

Cochlear Implant Specialty Certification®

H A N D B O O K

Candidate Handbook and Application
for Initial Certification & Recertification



www.boardofaudiology.org

Specialty, Expertise, Knowledge.

Share Yours with the World by Earning an ABA Certification

ABA Board Certification in Audiology, and specialty certification in pediatric audiology or cochlear implants, are high marks of distinction in the profession. Certificants have the education and experience needed to pass a rigorous exam that earns them the right to display their ABA credentials to patients, colleagues, peers, and the community.



Board Certified
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Cochlear Implant
Specialty Certification®



Pediatric Audiology
Specialty Certification®

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Welcome to the Cochlear Implant Specialty Certification

The American Board of Audiology® (ABA) is pleased to welcome you to the certification process. The Cochlear Implant Specialty Certification® (CISC) recognizes those professionals who demonstrate the knowledge and commitment to the highest standards of ethical and professional practice in serving the cochlear implant population.

Congratulations on taking an important personal and professional step by pursuing certification. As a professional audiologist, you deserve to be recognized and appreciated for what you do. Like most professionals you want to become better at it. You look for ongoing meaningful professional development and practical ways to evaluate your own work that will help you grow. This is one reason the CISC credential was created.

CISC: Professional Mark

Audiologists who meet the eligibility requirements and achieve the passing score on the Cochlear Implant Specialty Certification (CISC) examination will be awarded the designation *Cochlear Implant Specialty Certification* and are entitled to use that designation, or the CISC mark, with their name on letterhead, business cards, and all forms of address.

Audiologists who are also Board Certified in Audiology, meet the eligibility requirements and achieve the passing score on the CISC examination, will be awarded the designation of *Board Certified in Audiology with Specialty Certification in Cochlear Implants* or may use *Board Certified in Audiology, CISC*.

We are aware that you have a choice in the certifying body that you have selected and we truly appreciate that you have chosen the American Board of Audiology.

Congratulations on taking an important personal and professional step by pursuing certification.



Table of Contents

Welcome to the CISC

Specialty Certification	1
CISC: Professional Mark	1

Mission

Practice	3
Independent Testing Agency	3
Non-Discrimination Policy	3

Eligibility Requirements

Categories	4
------------------	---

Examination Design and Policies

Exam Structure	5
Exam Dates and Location	5
Exam Environment	5
ADA Compliance	5
Failure to Report for an Exam	6
Inclement Weather or Emergency	6
Deferment Policy	6
Translations	6
Admission to the Test Center	6
On Exam Day	7
Identification	7
Examination Time Limit	7
Rules for Examination	8
Security/Breach of Confidentiality	8
Exam Results	9
Pass/Fail Determination	9
Exam Validity	9
If You Do Not Pass the Exam	9
Scores Canceled by ABA or Test Administrator	9
Duplicate Score Report	9
Hand Scoring Requests	10
Suspension or Disciplinary Procedures	10
Eligibility Policy	11
Incomplete Application	11

Changes After Application

is Submitted	11
--------------------	----

Appeals Policy

No Appeal Permitted	
Appealable Issue	
Certification Pending Appeal	
Review of Appeal	
Communication	

Recertification

Recertification Requirements	13
Inactive Status	13

Exam Preparation

Table 1: Test Blueprint	14
Table 2: Specific Knowledge Areas	14-16
Sample Exam Questions	17-18
Suggested Readings	18

Form A: Cochlear Implant

Specialty Certification Application	19-20
--	-------

Code of Ethics: Statement of

Principles and Rules	21
----------------------------	----

Form 1: Patient & Case

Management Hours	22
------------------------	----

Form 2: Professional Reference #1 ...

Form 2: Professional Reference #2 ...

Form 3: Request for Special Exam

Accommodations	25
----------------------	----

Form 4: Documentation of

Disability-Related Needs	26
--------------------------------	----

Form 5: Non-Disclosure Agreement ...

Form 6: Demographic Information

Mission

ABA Mission

The ABA creates, administers, and promotes rigorous credentialing programs that elevate professional practice and advance patient care.

ABA Vision

ABA credentials are earned by all leading audiologists, respected by other healthcare providers, and trusted by patients.

Practice

The ABA does not determine who shall or shall not engage in the practice of audiology. That a person is not certified does not indicate that s/he is unqualified to perform audiology responsibilities, only that such person has not fulfilled the ABA requirements or has not applied for certification. Additionally, one need not be a member of any particular professional membership organization to obtain an ABA certification.

Independent Testing Agency

The ABA contracts with Applied Measurement Professionals (AMP) to assist in the administration, scoring and analysis of the ABA's CISC Examination. AMP, headquartered in Olathe, KS, is a leading provider of licensing and certification examinations for professional organizations.

ABA and their psychometric firm, AMP, made every effort to present all policies and direction in this handbook clearly. In the event clarification is required, contact ABA at 1.800.881.5410 or aba@audiology.org. Please indicate in the subject line "CISC Examination." Neither ABA nor AMP is responsible for information that is not understood by the reader or obtained from any source other than ABA or AMP.

Nondiscrimination Policy

ABA does not discriminate against any person on the basis of color, ethnic ancestry, national origin, religion, creed, age, gender, sexual orientation, marital status, medical condition or physical disability.



One need not be a member of any particular professional membership organization to obtain an ABA certification.

Eligibility Requirements

In order to earn the Cochlear Implant Specialty Certification, you must first submit a written application that meets the requirements in each of four (4) eligibility categories. In addition, you must receive a passing score on the CISC examination; you must agree to uphold the ABA ethical standards; and you must pay all appropriate fees. **Candidates must have met all requirements at the time they sit for the examination.**

In order to earn the Cochlear Implant Specialty Certification, you must first submit a written application that meets the requirements in each of four (4) eligibility categories.

Category 1: Education

- ▲ An applicant must hold a doctoral degree in audiology granted from a regionally accredited institution.

Documentation

- An official transcript mailed directly from the educational institution, in a sealed envelope, to the ABA.

Category 2: Licensure

- ▲ An applicant must hold a current, valid license in audiology.

Documentation

- A copy of your current, valid license to practice audiology.

