



# Pediatric Audiology Specialty Certification®

## H A N D B O O K

February 2020

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# Specialty, Expertise, Knowledge. Share Yours with the World by Earning an ABA Specialty Certification

*ABA Pediatric Audiology Specialty Certification (PASC)* is a high mark of distinction in the profession. Certificants have the education experience needed to pass a rigorous exam that earns them the right to display their PASC credentials to patients, colleagues, peers, and the community.



To learn more,  
visit [www.boardofaudiology.org](http://www.boardofaudiology.org).



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## **Welcome to the *Pediatric Audiology Specialty Certification*<sup>®</sup>**

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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. The *Pediatric Audiology Specialty Certification*<sup>®</sup> (PASC) credential was created for audiologists looking for meaningful professional development and practical ways to evaluate professional growth.

The American Board of Audiology (ABA) is pleased to welcome you to the professional certification process. The PASC credential recognizes those professionals who demonstrate the knowledge and commitment to the highest standards of ethical and professional practice in serving the pediatric audiology sector, birth through 18 years of age.

### **PASC: Professional Designation**

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

Audiologists who are also *American Board of Audiology Certified*, meet the PASC eligibility requirements, and achieve a passing score on the PASC examination, will be awarded the designation of *American Board of Audiology Certified, with Specialty Certification in Pediatric Audiology* and may use *ABA Certified, PASC* or *ABAC, PASC*.

# American Board of Audiology®

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## Mission

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

## Vision

ABA credentials are earned by all leading audiologists, respected by other health-care 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 he or she 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 organization to obtain an ABA certification.

## Code of Ethics

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 hold the PASC credential must agree to abide by the principles and rules delineated in this code, which is located at [www.boardofaudiology.org](http://www.boardofaudiology.org).

## Eligibility Requirements

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To earn the *Pediatric Audiology Specialty Certification*, you must first submit a written application that meets the requirements in each of four eligibility categories; you must attain a passing score on the PASC examination; you must agree to uphold the ABA Code of Ethics; and you must pay all appropriate fees.

***Candidates must have met all requirements at the time they sit for the examination.***

### Category 1: Education

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

*Documentation:*

An official transcript from the educational institution, either mailed in a sealed envelope directly to the ABA or through electronic access granted 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 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 the following:**
  - a) Five hundred and fifty (550) direct pediatric post-graduate patient contact hours within a two-year period during the past five years. Direct patient contact may include screening and diagnostic evaluation, counseling (patient and family), and habilitation/rehabilitation.
  - b) Fifty (50) post-graduate hours of case management of pediatric 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 pediatric patient care.

*Documentation:*

A copy of your current curriculum vitae.

*Form 1: Patient and Case Management Hours*

### Category 4: Letters of Professional Reference

- An applicant must provide two professional references.

*Documentation:*

Two letters of professional reference, one of which must be from a supervisor familiar with your work in the area of pediatric 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*

## Application Policies

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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 determine each applicant's eligibility for the PASC examination.

Should an applicant disagree with the decision of the ERR regarding eligibility to sit for the PASC exam, the applicant may appeal to the full ABA Appeals Committee with respect to the ERR decision. See **Appeals Policy** on page 13.

### Incomplete Application

Carefully review your application before submission. An incomplete application will cause a delay in processing that may possibly preclude you from sitting for the PASC exam 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 exam date of any change in name, address, or telephone number that occurs after the application was submitted. Notice of change received less than 21 days before the exam date may prevent the exam admission letter or exam results reaching you at the new address. Neither the ABA nor the test administrator is responsible for misdirected communication.

### Review and Acknowledgement of Application

All application packets will be thoroughly reviewed to ensure your eligibility to take the PASC exam. It is your responsibility to make sure the packet is complete. Candidates will be notified through e-mail that their application is received.

### Denial of Eligibility

Eligibility for PASC may be denied when

- a. Any part of the application is incomplete or illegible
- b. Documented information does not meet the necessary requirements
- c. Application does not contain correct fees

When an application is denied for eligibility reasons, the candidate will be notified in writing. 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. An approved application is valid for five years.

## Examination Policies

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The ABA *Pediatric Audiology Specialty Certification (PASC)* examination is designed to test a well-defined body of knowledge representative of professional practice in pediatric audiology. Successful completion of the certification exam 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 PASC exam is defined by a national Practice Analysis study. The study involved surveying hundreds of pediatric audiology practitioners to identify tasks that are performed routinely and considered important to competent practice. The examination has been developed through a combined effort of qualified subject-matter experts (SMEs) and testing professionals who construct the examination in accordance with the PASC test blueprint derived from the Practice Analysis.

