



# Pediatric Audiology Specialty Certification<sup>®</sup>

## H A N D B O O K

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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 respected mark of distinction to patients, parents, peers, and other health-care professionals that the certificant possess the education and qualifications to improve the quality of life of pediatric patients with hearing loss.



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

To be PASC certified, audiologists must be (i) *American Board of Audiology Certified*, (ii) meet the PASC eligibility requirements, and (iii) achieve a passing score on the PASC examination. Upon successful completion of the requirements, audiologists will be awarded the designation of *American Board of Audiology Certified, with Specialty Certification in Pediatric Audiology*.

# 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 [ABA Code of Ethics](#) 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.

## Eligibility Requirements

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To earn the *Pediatric Audiology Specialty Certification*, each applicant must:

1. Submit a written application that meets the requirements in each of four eligibility categories below (A-D):
2. Agree to uphold the ABA Code of Ethics;
3. Pay all appropriate fees; and
4. Obtain a passing score on the PASC examination.

**Candidates must meet the first three requirements to sit for the examination.**

### Category A: 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 at [aba@audiology.org](mailto:aba@audiology.org).

### Category B: Licensure

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

#### *Documentation:*

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

### Category C: 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:*

*Form 1: Patient and Case Management Hours*

### Category D: Professional References

- An applicant must provide two professional references, 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.

#### *Documentation:*

*Form 2: Professional Reference #1*

*Form 2: Professional Reference #2*

## Application Policies

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The ABA conducts a preliminary review of each candidate's application and required documentation. The ABA then intently reviews each completed application to determine each applicant's eligibility for the PASC examination.

In the event that the applicant's application, required documentation, or both, are deemed not to meet the requirements, the applicant will be notified. Should an applicant disagree with the decision of the ABA regarding eligibility to sit for the PASC exam, the applicant may appeal to the ABA Appeals Committee with respect to the decision. See **Appeals Policy** on page 16.

### Incomplete Application

The online application requires completion of an online application form, with an upload of a current state license and fee payment. The applicant then downloads the required forms (see Appendix for examples), completes the forms, and then uploads them for ABA review. The application is not complete until all required forms have been uploaded and the transcript has been received by the ABA.

An incomplete application will cause a delay in processing that may possibly preclude you from sitting for the PASC exam in the next testing window. Incomplete applications will be closed after one year.

### Applicant Contact Information

All communication between the applicant and the ABA will be by e-mail and it is the responsibility of the applicant to maintain a current e-mail contact with the ABA. 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.



## Test Accommodation Policies

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The ABA complies with the Americans with Disabilities Act (ADA) and is committed to providing necessary testing accommodations for examinees with documented disabilities, consistent with the requirements of the law.

Accommodations may also be approved for examinees with documented qualifying medical conditions that may be temporary or are not otherwise covered by the ADA, such as pregnancy or a temporary impairment following surgery, including conditions that require the use of medical devices or medication during the examination.

The ABA will also provide testing accommodations for candidates testing in other jurisdictions, to the extent required by applicable laws in those jurisdictions.

An individual is not considered to have a disability requiring accommodation if the limitations arising from the individual's impairment do not significantly restrict the individual's major life activities when compared with the abilities of the average person. Non-specific diagnoses such as individual learning styles, learning differences, academic problems, computer phobias, slow reading, and test difficulty or anxiety in and of themselves do not constitute a disability or impairment.

**The decision as to whether a medical condition that is not covered by the ADA is a “qualifying medical condition” for purposes of a PASC exam accommodation is at the sole discretion of the ABA.**

Accommodations are provided on an individual basis and depend on the nature of the disability or medical condition and documentation provided. The ABA will make reasonable efforts to provide the requested accommodations to examinees provided the functional impairment has been demonstrated through adequate documentation, and the accommodations do not fundamentally alter the measurement of the skills or knowledge the examination is intended to test, do not jeopardize examination integrity and security, are compatible with the nature and purpose of the examination or assessment program, and do not result in an undue burden to the ABA. Accommodations cannot be made to the actual content of the examination. A range of available accommodations are considered to assist examinees with disabilities or qualifying medical conditions.

### Applying for Test Accommodations

PASC exam applicants may request test accommodations for the examination by completing Forms 5a and 5b and submitting them with any required supporting documentation either:

1. As part of the initial application, or
2. At least 30 days prior to exam registration.

Test accommodations requested after an exam has been scheduled are NOT guaranteed. Examinees cannot schedule their PASC examination, nor can the examination be administered until the process described above has been completed. The ABA requires at least 30 days to review fully documented requests for test accommodation.

All requests for examination accommodations are strictly confidential, and documentation submitted in support of the request is used solely for the purpose of evaluating the request. Failure to provide the ABA with adequate supporting documentation in a timely manner will cause a delay in the review process and the applicant's ability to schedule and take the examination.

An examinee may request more than one accommodation; however, supporting documentation is required for each requested accommodation.