Category 3: Professional Experience

- ▲ An applicant must have two (2) years of post-degree, full-time (2,000) hours paid professional experience as an audiologist. *Externship hours are ineligible.*
- ▲ **In addition, an applicant must establish:**
 - a. 450 direct cochlear implant post-graduate patient contact hours within a two-year period during the past five years. Direct patient contact may include the following areas: evaluation (pre- and post-op) to include appropriate assessment (testing) of patients; programming and equipment maintenance; rehabilitation.
 - b. 50 post-graduate hours of case management of cochlear implant cases within a two-year period during the past five years. Case management may include involvement in team meetings, school visits and interfacing with other agencies involved in cochlear implant patient care.

Documentation

- A copy of your current curriculum vitae.
- *Form 1: Patient and Case Management Hours*

Category 4: Professional References

- ▲ An applicant must provide two (2) professional references.

Documentation

- Two (2) professional references, one of which must be from a supervisor familiar with your work in the area of cochlear implant audiology verifying the number of hours worked and eligibility for the specialty credential. *Should an applicant be the supervisor in a practice setting, the applicant's direct supervisor, i.e. MD, practice manager, etc., may provide the second professional reference.*
- *Form 2: Professional References*

Examination Design and Policies

The ABA Cochlear Implant Specialty Certification (CISC) examination is designed to test a well-defined body of knowledge representative of professional practice in cochlear implants. Successful completion of the certification examination verifies broad-based knowledge in the discipline being tested.

No examination or certification program can guarantee results or the quality of care provided by certificants. The certification examination tests only the individual's familiarity with the subject matter at the time of the administration of the examination.

The content of the CISC examination was defined by a national Job Task Analysis study. The study involved surveying thousands of cochlear implant practitioners to identify tasks that are performed routinely and considered important to competent practice. Examinations are developed through a combined effort of qualified subject-matter experts and testing professionals who construct the examinations in accordance with the ABA Cochlear Implant Examination Practice Analysis content outline.

The CISC Job Task Analysis study surveyed hundreds of cochlear implant practitioners.

Examination Structure

The CISC examination is comprised of 100 pre-selected items plus 20 additional questions that are beta tested for future CISC examinations. The exam consists of four-option multiple-choice items. Candidates are permitted two (2) hours to complete the examination.

Examination Dates and Locations

Please see the ABA website www.boardofaudiology.org for current dates and locations.

Exam Environment

The CISC is administered as a paper and pencil exam. As with any group meeting, space and temperature can vary. ABA strongly suggests dressing in layers that can be added or removed as the climate in the room dictates.

Both ABA and the assessment center make every effort to locate the exam in a quiet area. There are occasions when external noise such as a lawn mower or general corridor traffic cannot be controlled. If you are particularly sensitive with noise, or are concerned with your ability to concentrate, you may wish to consider bringing ear plugs.

Americans with Disabilities Act Compliance

The ABA complies with the Americans with Disabilities Act (ADA) and strives to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. A candidate with a disability may request special accommodations. The test administrator will provide reasonable accommodations for candidates with disabilities. Verification of disability and statement of the specific assistance necessary must be included using *Forms 3 and 4* in this handbook and submitted with the application by the postmark deadline.

Failure to Report for an Examination

If a candidate fails to appear for their testing appointment on the date and time specific in their admission letter, and does not cancel or reschedule the testing appointment at least 72 hours in advance of the testing appointment **AND** does not notify the ABA in writing of the emergency event (postmarked within 10 business days of the event) **ALL** fees are forfeited. Candidates in this situation can reactivate their authorization to test for this amount without resubmitting a new application.

Inclement Weather or Emergency

In the event of inclement weather or unforeseen emergencies on the day of an examination, the ABA will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination would be rescheduled at a later date and time.

Candidates may contact the ABA at 1.800.881.5410 or aba@audiology.org prior to the examination to determine if any test centers/sites are closed. Every attempt is made to administer examinations as scheduled; however, should an examination be canceled at a test center, all scheduled candidates will receive notification following the cancellation regarding a rescheduled examination date or reapplication procedures.

Deferment Policy

If you have been accepted as an exam candidate, but cannot take the written examination, you may request that you be allowed to sit for the examination on the next scheduled examination date. You may defer taking the examination only one year from the original examination date. Your request must be received in writing at least 21 days prior to the examination date. Your examination and application fees are valid for one year from the original examination date. After one year, a new application, documentation, and appropriate fees must be resubmitted.

Translations

The Cochlear Implant Specialty Certification Examination is currently offered only in English. No translation into foreign languages is offered at this time.

Admission to the Test Center

Approximately two weeks before the examination date, the Test Administrator will mail all scheduled candidates an examination admission letter indicating the exact address of the test center. Any candidate who has not received an admission letter at least one week before the examination date should contact the ABA at +1.800.881.5410 or aba@audiology.org.

On Exam Day

The time, date and location of the examination are included in the admission letter. Candidates must be on time; NO EXCEPTIONS.

All candidates should report to the assigned test center at least 15 minutes prior to the testing. This is to allow time for identification verification and check-in procedures.

Candidates who arrive after the examination booklets have been distributed will NOT be admitted and will NOT be permitted to take the examination. Pencils will be supplied at the test center. No scratch paper or any other materials will be allowed. No study materials may be brought to the test center and no unauthorized visitors will be allowed.

Identification

To gain admission to the test center and take the examination you **must provide two forms of identification, both of which must match your name as it appears on the candidate roster.** One ID must be a current legal identification bearing your photograph and signature.

Legal identification includes:

- driver's license, government identity card, passport or military identification. [Credit cards, employment badges, student ID cards or club membership cards are NOT acceptable for the legal identification, although they may be used as the second form of ID.]
- The second ID must verify your signature and name. Every candidate is required to sign his/her name on the sign-in roster when entering the test center. Candidates are prohibited from misrepresenting their identities or falsifying information to obtain admission to the examination.

Examination Time Limit

A maximum of two (2) hours is allocated for candidates to take the examination.

Candidates may wear a watch to help pace themselves if they so desire. The examination will be given only on the published examination date for which you registered and only at the time indicated in the admission letter.

All candidates should report to the assigned test center at least 15 minutes prior to the testing.

The ABA maintains examination administration and security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their abilities.