### Exam Dates and Locations

Please see the ABA website [www.boardofaudiology.org](http://www.boardofaudiology.org) for current dates and locations.

### Exam Environment

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 hold 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 to 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.

### Translations

The PASC Examination is currently offered only in English. No translation into foreign languages is offered at this time.

### Failure to Report for an Exam

If a candidate fails to appear for his or her testing appointment on the date and time specific in his or her 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** exam registration fees are forfeited. Candidates in this situation may register for a future exam without submitting a new application.



## Examination Policies

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### Inclement Weather or Emergency

In the event of inclement weather or unforeseen emergencies on the day of an exam, the ABA will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an exam.

Candidates may contact the ABA at **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 re-registration 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 exam on a later exam date. You may defer taking the exam only two years from the original exam date. Your request must be received in writing at least 21 days prior to the exam date. Your application and exam registration fees are valid for two years from the original exam date. After two years, a new application, documentation, and appropriate fees must be resubmitted.

### Admission to the Test Center

Approximately two weeks before the exam date, the test administrator will mail all scheduled candidates an exam admission letter indicating the exact address of the test center and start time for the exam. Any candidate who has not received an admission letter at least one week before the examination date should contact the ABA at **800-881-5410** or **aba@audiology.org**.

### On Exam Day

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

All candidates should report to the assigned test center at least 30 minutes prior to the test start time. 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 or electronic devices 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, candidates **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 the following:

- Driver's license, government identity card, passport, or military identification
- The second ID must verify your signature and name.
- 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.

You will be required to sign your 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 Policies

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### Exam Time Limit

A maximum of two and a half (2.5) hours is allocated for candidates to take the exam. Candidates may wear a watch to help pace themselves. The exam will be given only on the published exam date for which you registered and only at the time indicated in the admission letter.

### Rules for the Exam

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 exam may be asked during the exam administration.
5. You will be provided a Candidate Comment Sheet, where you may comment on any question on the exam. Comments will be reviewed, but individual responses to questions and comments cannot be provided.
6. The test administrator may dismiss a candidate from the exam for any of the following reasons:
  - The candidate's admission to the exam 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 exam questions or make notes;
  - The candidate attempts to take the exam for someone else; or
  - The candidate is observed with study materials or forbidden devices.
7. Be sure to answer each question on the exam, 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 exam 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 to or from another candidate during the exam will be required to turn in his or her exam materials immediately and leave the testing center. In these circumstances, the candidate's exam 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 test administrator reserve the right to cancel or withhold any exam scores if, in their opinion, there is adequate reason to question their validity. Any individual who removes or attempts to remove exam material or information from the test center will be prosecuted.

Examinees that violate security will not have their exams 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.

## Examination Policies

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### Exam Results

Exam candidates will receive their exam score within approximately six 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 exam, 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 the 100 scored items. To assure confidentiality, no exam 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. The experts evaluate each question on the exam to determine how many correct answers are required to pass the PASC Exam. Your ability to pass the exam depends on the knowledge you display, not on the performance of other candidates.

Exam difficulty may vary slightly from exam to exam. To assure fairness, slight variations in difficulty level are addressed by adjusting the passing score up or down for each exam administration.

### Exam Retakes

Candidates who do not pass the exam, may register for a subsequent exam administration within their two-year eligibility period. See **Deferment Policy** on page 9.

### Score Cancellation

The ABA and test administrator reserve the right to cancel or withhold any exam scores if, in their opinion, there is adequate reason to question their validity. See **Security/Breach of Confidentiality** on page 10.

### Duplicate Score Report

Candidates may purchase additional copies of their score reports at a cost of \$25 per copy. Written requests should be submitted to the ABA and must include the candidate’s name, mailing address, date of examination, and signature.

### Requests for Hand Scoring

Candidates who do not pass the examination may request a manual verification of the computer scoring. Requests for manual rescoring must be submitted to the ABA in writing along with a \$25 hand-scoring fee. Requests *must* be postmarked no later than 30 days after the candidate’s score report has been mailed. Requests mailed after that date will not be honored. The test administrator 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 test administrator randomly samples and hand scores answer sheets of candidates who score within one point of passing as a quality control measure before results are released. It is extremely doubtful that any exam 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.

## Examination Policies

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### Suspension/Revocation of ABA Certification

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. Upon review, the ABA 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.

