, non-direct patient contact, audiology-related practice (i.e., shift hours), audiology simulations.**

**16. Should the regulations allow some of the time and hours of clinical rotations to count towards the 12-month professional experience (RPE) required for licensure?**

**17. At what year in your program would it be appropriate to begin allowing clinical rotation hours to count towards the 12-month RPE professional experience and total clinical clock hours?**

**18. Is a 12 consecutive month experience required by your accreditation body? If yes, please specify the accreditation body.**

**19. Should the regulations restrict the ability to accrue RPE hours until after preliminary clinical rotations are completed, e.g., after the second year in the program?**

**20. Should the regulations further clarify when an RPE license is required? Applicants from out of state doctoral programs have expressed confusion regarding the requirements and some audiology program students may have similar questions.**

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# Doctoral Audiology Program Survey

## Section 3

### Your AuD Program's Supervised Professional Experience Requirements (Externship)

*21. Are there any special considerations for students from out-of-state programs or students with federal visas that make it difficult for them to meet program experience requirements or state licensure requirements? If so, please explain what considerations exist and any potential solutions to those considerations.*

*22 a. How does your program handle students coming from out of state who have not participated in a 12-month externship (RPE)?*

*22 b. Does your program enroll these types of students to allow them to finish the 12 months of professional experience?*

- Yes
- No

*23. How does your program handle students on Federal Visa's that limit the number of months of experience they can accrue during their doctoral program?*

*24. Is the 3rd or 4th year externship under the direction of your program?*

- Yes
- No

*25. What is the average level of supervision provided during the externship?*

*26 a. What types of activities constitute the externship, e.g., direct patient contact, non-direct patient contact, audiology-related practice (i.e., shift hours), audiology simulations?*

*26 b. Are there limitations on the total number of hours that would be acceptable for the different types of activities performed in the externship, e.g., limitations on telehealth or simulation hours?*

# Doctoral Audiology Program Survey

**26 c. If any, are these restrictions required due to accreditation body restrictions and what accreditation body restricts it?**

**27. Does the type of clinical activity during the externship dictate the percentage of supervision? Please explain.**

**28. When in the program does the externship begin?**

- 3rd Year
- 4th Year
- Other, please specify

**29. Does your program use a software tracking program to log student clinical experience hours over the course of your program?**

**30. Does your program track externship hours to verify that all externship hours have been completed per program requirements?**

**31. Does your program distinguish the hours by activity type and are tele-practice hours or simulation hours tracked separately?**

**32 a. Considering your answers above, were there issues that arose during the COVID-19 pandemic that temporarily changed your program's structure, requirements, externship activities, or MOUs with externship sites that are no longer in practice or significantly changed?**

**32 b. Were some of these changes beneficial? If yes, what are the reasons they are no longer in use or changed?**

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# Doctoral Audiology Program Survey

## Section 4

### Your AuD Program's Supervised Clinical Practice Requirements (Clinical Rotations)

**33. How does your program define clinical rotation experiences?**

**34. Does your clinical program include any hours of clinical observation prior to supervised clinical practice? If yes, how many hours of observation are allowed in your program and do they count toward the clinical rotation hours required for your program?**

**35. How many clinical hours are earned in each rotation?**

**36. What is the percentage of supervision for each rotation and by year?**

**37. How many different clinical rotations does your program require?**

**38. Please describe the types of clinical tasks performed in the program's clinical rotations.**

**39. How long are each of these clinical rotations? How many days per week do students spend doing these clinical rotations?**

**40. What are the maximum hours of clinical rotations a student could earn?**

**41. What is the average level of supervision provided during these clinical rotations?**

**42. What types of activities constitute clinical rotation hours, e.g., direct patient contact, non-direct patient contact, audiology-related practice (i.e., shift hours), telehealth, audiology simulations?**

# Doctoral Audiology Program Survey

**43 a. Are there limitations on the total number of hours that would be acceptable for the different types of activities performed during the clinical rotations, e.g., limitations on telehealth or simulation hours?**

**43 b. If any, are these restrictions required due to accreditation body restrictions and what accreditation body restricts it?**

**44. How many of the pre-RPE clinical hours would be appropriate as part of the total number of required clinical hours for your program.**

**45. How much and what type of supervision should be provided for the different types of activities performed in supervised clinical practice?**

**46. Does your program utilize a gradual decrease in the amount of supervision as students gain clinical experience? Please explain.**

**47. When in the program do supervised clinical rotations begin (i.e., 1st, 2nd, or 3rd year)?**

- 1st Year
- 2nd Year
- 3rd Year
- Other, please explain

**48 a. Does your program track supervised clinical rotations in a separate report that could be sent to the Board for verification?**

- Yes
- No

**48 b. Does your program distinguish the hours by activity type?**

- Yes
- No

# Doctoral Audiology Program Survey

**48 c. Does your program track telepractice hours or simulation hours separately?**

Yes

No

**49 a. Considering your answers above, were there issues that arose during the COVID-19 pandemic that temporarily changed your program's structure, requirements, clinical rotation activities, or clinical rotation sites that are no longer in practice or significantly changed?**

**49 b. Were some of these changes beneficial? If yes, what are the reasons they are no longer in use or changed?**

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