Rules for the Examination

1. No eating, drinking or smoking will be allowed.
2. No calculators will be allowed.
3. No cell phones, pagers and other electronic devices are allowed in the examination room.
4. No questions concerning the content of the examination may be asked during the examination.
5. You will be provided a Candidate Comment Sheet where you may comment on any question on the examination. Comments will be reviewed, but individual responses to question comments cannot be provided.
6. The Test Administrator may dismiss a candidate from the examination for any of the following reasons:
 - the candidate's admission to the examination is unauthorized;
 - the candidate creates a disturbance, is abusive or otherwise uncooperative;
 - the candidate gives or receives help or is suspected of doing so;
 - the candidate attempts to record examination questions or make notes;
 - the candidate attempts to take the examination for someone else; or
 - the candidate is observed with study material.
7. Be sure to answer each question on the examination, even the ones for which you are uncertain. Avoid leaving any questions unanswered. There is no penalty for guessing.

Security / Breach of Confidentiality

The ABA maintains examination administration and security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their abilities. Test centers are monitored by trained examination proctors. Any candidate who gives or receives assistance from another candidate during the examination will be required to turn in his or her examination materials immediately and leave the testing center. In these circumstances, the candidate's examination will not be processed and the situation will be reported to the ABA.

The performance of all examinees is monitored and may be analyzed statistically for purposes of detecting fraud. The ABA and testing agency reserve the right to cancel or withhold any examination scores if, in their opinion, there is adequate reason to question their validity. Any individual who removes or attempts to remove examination material or information from the test center will be prosecuted.

Examinees that violate security will not have their examinations processed. On exam day, examinees will be asked to sign *Form 5: Non-Disclosure Agreement*. By signing this agreement you indicate that you will not discuss the contents of the test with anyone during or after the test administration. A breach of this agreement could result in disciplinary action.

Exam Results

Exam candidates will receive their exam score within approximately six (6) weeks following the exam administration. When you receive your score report, it will reflect either “pass” or “fail.” It will also include the functional areas covered by the examination, relative weights (i.e., the number of questions on the test related to each area), and bar graphs indicating your relative performance in each area. This information is provided as feedback to help you understand your performance within the major content categories. Your pass/fail status is determined by your overall raw score on 100 items. To assure confidentiality, no examination results will be given by telephone, e-mail or fax.

Pass/Fail Score Determination

The methodology used to set the minimum passing score is the modified-Angoff method, applied during the performance of a Passing Point Study by a panel of subject matter experts in the field. The experts evaluate each question on the examination to determine how many correct answers are necessary to demonstrate the knowledge required to pass the CISC Examination. Your ability to pass the examination depends on the knowledge you display, not on the performance of other candidates.

Passing scores might vary slightly for different versions of the test. To assure fairness, slight variations in difficulty level are addressed by adjusting the passing score up or down.

If You Do Not Pass the Examination

If you do not pass the examination, you may reapply for a subsequent examination. If you fail the examination on two occasions, you will be required to show proof of courses or seminars taken to remedy deficiencies. Repeat candidates must submit a new application and a reapplicant examination fee.

Scores Canceled by ABA or Test Administrator

The ABA and Test Administrator are responsible for the integrity of the scores they report. Misconduct by a candidate may cause a score to be suspect. The ABA and Test Administrator are committed to rectifying such discrepancies as expeditiously as possible. The ABA may void examination results if, upon investigation, violation of its regulations is discovered.

Duplicate Score Report

Candidates may purchase additional copies of their score reports at a cost of \$25 per copy. Requests must be submitted to the Test Administrator, sent to ABA headquarters, in writing, within ninety (90) days after the examination. The request must include the candidate's name, mailing address, date of examination and authorization signature.

Your ability to pass the examination depends on the knowledge you display, not on the performance of other candidates.

Hand Scoring Requests

Candidates who do not pass the examination may request a manual verification of the computer scoring. Requests for manual rescoring must be submitted to ABA in writing along with a \$25 hand scoring fee. Requests must be postmarked no later than 30 days after the examination date. Requests mailed after that date will not be honored. The testing agency will mail a notice of the results of the hand score to the candidate within four weeks of receipt of the request. This process involves inspection and scoring the answer sheet by hand to ensure no stray pencil marks or other conditions have interfered with the computer scanning. Due to the high degree of accuracy of scanning and scoring, the ABA does not encourage candidates to request hand scoring. The testing agency randomly samples and hand scores answer sheets of candidates who score within one point of passing before results are released as a quality control measure. It is extremely doubtful that any examination score will change from “fail” to “pass” as a result of hand scoring. In the unlikely event the score changes, the hand score will be final. The ABA will be notified of any change from the original results report.

Suspension or Disciplinary Procedures

1. Once approved for ABA Certification, one's certification is subject to suspension or revocation by the *Examination, Eligibility and Recertification Committee* for any of the following reasons:
 - Violation of the ABA code of ethics
 - Revocation or suspension of a state license or registration held by an audiologist who is certified by the ABA
 - Breach of exam confidentiality
 - Any act or omission deemed prejudicial to the profession of audiology.
2. No certification shall be revoked unless the following procedures are followed:
 - a copy of the charges against the certificant and the information concerning the event or events from which such charges arise is sent by registered mail to the individual.
 - Such a notice shall state that no action will be taken against the certificant until after a hearing, unless certificant fails to request a hearing or offer a defense within 45 days.
 - The certificant is given at least 45 days to prepare a defense.
 - A hearing is held on such charges before a designated panel, at which time the person is given a full opportunity to be heard in his or her own defense, including the right to be represented by counsel, the right to cross-examine witnesses appearing and to examine documents material to said charges. Accommodation support will be provided to eligible individuals.
 - The panel shall initially determine whether or not certification should be suspended or revoked. The initial determination of the panel, including all evidence submitted at the hearing, shall be reviewed by the ABA Board of Governors. Upon review, the ABA Board of Governors may affirm, reverse, modify or remand the original determination of the panel.
 - Written notice of such decision shall be issued in writing to the certificant.

Eligibility Policy

The ABA conducts a preliminary review of each application and documentation for certification. The ABA then submits each application to the *Eligibility, Reinstatement and Recertification Review Committee (ERR)* to make a determination regarding each applicant's eligibility for the CISC examination.

Incomplete Application

Carefully review your application before submission. An incomplete application will cause a delay in processing which may possibly preclude you from sitting for the Cochlear Implant Specialty Certification examination on the date for which you have applied.

