

Candidate

NEW ZEALAND AUDIOLOGICAL SOCIETY CLINICAL CERTIFICATION & PROVISIONAL MEMBERSHIP
Revised January 2010

SECTION A1: APPLICATION FOR PROVISIONAL MEMBERSHIP & CLINICAL CERTIFICATION

NAME: _____

WORK ADDRESS: _____ HOME ADDRESS _____

TELEPHONE _____ EMAIL ADDRESS _____
ESSENTIAL TO HAVE THIS

QUALIFICATIONS

<u>Degree/Diploma</u>	<u>University</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date Course Requirements Completed (including submission of Dissertation for NZ MAud applicants) _____
(must precede clinical certification beginning date)

EXPERIENCE: (Relevant to Audiology)

APPLICANT NOMINATED BY: _____
(Signed, Full Member NZAS, CCC) (Print Name also please)

APPLICANT SECONDED BY: _____
(Signed, Full Member NZAS, CCC) (Print Name also please)

APPLICANT'S SIGNATURE: _____

DATE: _____

TICK RELEVANT BOXES

I agree that I will share any information relevant to my Clinical Certification with my CCC Supervisor.

I give NZAS permission to share information relevant to my Clinical Certification with my CCC Supervisor.

PLEASE NOTE YOU HAVE 3 YEARS MAXIMUM TO COMPLETE YOUR CCC

YOU MAY BE REQUIRED TO PROVIDE DOCUMENTARY EVIDENCE OF PRACTICAL AND ACADEMIC QUALIFICATIONS.

PRESENT JOB

Description _____

Name and address of employing authority _____

Person(s) to whom you are responsible _____

Who directly supervises your work? _____

CCC Supervisor: _____

Work Address _____

Telephone Number: Home: () _____ Work () _____

CCC PLAN

At least 80% of the work week must be in direct patient contact and activities related to patient management. Specify how many hours per week will be spent in the following activities even if you may not yet have assumed the full level of responsibility intended.

- | | | | |
|-----|---|--------------|-------|
| (a) | Diagnostic audiology | - adult | ..... |
| | | - paediatric | ..... |
| (b) | Electrophysiological testing (e.g. ABR, ECoG) | - adult | ..... |
| | | - paediatric | ..... |
| (c) | Selection and evaluation of hearing aids | - adult | ..... |
| | | - paediatric | ..... |
| (d) | Central auditory testing | - adult | ..... |
| | | - paediatric | ..... |
| (e) | Vestibular function testing |  | ..... |
| (f) | Neonatal screening |  | ..... |
| (g) | Administration and management |  | ..... |
| (h) | Training |  | ..... |
| (i) | Hearing conservation |  | ..... |
| (j) | Liaison with community services |  | ..... |
| (k) | Calibration/testing of equipment |  | ..... |
| (l) | Research |  | ..... |

TOTAL NUMBER OF HOURS WORKED PER WEEK **40**
(NOT NORMALLY GREATER THAN 40)

NOTE: A separate plan should be submitted for each change of site, supervisor, or hours per week. Attach a copy of the formal job description under which you were appointed even if it does not cover all or exactly the ticked elements above.

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SUPERVISION

It is strongly recommended that supervision should be on a full-time basis for all supervisory activities including chart reviews, case discussions and written report monitoring. There should be a substantial amount of direct clinical observation from the start date of employment up to the first interim assessment.

The minimum requirement up to the First Interim Assessment is AT LEAST 76 hours of direct clinical observation, with a MINIMUM of 3 hours direct clinical observation of a variety of activities EVERY WEEK.

Following the First Interim Assessment and up to the Final Assessment there must be a MINIMUM of 3 hours on-site monitoring of a variety of activities EVERY FORTNIGHT.

Additionally, there will be at least one day of direct clinical observation at 3-4 months and one at 6-8 months after the beginning of the clinical certification period and another directly prior to the final assessment. The first observation day (@3-4 months) will be on-site at the candidate's work place(s): the second (@6-8 months) may be on or off-site. The final observation day /assessment can be on or off-site and can be after 10 months.

Supervisory activities should be noted in Sections C, D and E (Interim and Final Assessment Reports) and a log book of the weekly and fortnightly activities must be kept and sent in to the Membership and Supervision Sub-Committee.