## Appeals Policy

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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 the following:

- The passing score or actions taken in setting a passing score
- Actions taken against an individual's certification status as a result of a lack of valid audiology license
- Establishment of eligibility criteria
- The examination or other measurement tool or individual test items
- 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 the following:

- Denial of eligibility for initial certification
- Denial of certification
- Suspension of certification
- Revocation of certification

### Appeal Procedure

An individual wishing to appeal an adverse decision, must submit a Notice of Appeal to the ABA, within 21 calendar days of receipt of the adverse decision. The Notice of Appeal *must* include the following:

- a. The grounds for appeal;
- b. The envelope from the 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.

### Certification Pending Appeal

An individual who appeals a decision to suspend certification, revoke certification, or deny recertification will retain the certification held at the time the appeal was filed until review of appeal has been completed.

### 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 written decision of the Appeals Committee, including a statement of the reasons for its decision, will be 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 parties.

## Appeals Policy

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### 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., certified mail, express mail with signature required) at the address indicated on the Notice of Appeal.

## Recertification–Maintenance

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The ABA requires that each audiologist who holds a PASC credential be recertified every three years. The recertification requirements are designed so that PASC certificants continue to expand their knowledge in the field of audiology and stay current on changes in the field.

### Recertification Requirements

At the conclusion of each three-year certification cycle, certificants must meet the following recertification requirements:

- Completion of 60 hours of continuing education (including a minimum of 15 hours of Tier-I continuing education and three hours in professional ethics).
- Thirty of the total hours must pertain to pediatrics.
- Adherence to the ABA Codes of Ethics and state licensure/registration regulations for the practice of audiology, where applicable.
- Payment of required fees.

Hours earned in excess of the hours required in each three-year certification period may not be carried over for credit to the next recertification period.

If continuing education requirements are not met within the three-year period, your certification will no longer be valid. Your status will be changed to “closed,” you may not use the term PASC or logo with credentials, and your name will be removed from the list of PASC 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 in writing requesting Inactive status for a length of temporary disability not to exceed 12 months. The ABA specifically reserves the right to independently corroborate the reason for the request. Certificants may not use the term *PASC* during inactive status.

## The Examination

### Exam Format

The PASC is administered as a paper and pencil exam and is comprised of 100-scored items plus 20 additional questions that are beta tested for future PASC examinations. The exam consists of single-answer multiple-choice items and multiple response items. All questions have four response options. Candidates will be permitted two and a half (2.5) hours to complete the examination.

### Exam Content

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

The detailed test blueprint is shown below. Specific knowledge areas included in each content dimension are indicated.

PASC Test Blueprint Summary		
	<i>Content Dimension</i>	<i>Qty</i>
1	Laws and Regulations	10
2	General Knowledge about Hearing and Hearing Loss	20
3	Child Development	9
4	Screening and Assessment Procedures	21
5	Counseling	9
6	Communication Enhancement Technology	16
7	Habilitation/Rehabilitation Strategies, Educational Supports	15

Test Blueprint Detail	
<b>LAWS AND REGULATIONS</b>	<b>10</b>
<ol style="list-style-type: none"> <li>1. The Americans with Disabilities Act (ADA)</li> <li>2. Health Insurance Portability and Accountability Act (HIPAA) laws and regulations</li> <li>3. Family Educational Rights and Privacy Act (FERPA) laws and regulations</li> <li>4. Section 504 laws and regulations</li> <li>5. Individuals with Disabilities Education Act (IDEA) laws and regulations</li> <li>6. Newborn hearing screening policies and programs (e.g., state EHDI requirements)</li> <li>7. American National Standards Institute (ANSI) standards and calibration requirements</li> <li>8. American Academy of Audiology (AAA), Joint Commission on Infant Hearing (JCIH) and American Speech-Language-Hearing Association (ASHA) guidelines</li> <li>9. Pertinent American Academy of Pediatrics (AAP) recommendations (e.g., hearing screening, audiologic evaluation for children suspected of being on the autism spectrum)</li> <li>10. Pertinent Joint Commission guidelines (e.g., sedation, safety)</li> <li>11. Local, state, and federal requirements (e.g., licensure, health, education) including reporting requirements</li> <li>12. Child Abuse Prevention and Treatment Act (CAPTA)</li> <li>13. Infection control protocols</li> <li>14. Professional organizational codes of ethics (e.g., AAA, ASHA, ABA)</li> </ol>	