Changes After Application is Submitted

The ABA must be notified in writing 21 days prior to your examination date of any change in name, address or telephone number that occurs after the application has been submitted. Notice of change received less than 21 days before the examination date will not guarantee that the examination admission letter or examination results will reach you or the new address. Neither ABA nor the testing administrator is responsible for trying to locate you.

Appeals Policy

Should an applicant disagree with a decision of the *Eligibility, Reinstatement and Recertification Review Committee (ERR)*, the applicant may appeal to the *ABA Appeals Committee*.

No Appeal Permitted

Individuals cannot appeal (1) the passing score or actions taken in setting a passing score; (2) actions taken against an individual's certification status as a result of a lack of valid registered audiology license; (3) establishment of eligibility criteria; (4) the examination or other measurement tool or individual test items; and (5) test content validity.

Appealable Issue

An adverse certification decision may be appealed on the grounds that the ABA did not properly apply specified certification eligibility criteria or the decision was based on a factual error that affected the outcome. Adverse certification decisions include: denial of eligibility for initial certification, denial of certification, suspension of certification or revocation of certification.

Appeal Procedure: Initiating the Appeal

An individual wishing to appeal an adverse decision, must submit a Notice of Appeal to the ABA Managing Director, within 21 calendar days of receipt of the adverse decision.

The Notice of Appeal will include:

- a. The grounds for appeal;
- b. The envelope from ABA showing the postmark of the adverse decision;
- c. Any new or additional information to be considered; and
- d. Mailing address and email address where Applicant can receive communications regarding the appeal.

FAILURE TO FILE THE NOTICE WITHIN THE 21 DAY TIME PERIOD WILL RESULT IN DISMISSAL OF THE APPEAL.

The ABA must be notified in writing 21 days prior to your examination date of any change in name, address or telephone number that occurs after the application has been submitted.

Certification Pending Appeal

An individual who appeals from a decision to suspend certification, revoke certification or deny recertification will retain the certification held at the time the appeal was filed.

Review of Appeal

The *Appeals Committee* will conduct and complete the appeal within 45 days after receipt of the Notice of Appeal. The *Appeals Committee*, in its discretion, may extend the time for completing the appeal.

The *Appeals Committee* will either affirm or overrule the decision from which the individual appeals. The written decision of the *Appeals Committee*, including a statement of the reasons for its decision, is reported to the individual and the ABA. The decision of the *Appeals Committee* is final and binding upon the individual, the ABA and all other persons.

Communication

Written communication to the *Appeals Committee* must be sent in a manner that confirms receipt (e.g. certified mail with return receipt requested or express mail with signature or delivery confirmation required), and addressed to:

American Board of Audiology
11480 Commerce Park Drive, Suite 220
Reston, VA 20191 USA

Written communication to the individual may be sent by email, regular U.S. mail or in a manner that confirms receipt (e.g., e-mail, certified mail, express mail with signature required) at the address indicated on the Notice of Appeal.

Recertification

All ABA certifications are valid for a limited period of time. The Cochlear Implant Specialty Certification (CISC) is valid for a period of 3 years and continuing education is required for recertification.

Recertification is required of all certificants at the end of their initial three-year certification period. Notice of recertification will be sent to you approximately 6 months prior to the expiration of your certification. This notice will be sent to your last email address on file.

The continuing education component is designed to ensure that audiologists continue to expand their knowledge base in audiology. All applicants for recertification must obtain 60 clock hours of continuing education (6.0 CEUs).

The 60 clock hours must include the following:

- 3 of the 60 hours in professional ethics
- 15 of the 60 hours in Tier 1 and/or Tier 1 Interactive hours, professional level courses of a minimum of three hours' duration
- 30 of the 60 hours must pertain to cochlear implants — they may be Tier I, Tier I Interactive or regular hours.

If continuing education requirements are not met within the three-year period, your certification will no longer be valid and your status will be changed to “lapsed”— you may not use the term CISC or logo with credentials and your name will be removed from the list of ABA certificants on the ABA Website.

Inactive Status

In cases of temporary disability or extraordinary circumstances resulting in extreme hardship, an ABA certificant can petition for inactive status of their certification. The individual is required to notify the ABA offices in writing of the request and the inactive status for the length of the temporary disability not to exceed 12 months. The ABA specifically reserves the right to independently corroborate underlying the request. Certificants may not use the term CISC during inactive status.

The CISC is valid for a period of 3 years and continuing education is required for recertification.

Exam Preparation

Examination Content

The content of the exam is shown in the test blueprint below. The breakdown of the exam is shown by content domains and the number of scored items on the test in each dimension.

I. CANDIDACY CONSIDERATIONS - 20%

- A. Screen candidates for appropriate referral for implant evaluation
- B. Describe the general cochlear implant process to the candidates
- C. Take a pertinent case history
- D. Review prior information from other professionals relevant to implant candidacy
- E. Select the appropriate audiological tests to evaluate the candidates hearing
- F. Administer the appropriate audiological test to evaluate the candidate's unaided hearing
- G. Evaluate electroacoustic function of hearing aids
- H. Administer the appropriate audio logical test to evaluate the candidate's aided hearing
- I. Optimize hearing aid fitting if necessary
- J. Interpret the results of the audiological tests
- K. Refer for medical and other pertinent assessments
- L. Integrate results from medical and other pertinent assessments
- M. For the pediatric candidacy process integrate educational information (e.g. school input, speech language evaluations, educational performance and development progress)
- N. Assess the availability of post- implant services
- O. Recommend implantation based on pre-implant profile factors that contribute to candidacy selection
- P. Determine the availability of support system (e.g. spouse, parents, employer and friends)