During the course of your CCC period, you will be required to complete a minimum of seven hours clinical observation of paediatric hearing aid work. The appointments may include fitting of hearing aids, follow-up appointments, hearing aid review appointments or problem appointments. All children seen must be under the age of 10 years (developmentally) and you must watch or participate in at least one real ear test / RECD test. If your place of work cannot provide the seven hours, you will need to contact your local paediatric centre for secondments. At the end of your observation period, the paediatric observation form (Section J) must be completed and returned to your CCC Co-ordinator.

You will also need to have an ABR secondment where you must assist in at least two baby ABR tests. Section I must be completed for this and returned to your CCC Co-ordinator.

Please note below (to the extent that you are able to plan) supervisory activities that will occur during the certification period.

DATE OF FIRST OBSERVATION DAY (3–4 months) On-Site: _____

DATE OF SECOND OBSERVATION DAY (6–8 months) Off/On-Site: _____

PROPOSED MONITORING BY SUPERVISOR eg. case discussions, review of reports, journal group presentations, direct patient contact etc.

SECTION A1: APPLICATION FOR CLINICAL CERTIFICATION & PROVISIONAL MEMBERSHIP
PROPOSED SECONDMENTS

Determine the length of the clinical certification period and indicate the hours per week to be worked below:

- 11 months of full-time professional employment of at least 30 hours per week.
- 14 months of part-time professional employment of at least 25 hours per week.
- 17 months of part-time professional employment of at least 20 hours per week.
- 22 months of part-time professional employment of at least 15 hours per week.

Hours per week to be worked in audiology

Duration of clinical certification period

Anticipated Beginning Date/...../..... Anticipated Ending Date/...../.....

Official start date will be the date NZAS receives (subject to approval of the application) this application form.

I have read and discussed this plan with my supervisor.

SIGNATURE OF CANDIDATE _____ DATE _____

I have discussed this plan with the Candidate and accept responsibility for its implementation. I undertake to keep a weekly log of monitoring up to the first assessment and then fortnightly after that. Furthermore, I certify that my NZAS membership is current. I agree to approve/disapprove, sign and submit a report to NZAS Executive Committee within 28 days of completion of the clinical experience. I will fulfil this responsibility even if I am unable to approve the Certificate.

SIGNATURE OF SUPERVISOR _____ DATE _____

PLEASE SCAN AND EMAIL TO: mail@audiology.org.nz
(NZ CANDIDATES ONLY)

Or MAIL TO: The Convenor, Membership and Clinical Supervision Subcommittee
 NZ Audiological Society, P O Box 9724
 Newmarket, AUCKLAND

Please Note:

The current registration fee is \$1725 (includes GST), \$225 to be paid on registration (non-refundable) and \$1500 prior to examination. If an applicant needs to resit the CCC examination they will be required to pay a resit fee of \$1500.

PLEASE DO NOT SEND MONEY YET – AN INVOICE WILL BE SENT TO YOU.

OVERSEAS QUALIFIED APPLICANTS

OVERSEAS CANDIDATES MUST SUPPLY CERTIFIED COPIES OF THE FOLLOWING WITH THIS APPLICATION:

1. Assessment Report from NZQA
2. Course Transcripts and Descriptions
3. Copy of Audiology Qualification
4. Evidence of Clinical Hours completed during the Course
5. Copy of CCC (if applicable)

Occasionally we may need to discuss your NZQA report with NZQA and require your permission to do this. This could allow your application to be processed in a shorter time therefore we would appreciate it if you could sign the form below.

I give NZQA permission to discuss my details and application with the New Zealand Audiological Society.

Signature

Date

NEW ZEALAND MASTERS OF AUDIOLOGY APPLICANTS

This must be signed by the Head of Department of your Audiology Programme. You cannot submit your application for provisional membership until you have completed all of the course requirements.

_____ has completed all course requirements (including handing in of the dissertation) for the Auckland/Canterbury Master of Audiology Programme.

Signed: _____

Name: _____

Date: _____

New Zealand Audiological Society (NZAS)
Code of Ethics and Constitution Agreement Form

I, _____
(Full Name)

of _____
(Address)

agree to the following terms:

1. I agree to abide by the NZAS Constitution and Code of Ethics
2. I acknowledge that the NZAS may take disciplinary action against me if I breach the Code of Ethics. I understand that the NZAS is required to implement a complaints handling procedure in accordance with the principles of natural justice in the event of an allegation against me.
3. I acknowledge that disciplinary action against me for a proven or established breach may include revocation of my membership to the NZAS depending on the seriousness of the breach.

Signature: _____

Date: _____