



## AUDIOLOGY SUMMARY OF CLINICAL PRACTICE HOURS

TOTAL HOURS OF CLIENT CONTACT (hours to be rounded up to nearest quarter hour)

Name: \_\_\_\_\_ Grad Year: \_\_\_\_\_ University: \_\_\_\_\_

**AGE GROUP:**

**C = Child  
A = Adult**

		ASSESSMENT/ IDENTIFICATION (Ax)		TREATMENT/ MANAGEMENT (Tx)		Clinical/Professional Activities	Sub-Total Hours	Total All Age	Min. Req. Hours
		Client Specific Services	Client Related Services	Client Specific Services	Client Related Services				
BASIC AUDIOMETRIC MEASUREMENTS	C								50
	A								
ELECTROPHYSIOLOGICAL MEASUREMENTS	C								10
	A								
OTHER SPECIAL DIAGNOSTIC MEASUREMENTS	C								
	A								
AMPLIFICATION	C								65
	A								
AURAL REHABILITATION EDUCATION AUDIOLOGY	C								25
	A								
OTHER – approval needed Clinical Education Coordinator	C								
	A								
SPEECH-LANGUAGE PATHOLOGY-MINOR	C								20
	A								

		Ax Minimum Required		Tx Minimum Required		Maximum: 50 Hours				
TOTAL HOURS	C/20			C/20				C		50
TOTAL HOURS	A/20			A/20				A		50

<b>TOTAL CLIENT HOURS</b>	<b>ASSESSMENT HOURS (Min Req.Hr.= 100) :</b>	<b>TREATMENT HOURS (Min.Req.Hr.= 100):</b>	<b>GRAND TOTAL:</b>	350
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2010

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Signature (Student)

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Signature (Academic Coordinator of Clinical Education)

\_\_\_\_\_  
Date