II. COUNSELING/EXPECTATIONS - 18%

- A. Provide accommodations to insure that the recipient/ caregiver has access to all information during clinical interactions
- B. Communicate the risks, benefits, limitations, costs, and precautions associated with cochlear implants
- C. Establish open and trusting relationship with implant recipient/caregivers and other pertinent individuals who are necessary to support the (re) habilitative process
- D. Explain non-cochlear implant options and Deaf culture view to achieve language and educational goals
- E. Communicate to recipient/caregiver issues regarding his or her candidacy, device selection (including regulatory and investigational status) and the surgical component (within the audiologist's scope of practice) of the implant process
- F. Communicate that general performance outcomes among implant recipients vary and are linked to a number of factors, including pre-implant candidacy profile
- G. Communicate the specific candidate's potential benefit from the device based on candidate's audiological and non-audiological pre-implant profile
- H. Communicate to the candidate/caregiver issues regarding the outgoing care, management and cost of the implant device, its accessories and other assistive devices
- I. Identify resources available to implant recipient/caregiver for information and support
- J. Articulate the importance of a family's commitment to providing quality auditory input to the implant recipient
- K. Determine if the candidate/caregiver understands the cochlear implant process
- L. Determine if the candidate/caregiver has realistic expectations regarding outcomes
- M. Educate candidates/recipients about improved outcomes due to technological advancements
- N. Provide recipient with information on how and when to contact the manufacturer
- O. Provide ongoing counseling as needed

III. SURGICAL CONSIDERATIONS - 5%

- A. Collaborate with surgeon to select appropriate implant system based on anatomic/etiologic factors
- B. Counsel user/family regarding postoperative medical considerations within audiology scope of practice
- C. Refer to surgeon when identified problem is outside audiology scope of practice
- D. Recommend ear selection for implantation based on audio logical findings

IV. PROGRAMMING PRINCIPLES/SPEECH CODING - 20%

- A. Determine parameters of software for the appropriate device
- B. Set-up the necessary external programming and recipient equipment
- C. Instruct recipient in task(s) accommodating their communication needs
- D. Integrate results of impedance telemetry with programming systems
- E. Apply principles of individual programming systems relative to coding strategy
- F. Measure psychophysics
- G. Assess appropriateness of the program to insure comfort
- H. Adjust parameters based on recipient's/caregiver's perception to improve sound quality and performance
- I. Confirm that electrodes deliver auditory percepts
- J. Assess performance formally or informally
- K. Determine schedule of use of programs in the processor
- L. Specify follow-up schedule for reprogramming
- M. Select the most appropriate strategy and parameters based on recipient characteristics (common cavity, otosclerosis, partial insertion, prior auditory experience)
- N. Recognize the need for input from other professionals (i.e. issues outside of audiology scope of practice)
- O. Program implant system using electrically evoked compound action potential
- P. Adjust settings based on electrode compliance

V. DEVICE OPERATION - 10%

- A. Identify to the recipient/caregiver the primary elements of cochlear implant operation
- B. Demonstrate to the recipient/caregiver how volume and sensitivity affect perceived loudness
- C. Counsel recipient/caregiver regarding microphone placement
- D. Determine appropriate type of processor based on recipient's age and other factors.
- E. Educate recipient/caregiver regarding Importance of magnet strength
- F. Integrate assistive listening devices/accessories (includes additional microphones, telephones, and other audio signals) with speech processor
- G. Educate recipient/caregiver on use and maintenance of the device and all accessories
- H. Review precautions and warnings with recipient/caregiver

VI. TROUBLESHOOTING - 8%

- A. Systematically assess function of individual external components
- B. Develop action plan if external device malfunctions
- C. Systematically assess function of internal components
- D. Develop action plan if internal component malfunctions
- E. Teach recipient/caregiver/ professional how to troubleshoot interfacing the device with other inputs (e.g. FM systems, external microphone)
- F. Determine the factors beyond equipment malfunction which cause degraded signal transmission
- G. Adjust settings based on electrode impedance

VII. REHABILITATION - 13%

- A. Elicit feedback regarding auditory behavior from implant recipient, family and primary rehabilitation personnel
- B. Apply knowledge of implant recipient's speech perception and speech production as a function of mode of communication to rehabilitation recommendations
- C. Apply knowledge of stages of auditory skill development to assist implant recipients/caregivers, teachers, or therapists in the development of age and skill-appropriate listening activities
- D. Guide recipients/caregivers to experienced professionals in the recipient's community who are available to provide appropriate education/rehabilitation services
- F. Identify resources available to other professionals working with implant recipients for the purpose of assessment, rehabilitation and continuing education

VIII. OUTCOMES - 13%

- A. Administer qualitative scale of performance and satisfaction with cochlear implant use
- B. Assess thresholds of sound detection using implant in a calibrated test environment
- C. Assess speech perception skills using developmentally appropriate tests
- D. Apply results of speech perception error analysis to revise processor programming if appropriate
- E. Assess cochlear implant user's ability to operate and maintain the processor and accessories
- F. Assess the benefit of contralateral hearing devices
- G. Assess the benefit of assistive listening devices
- H. Assess cochlear implant user's ability to adjust the processor for varying listening conditions
- I. Assess cochlear implant user's ability to use compensatory strategies to communicate in group and noisy situations
- J. Integrate feedback from the educators/rehabilitation specialists to assess rate of progress
- K. Recommend modifications in therapy or listening environments based on measured progress

Sample Examination Questions

Following are sample questions in the same style and similar content as will be on the examination. Answers are provided below.

Sample Multiple Choice Items

1. *An electrode array is typically inserted into the cochlea through the*
 - A. oval window
 - B. round window
 - C. cochleostomy
 - D. internal auditory canal

2. *A processor is programmed so that progressively higher stimulation levels reside in multiple programs after the patient's activation appointment. Most likely reason for this set-up is to allow the patient to*
 - A. increase stimulation levels while they grow accustomed to the sounds
 - B. change the loudness of the processor depending on the loudness of the environment
 - C. have a backup of the previously used program on their processor in case of memory corruption
 - D. predict stimulation levels of the next programming appointment

3. *The child's parents have decided to enroll him in their neighborhood elementary school. Which one of the following is likely to be the LEAST effective accommodation for his classroom environment?*
 - A. small class size
 - B. real-time captioning
 - C. FM assistive device
 - D. visual alerting system

Sample Questions – Answer Key

Please use this answer key to evaluate your responses.

1. C
2. A
3. B

The ABA does not intend the list to be exhaustive or to imply endorsement of these specific references, nor are the examination questions necessarily taken from these sources.

Suggested Readings

The references listed below may prove helpful in the review of the subject matter areas included on the examination. The listing of these references is intended for use as a study aid only. The ABA does not intend the list to be exhaustive or to imply endorsement of these specific references, nor are the examination questions necessarily taken from these sources.