<b>GENERAL KNOWLEDGE ABOUT HEARING AND HEARING LOSS</b>	<b>20</b>
<ul style="list-style-type: none"> <li>15. The anatomy and physiology of the head, neck, ear, and central nervous system (CNS)</li> <li>16. Type, degree, and configuration of hearing loss and implications</li> <li>17. Auditory processing disorders</li> <li>18. Auditory neuropathy spectrum disorder</li> <li>19. The role of ear-canal acoustics in assessment and management</li> <li>20. Embryological development</li> <li>21. Disorders, syndromes, and conditions that may affect hearing (e.g., canal atresia, otitis media, Mondini malformation, and kernicterus)</li> <li>22. Genetics as it relates to hearing loss</li> <li>23. Risk indicators for hearing loss</li> <li>24. Vestibular problems in children and associated risk factors</li> <li>25. Pseudohypoacusis</li> <li>26. Tinnitus and hyperacusis</li> <li>27. Noise-induced hearing loss and prevention strategies</li> <li>28. Environmental acoustics and impact on communication</li> <li>29. Phonetics and acoustical properties of speech</li> <li>30. Pharmacology (e.g., ototoxicity, monitoring protocols)</li> <li>31. Comprehensive medical examination components for hearing loss (e.g., otology, imaging, lab studies, EKG)</li> <li>32. The roles of and criteria for referral to multi-disciplinary health-care providers (e.g., otolaryngologist, geneticist, neurologist, ophthalmologist, speech-language pathologist, medical home)</li> </ul>	
<b>CHILD DEVELOPMENT</b>	<b>9</b>
<ul style="list-style-type: none"> <li>33. Auditory, speech, and language milestones</li> <li>34. Stages of child development (e.g., motor, cognitive, social and emotional)</li> <li>35. The impact of communication disorders on psychosocial development</li> <li>36. The impact of hearing loss on speech and language development</li> <li>37. Bilingual language development</li> <li>38. Common signs and symptoms of developmental disorders (e.g., Autism spectrum disorder) and available screening tools</li> </ul>	
<b>SCREENING AND ASSESSMENT PROCEDURES</b>	<b>21</b>
<ul style="list-style-type: none"> <li>39. General screening principles</li> <li>40. Hearing screening techniques and protocols for various populations (e.g., newborn, preschool, school-aged)</li> <li>41. Comprehensive pediatric case history components</li> <li>42. Test battery selection and cross-check principle</li> <li>43. Techniques to involve the family in diagnostic test procedures</li> <li>44. Principles of evoked responses and electrophysiological testing procedures and limitations</li> <li>45. Age-appropriate behavioral audiometric procedures and limitations</li> <li>46. Age-appropriate measures of speech perception</li> <li>47. Testing techniques for differential diagnosis (e.g., conductive, sensory, auditory neuropathy spectrum disorder, auditory processing disorder)</li> <li>48. Testing procedures for children with developmental delays and/or medical challenges</li> <li>49. Test and test battery interpretation</li> <li>50. Test result implications</li> <li>51. Age-appropriate follow-up timelines for assessment and management of hearing loss</li> <li>52. Follow-up procedures for high-risk populations (e.g., fluctuating, progressive or delayed-onset hearing loss)</li> <li>53. Data collection and analysis to support clinical decision making and practice management for screening and assessment procedures</li> </ul>	

<b>COUNSELING</b>	<b>9</b>
54. The social/emotional aspects of childhood hearing disorders	
55. How emotions associated with grief impact acceptance of diagnosis and treatment plan	
56. Child/parent/caregiver learning styles including the impact of family's culture	
57. Family empowerment as a key component of family-centered care	
58. Family/patient rights (e.g., to choose communication options and services)	
59. Personal adjustment counseling including patient- and family-centered counseling	
60. Conveying test results	
61. Referral indicators for mental health services	
<b>COMMUNICATION ENHANCEMENT TECHNOLOGY</b>	<b>16</b>
62. Candidacy criteria for nonsurgical amplification devices (e.g., hearing aids, HATs)	
63. Selection criteria for hearing aids and HATs including type, style, and compatibility with other devices	
64. Features and signal processing selection (e.g., WDRC, bandwidth, directional microphones, feedback and noise management systems)	
65. Age-appropriate programming options for different listening environments	
66. Wireless (e.g., FM, infrared, and Bluetooth) and induction transmission technology and applications	
67. Prescriptive fitting methods	
68. Verification procedures (e.g., real-ear measures, RECD)	
69. Device orientation and training	
70. Validation procedures and outcome measures	
71. Earmold materials and styles	
72. Earmold impression-taking techniques	
73. Signaling and alerting devices	
74. Augmentative communication devices	
75. Data collection and analysis to support clinical decision making and practice management for screening and assessment procedures for communication enhancement technology	
76. Candidacy and referral criteria for surgically-implanted devices (i.e., cochlear implant)	
77. Candidacy and referral criteria for surgically-implanted devices (i.e., bone conduction)	
<b>HABILITATION/REHABILITATION STRATEGIES, EDUCATIONAL SUPPORT</b>	<b>15</b>
78. Informational and advocacy resources (e.g., written and web-based sources, parent and peer support groups including financial and social assistance)	
79. Candidacy for habilitative/rehabilitative services	
80. Modes of communication and communication continuum	
81. Early intervention service options (e.g., natural learning opportunities in everyday activities, center-based services)	
82. School-aged placement options (e.g., general education, special education, school for the deaf)	
83. Educational service delivery models (e.g., consultative, itinerant, direct instruction)	
84. Communication access accommodations (e.g., proximity, noise reduction, language facilitators, interpreters, note takers, captioning)	
85. Strategies that promote auditory/linguistic/literacy development	
86. Inter-disciplinary and multi-disciplinary team approaches	
87. Personal responsibility and self-advocacy	
88. Individuals with Disabilities Education Act (IDEA) process and Individualized Family Service Plan/Individual Education Plan (IFSP/IEP) development (e.g., multi-disciplinary planning and implementation, parent participation)	
89. Resources (e.g., itinerant teacher of the hearing impaired, educational audiologist) and strategies (e.g., team teaching, in-services) for implementing educational recommendations	