- ▲ Audiologist Programming Manuals available through Advanced Bionics ® Corporation, Cochlear Corporation and MED-EL Corporation.
- ▲ Cullington, Helen E. (Editor) (2003). Cochlear Implants: Objective Measures. London: Whurr Publishers.
- ▲ Estabrooks, W. (Editor) (1998). Cochlear Implants for Kids. Washington, D.C.: AG Bell Association for the Deaf.
- ▲ Hodges, A. et. al. (1996). Ethics of Cochlear Implantation in Young Children. Otolaryngology Head and Neck Surgery, 114: 748-55
- ▲ McClathchie, A. and Therres, M. Ausplan Auditory Speech and Language: Manual for Professionals Working With Children Who Have Cochlear Implants or Amplification.
- ▲ Miller, J. and Spelman, F. (1990). Cochlear Implants: Models of the Electrically Stimulated Ear. New York: Springer-Verlag.
- ▲ Nevins, M.E. and Chute, P. (1996). Children with Cochlear Implants in Educational Settings. San Diego: Singular Publishing Group, Inc.
- ▲ Niparko, J., Kirk, K.I., Mellon, N.K., Robbins, A.M, Tucci, D.C. and Wilson, B. (2000). Cochlear Implants: Principles & Practices. Philadelphia: Lippincott Williams and Wilkins.
- ▲ Waltzman, S. and Cohen, N. (Editors) (2000). Cochlear Implants. New York: Thieme Publishers.



FORM A:

Cochlear Implant Specialty Certification Application

Applicant Category

☐ **New Applicant**

I have enclosed a fully completed Cochlear Implant Specialty Certification application with all required forms and the appropriate application and examination fees. Forms that will be sent directly to the ABA with the required postmark, such as transcripts, must be denoted on the application.

- ▲ Transcript
- ▲ Copy of Audiology license
- ▲ Current Curriculum Vitae
- ▲ Form A: CISC Application
- ▲ Form 1: Patient & Case Management Hours
- ▲ Form 2: Professional References (2)
- ▲ If applicable, ADA Forms 3 & 4
- ▲ Form 6: Demographic Information
- ▲ Payment of Application Fee and Examination Fee

☐ **Examination Retake Applicant**

The ABA has my fully completed Cochlear Implant Specialty Certification Examination application on file. The original application is valid for a one (1) year period.

I would like to take the following administration of the examination listed on the ABA website:

☐ _____

☐ **I am requesting Special Accommodations.**

Complete *Forms 3 & 4* included in this handbook and submit the required documentation.

Fees

Fees may be paid by credit card, cashiers check or money order made payable to ABA. All fees are subject to change and non-refundable.

CISC Certification Fees <small>All fees are due at the beginning of each three-year certification cycle.</small>	Member <small>American Academy of Audiology</small>	Non-Member
Application Fee (Application received 60 days prior to exam)	\$100	\$140
Examination Fee	\$375	\$420
Three-Year Certification Fee (Due upon passing of exam)	\$330	\$330
Application Late Fee (Additional fee if application received 30-59 days prior to exams)	\$100	\$100
Lapsed Reinstatement Fee	\$50	\$50

All fees must accompany the application. If payment is made by credit card, complete the following;

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Cardholder Name: _____

Credit Card Account #: _____ Expiration Date: _____

Zip Code of Billing Address _____

Total Amount to be Charged: _____ Signature: _____



FORM A (continued): Cochlear Implant Specialty Certification Application

Signature

Sign and date in ink the statement below. Without a signature and date your application is **INCOMPLETE**.

This is to affirm that the information contained in this application and all submitted materials are true. I understand that submission of false or misleading information will be grounds for denial of certification and/or suspension or revocation of the opportunity to reapply for certification. I understand that if the information I or my professional references have submitted is found to be incomplete or inaccurate or not timely, my application may be rejected, my examination results may be delayed or voided and/or I may not be able to sit for the examination on my desired administration date. I certify that I agree to abide by regulations contained in this handbook as well as the Cochlear Implant Certification Program contained in this handbook. I agree to be governed by the ABA Code of Ethics. I understand that the information gathered in the certification process may be used for statistical purposes and for evaluation of the certification program. I understand that ABA reserves the right to verify any or all information on this application and in the supporting materials and that any incorrect or misleading information may constitute grounds for rejection of my application, revocation or suspension of my certification, or other disciplinary action.

I specifically recognize the ABA as the sole and only judge of my qualifications to receive and retain a certification issued by the ABA. I agree to have my name and business address and other business contact information listed on the ABA website. I further agree to hold harmless individually and collectively the officers, directors, staff, members and volunteers of the ABA, its Cochlear Implant Committees and the American Academy of Audiology, Inc. for any decision or action pursuant to their duties in connection with this application, the examination, the score or scores given with respect to this examination or certification. I specifically understand and agree that in the consideration of my application my ethical and professional standing will be reviewed and assessed by the ABA; that ABA may make inquiry of such persons as ABA deems appropriate with respect to my moral, ethical and professional standing; that if information is received that would adversely so affect my application I will be so advised and given an opportunity to rebut such allegations, but I will not be advised as to the identity of the individuals who have furnished adverse information concerning me; and that all such statements furnished to ABA in connection with such inquiry shall be confidential. and not subject to examination by me or anyone acting or my behalf. I understand that such a review may preclude me from taking the examination at a particular time or date and that, as a result of the review, I may be precluded from taking the examination.

Name (Please Print): _____

Signature: _____

Date: _____

Review & Acknowledgement of Application

All applications will be thoroughly reviewed to ensure your eligibility to take the CISC exam. It is your responsibility to make sure the application is complete. Candidates will be notified via email that their application is received.

Denial of Eligibility

Eligibility for CISC may be denied when:

- any part of the application is incomplete or illegible
- documented information does not meet the necessary requirements
- application does not contain correct fees

When an application is denied for eligible reasons, the candidate will be notified in writing of the reasons. The candidate will have every opportunity to correct and submit whatever documentation is necessary to properly complete the application process and meet the minimum eligibility requirements. The original application is valid for a one (1) year period.



Code of Ethics: Statement of Principles and Rules

The Code of Ethics of the American Board of Audiology specifies professional standards that provide for the proper discharge of audiologists' responsibilities to those served and protects the integrity of the profession. Certificants who are ABA certified agree to abide by the following principles and rules:

PRINCIPLE 1:

Certificants shall provide professional services with honesty and compassion, and shall respect the dignity, worth, and rights of those served.

Rule 1a: Certificants shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services.

PRINCIPLE 2:

Certificants shall maintain high standards of professional competence in rendering services, providing only those professional services for which they are qualified by education and experience.

Rule 2a: Certificants shall use available resources, including referrals to other specialists, and shall not accept benefits or items of personal value for receiving or making referrals.

Rule 2b: Certificants shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services.

Rule 2c: Certificants shall not provide services except in a professional relationship, and shall not discriminate in the provision of services to individuals on the basis of sex, race, religion, national origin, sexual orientation, or general health.

Rule 2d: Certificants shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel. Certificants shall not delegate any service requiring professional competence to unqualified persons.

Rule 2e: Certificants shall not permit personnel to engage in any practice that would violate the Code of Ethics.

Rule 2f: Certificants shall maintain professional competence, including participation in continuing education.

PRINCIPLE 3:

Certificants shall maintain the confidentiality of the information and records of those receiving services.

Rule 3a: Certificants shall not reveal to unauthorized third parties any professional or personal information obtained from the person served professionally, unless required by law.

PRINCIPLE 4:

Certificants shall provide only services and products that are in the best interests of those served.

Rule 4a: Certificants shall not exploit persons in the delivery of professional services.

Rule 4b: Certificants shall not charge for services not rendered.

Rule 4c: Certificants shall not participate in activities that constitute a conflict of professional interest.

Rule 4d: Certificants shall not accept compensation for supervision or sponsorship beyond reimbursement of expenses.

PRINCIPLE 5:

Certificants shall provide accurate information about the nature and management of communicative disorders and about the services and products offered.

Rule 5a: Certificants shall provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered, or products provided.

Rule 5b: Certificants may make a statement of prognosis, but shall not guarantee results, mislead, or misinform persons served.

Rule 5c: Certificants shall not carry out teaching or research activities in a manner that constitutes an invasion of privacy, or that fails to inform persons fully about the nature and possible effects of these activities, affording all persons informed free choice of participation.

Rule 5d: Certificants shall maintain reasonable documentation of all professional services rendered.

PRINCIPLE 6:

Certificants shall comply with the ethical standards of the ABA with regard to public statements.

Rule 6a: Certificants shall not misrepresent their educational degrees, training, credentials, or competence. Only degrees earned from regionally accredited colleges and universities in which training was obtained in audiology may be used in public statements which make reference to such degrees.

Rule 6b: Certificants' public statements about professional services and products shall not contain representations or claims that are false, misleading, or deceptive.

PRINCIPLE 7:

Certificants shall honor their responsibilities to the public and to professional colleagues.

Rule 7a: Certificants shall not use professional or commercial affiliations in any way that would mislead or limit services to persons served professionally.

Rule 7b: Certificants shall inform their colleagues and the public in a manner consistent with the highest professional standards about products and services they have developed.

PRINCIPLE 8:

Certificants shall uphold the dignity of the profession and freely accept the ABA's self-imposed standards.

Rule 8a: Certificants shall not violate this Code of Ethics, nor attempt to circumvent it in any manner.

Rule 8b: Certificants shall not engage in dishonesty or illegal conduct that adversely reflects on the profession.

Rule 8c: Certificants shall inform the Ethical Practice Board when there are reasons to believe that a certificant of the ABA may have violated the Code of Ethics.

Rule 8d: Certificants shall fully cooperate with the Ethical Practice Board in any matter related to the Code of Ethics.

FORM 1:

Patient & Case Management Hours



Applicant Name: _____

Company Name/Employer: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Dates of Employment: Start (mo./yr.): _____ End(mo./yr.): _____

Supervising Audiologist's Name/Title: _____

Number of Hours Per Week Devoted to the Following Cochlear Implant Patient Services:

Cochlear Implant Patient Services	Number of Hours Per Week
Preoperative	
Postoperative	
Assessment (Testing)	
Programming and Maintenance	
Rehabilitation	

Number of Hours Per Week Devoted to the Following Case Management Activities:

Case Management Activities	Number of Hours Per Week
Team Meetings	
Working with Other Agencies	
School Visits	

Applicant Signature: _____

Applicant Name: _____

Date: _____



FORM 2:

Professional Reference #1

Professional Reference for: _____

APPLICANT NAME

How are you familiar with the applicant's cochlear implant practice?

☐ direct supervisor ☐ colleague ☐ indirect supervisor ☐ I refer my patients to this applicant

In what capacity do (did) you work with the candidate?

What dates do (did) you work with the applicant (please indicate start and end dates including month and year (00/0000))?

START DATE

END DATE

Please indicate the direct cochlear implant services the applicant does (or did) provide to patients including the estimated number of hours per week devoted to each.

Type of Service	Provided – Yes or No	Number of Hours Per Week
Assessment (Testing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preoperative	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Programming and Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Postoperative	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please indicate what case management services does (did) the applicant provides to patients.

Type of Service	Provided – Yes or No	Number of Hours Per Week
Team Meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
School Visits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Working with Other Agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Date Printed: _____

Name: _____

Signature: _____

Title: _____

Contact Phone and E-mail: _____

PHONE

E-MAIL

Instructions:

Submit this form directly to the American Board of Audiology, 11480 Commerce Park Dr., #220, Reston, VA 20191.

Confirm with applicant the final date that this form will be accepted. Seal the envelope and write your signature across the back of the envelope seal.

FORM 2:

Professional Reference #2



Professional Reference for: _____

APPLICANT NAME

How are you familiar with the applicant's cochlear implant audiology practice?

☐ direct supervisor ☐ colleague ☐ indirect supervisor ☐ I refer my patients to this applicant

In what capacity do (did) you work with the candidate?

What dates do (did) you work with the applicant (please indicate start and end dates including month and year (00/0000))?

START DATE

END DATE

Please indicate the direct cochlear implant audiology services the applicant does (or did) provide to patients including the estimated number of hours per week devoted to each.

Type of Service	Provided – Yes or No	Number of Hours Per Week
Diagnostic Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please indicate what case management services does (did) the applicant provides to patients.