## The Examination

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### Sample Exam Questions

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

#### Sample: Single-Answer Multiple-Choice Item

1. A two-month-old was referred to you because of failed ABR newborn hearing screening at the birth hospital. The most appropriate diagnostic test would be:
  - A. BOA
  - B. VRA
  - C. OAE
  - D. ABR
2. You have identified a five-year-old as having severe unilateral sensorineural hearing loss. As you discuss potential impact of this hearing loss on the child's educational development you would tell the parents:
  - A. With preferential seating the hearing loss will probably have no impact the child's educational development.
  - B. A hearing aid for the affected ear would be the best strategy for alleviating problems that the hearing loss may cause.
  - C. A much higher risk for educational difficulties exists for this child than for children with two normal hearing ears.
  - D. A binaural FM system would be the best strategy for alleviating problems that the hearing loss may cause.
3. A 10-year-old child with bilateral moderate sensorineural hearing loss has been referred to you for case management and hearing aid fitting. Your primary objective for the hearing aid fitting is:
  - A. Selecting a hearing aid color acceptable to child and parents to encourage acceptance and usage.
  - B. Selecting hearing aids that will allow the child full access to the speech spectrum.
  - C. Selecting hearing aids that will accommodate the greatest variety of HATs.
  - D. Selecting hearing aids that your use with a history of having very low maintenance requirements.

#### Sample: Multiple-Response Item

4. An 8-year-old child typically has been through which of Erickson's stages of psychosocial development (including the current stage)? Select all that apply.
  - A. Identity vs. Role Confusion
  - B. Autonomy vs. Shame
  - C. Industry vs. Inferiority
  - D. Trust vs. Mistrust

**Answer Key:** 1. D; 2. C; 3. B; 4. B, C, and D are all correct and should be marked.

## The Examination

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### 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 exam questions necessarily taken from these sources.

- AAA Clinical Practice Guidelines: Diagnosis, Treatment, and Management of Children and Adults with Central Auditory Processing Disorder
- AAA Clinical Practice Guidelines: Pediatric Amplification
- AAA Clinical Practice Guidelines: Remote Microphone Hearing Assistance Technologies for Children and Youth from Birth to 21 Years
- AAA Practice Guidelines: Assessment of Hearing in Infants and Young Children
- *Assessment and Management of Central Auditory Processing Disorders in the Educational Setting from Science to Practice* (2nd ed)
- *Comprehensive Handbook of Pediatric Audiology*
- *Counseling in Audiologic Practice: Helping Patients and Families Adjust to Hearing Loss*
- *Counseling Persons with Communication Disorders and Their Families* (6th ed)
- *eHandbook of Auditory Evoked Responses: Principles, Procedures & Protocols*
- *Hearing in Children* (6th ed)
- *IDEA Advocacy for Children who are Deaf or Hard of Hearing*
- *Infection Control in the Audiology*
- JCIH Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs
- *Legal Rights: The Guide for Deaf and Hard of Hearing* (6th ed)
- NCHAM A Resource Guide for Early Hearing Detection and Intervention (EHDI)
- *Pediatric Audiological Medicine* (2nd ed)
- *Pediatric Audiology*
- *Rehabilitative Audiology: Children and Adults* (3rd ed)
- *Sound Field Amplification: Amplifications to Speech Perception and Classroom Acoustics* (2nd ed)

## Acknowledgements

The development of the *Pediatric Audiology Specialty Certification* (PASC) was supported in part by an educational grant from the American Academy of Audiology Foundation, funded by Phonak LLC, Starkey Laboratories, and contributions from many members of the American Academy of Audiology.

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