Type of Service	Provided – Yes or No	Number of Hours Per Week
Team Meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
School Visits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Working with Other Agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Date Printed: _____

Name: _____

Signature: _____

Title: _____

Contact Phone and E-mail: _____

PHONE

E-MAIL

Instructions:

Submit this form directly to the American Board of Audiology, 11480 Commerce Park Dr., #220, Reston, VA 20191.

Confirm with applicant the final date that this form will be accepted. Seal the envelope and write your signature across the back of the envelope seal.



FORM 3:

Request For Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act (ADA), please complete this form and **Form 4: Documentation of Disability-Related Needs** so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Last Name: _____

First Name: _____

Middle Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone #: _____

E-mail: _____

Special Accommodations

I request special accommodations for the _____ / _____ administration of the
MONTH YEAR

_____ examination.

Please provide (check all that apply):

☐ Special seating or other physical accommodation

☐ Circle answers in examination booklet

☐ Large print examination

☐ Extended examination time (time and a half)

☐ Reader

☐ Separate examination area

☐ Other special accommodations (please specify)

Comments:

Signed: _____ Date: _____

Return this form with your examination application. This form must be received by the ABA 60 days prior to the examination: ABA, 11480 Commerce Park Drive, Suite 220, Reston, VA 20191 USA. If you have questions, call ABA at 1.800.881.5410.



FORM 4:

Documentation of Disability-Related Needs

Please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to ensure that the Testing Administrator is able to provide the required test accommodations.

Professional Documentation

I have known _____
EXAMINATION CANDIDATE
since _____ / _____ / _____ in my capacity as a
MONTH DATE YEAR

PROFESSIONAL TITLE

The applicant discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements listed on *Form 3*.

Description of Disability: _____

Signed: _____

Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____

Date: _____

License # (if applicable): _____

Return this form with your examination application. This form must be received at least 60 days in advance of the examination: ABA, 11480 Commerce Park Drive, Suite 220, Reston, VA 20191 USA. If you have questions, call ABA at 1.800.881.5410.



FORM 5: Non-Disclosure Agreement

To be completed on Examination Day.

- I understand that the Cochlear Implant Specialty Certification (CISC) Exam is a confidential and secure exam.
- I agree that I will not discuss the content of the exam with anyone during or after the administration.
- The exam is confidential. It is made available to you, the examinee, solely for the purpose of becoming certified in Cochlear Implants.
- You are expressly prohibited from disclosing, publishing, reproducing, or transmitting the exam, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose.
- I understand and agree that if I provide false information or if I violate any of the CISC exam rules or procedures, the Test Administrator may immediately dismiss me from the test session.
- I understand a breach of this agreement could result in disciplinary action.

☐ Agree: I agree to accept these terms.

☐ Disagree: You do not accept these terms.
(Note: you will not be allowed to sit for the exam)

Printed Name: _____

COPY

FORM 6:

Demographic Information



The following information is solicited for statistical purposes. All questions are optional, but the ABA asks that you please respond to the questions below.

1. What is your current employment status?

- ☐ Full-time ☐ Part-time

2. Where is your primary practice setting?

- | | | |
|--|--|---|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Corporate Audiology Group Practice |
| <input type="checkbox"/> Government | <input type="checkbox"/> School | <input type="checkbox"/> Private Practice / Owner |
| <input type="checkbox"/> Military | <input type="checkbox"/> University/Academic | <input type="checkbox"/> Private Practice / Employee |
| <input type="checkbox"/> ENT Clinic | | |
| <input type="checkbox"/> Other (please specify): _____ | | |

Position Choices

- | | | |
|--|---|--|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Contractor Audiologist | <input type="checkbox"/> Pediatric Audiologist |
| <input type="checkbox"/> Clinical Audiologist | <input type="checkbox"/> Director | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Educational AuD | <input type="checkbox"/> Teacher/Professor |
| <input type="checkbox"/> Other (please specify): _____ | | |

3. How did you learn of the Cochlear Implant Specialty Certification? (please check all that apply)

- ☐ Through the ABA website
- ☐ Through a colleague
- ☐ Through a publication (please specify): _____
- ☐ Through another website (please specify): _____
- ☐ Through a broadcast email: _____
- ☐ At a conference or seminar (please specify): _____
- ☐ State Audiology Association

4. Payment of Certification

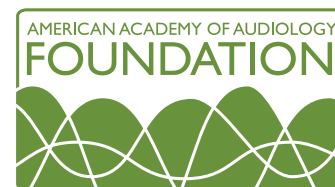
- ☐ I am paying for the costs associated with obtaining the credential.
- ☐ My employer is paying for ALL of the costs associated with obtaining the credential.
- ☐ My employer is paying for SOME of the costs associated with obtaining the credential.
- Please Specify _____

5. Why are you pursuing this specialty credential? (please check all that apply)

- ☐ Professional recognition
- ☐ Peer to Peer recognition / Patient recognition
- ☐ Benchmark my Cochlear Implant knowledge
- ☐ To assist with reimbursement
- ☐ My employer suggested that I do so
- ☐ I had planned to pursue ABA board certified in audiology previously and this specialty credential became available.
- ☐ Marketing reasons
- ☐ Other (please specify): _____

Acknowledgements

The American Board of Audiology® acknowledges the support and assistance of Advanced Bionics®, Cochlear® (formerly Cochlear Americas) and MED-EL Corporation by providing educational grants for the development of the Cochlear Implant Specialty Certification examination.



Committee on Cochlear Implants

Patricia Chute, EdD
Co-Chair
New Rochelle, NY

Cheryl DeConde Johnson, EdD
Co-Chair
Board Certified in Audiology®
Cochlear Implant Specialty Certification®
Greeley, CO

Kevin Franck, PhD
Philadelphia, PA

Annelle V. Hodges, PhD
Miami, FL

Mary Ellen Nevins, EdD
Tecumseh, MI

Marilyn Neault, PhD
Board Certified in Audiology®
Cochlear Implant Specialty Certification®
Boston, MA

Jon Shallop, PhD
Tucson, AZ

William Shapiro, AuD
Cochlear Implant Specialty Certification®
New York, NY

Stacey Watson, MS
Seattle, WA



11480 Commerce Park Drive, Suite 220
Reston, VA 20191 USA
Phone: +1.800.881.5410
Fax: +1.703.485.3555
Email: aba@audiology.org
Twitter: @AmerBoardofAuD