## Test Accommodation Policies

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### Common Test Accommodations

The ABA will base the accommodations on the requests and required documentation received. Common accommodations include extended time for testing (1.5 time or double time), frequent or additional breaks, access to auxiliary items (food, medication, or medical devices), or provision of a reader and/or scribe. Candidates will not be charged any additional fees for approved accommodations.

### Supporting Documentation Requirements

Adequate supporting documentation from a qualified medical professional certifying to the applicant's disability or qualifying medical condition, with specific identification of the requested accommodation and the medical basis for the request, must be submitted to the ABA, either directly from the medical professional or by the applicant. The ABA will verify the authenticity of any submissions sent by the applicant. A qualified professional is someone with the credentials, training, and expertise to diagnose the reported disability or qualifying medical condition. The primary relationship of the attesting professional to the individual must be that of a treating medical professional to a patient; there must be no familial, intimate, supervisory or other close relationship between the qualified professional and the individual requesting the accommodation(s).

#### The documentation must:

1. Be on **letterhead**, typed in **English**, **dated** and **signed**, and include the **name, title, and professional credentials** of the qualified medical professional.
2. Contain contact information including **address, telephone number, and e-mail address** of each professional providing documentation.
3. Include the **date of assessment** upon which each professional's report is based.
4. Include a **detailed description of the medical, psychological, educational, and/or cognitive functioning tests that were conducted**, the results of those tests and a comprehensive interpretation of the results.
5. The name of the **specific disability or medical condition** and a description of the **specific impact on daily life activities and day-to-day functional limitations to major life activities**, including a history of the impact of the disability on academic functioning if the condition is a learning disability or attention deficit/hyperactivity disorder (ADD or ADHD).
6. The specific examination accommodations that are recommended and how each will compensate for those limitations and reduce the impact of identified limitations.

The ABA reserves the right to request further verification, if necessary, of the evaluating professional's credentials and expertise relevant to the diagnosis, to verify the authenticity of the supporting documentation, and to seek clarification of the information provided by the evaluating professional. In addition to the referenced required supporting documentation above, if the applicant has received prior examination accommodations in an educational setting or for other standardized examinations, documentation of these should be submitted to the ABA.

### Review of Requests for Test Accommodations

The ABA will consider requests for examination accommodations following receipt of an examination application and all required documentation in support of the request. While documentation of prior approved accommodation(s) in an educational or academic institution or other testing organizations will be considered, an applicant's prior receipt of academic or testing accommodations does not in and of itself guarantee approval of the requested accommodation(s). The applicant will be sent a notification of the ABA's decision regarding the requested accommodation(s).

## Test Accommodation Policies

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If accommodations have been approved, the notification will be in the form of a *Testing Accommodations Agreement* indicating the accommodation(s) that has/have been approved. **The applicant must sign the agreement and return it to the ABA by the date indicated within the agreement. The application for an applicant requesting examination accommodations will not be complete until the signed agreement is received by the ABA.**

## Examination Policies

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The ABA *Pediatric Audiology Specialty Certification* (PASC) examination is designed to test a comprehensive 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 Deadlines

Please see the [ABA website](#) for upcoming dates and deadlines.

### Exam Delivery

The PASC exam is delivered online with live remote proctoring using the ABA's test development partner, HumRRO, and its test delivery partner, Examity. Each exam candidate will schedule their own testing time through the remote proctoring platform within the testing window determined by the ABA.

### Translations

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

### Failure to Report for a Scheduled Exam Appointment

If a candidate fails to appear for his or her testing appointment on the date and time scheduled, and does not cancel or reschedule the testing appointment at least 24 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.

### Emergency

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

### Exam Eligibility Period

When your application is approved, you are eligible to test for five years beginning on the first day of the next testing window. If you do not pass the exam within five years, your eligibility to test will be closed and a new application, documentation, and appropriate fees must be resubmitted.

### Scheduling Your Exam

Within ten days of your exam registration, you will receive an e-mail from Examity with a link to their platform where you will create a profile and schedule your exam. Examity will send a confirmation e-mail with the link to the testing platform that you will use to take your exam at the time you scheduled. **DO NOT DELETE THIS CONFIRMATION E-MAIL UNTIL AFTER YOU HAVE COMPLETED YOUR EXAM.**

## Examination Policies

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### Preparation for Your Live Remote Proctored Exam

Be sure that the computer and the location where you intend to take the examination meet the requirements specified in your confirmation e-mail **BEFORE** examination day. If they do not meet the requirements, you will not be able to complete the test and you will not receive a refund.

Prior to exam day complete the following steps.

- Install required browser: Google Chrome or Mozilla Firefox
- Uninstall or disable all extensions, pop-up blockers and ad blockers, except for the Examity Proctoring Tool. You will not be able to use Examity with other applications running.
- Ensure that you have the ability to download and install programs (Administrator Rights) on the computer you intend to take the exam on. You will be required to install a program upon connecting to a proctor — it is not available prior to Exam Day.
- Confirm you have a hard surface (i.e., desk or table) available for testing.
- Your laptop/computer must be connected to a wall outlet power source.
- Ensure you have a functioning free standing or integrated webcam with microphone or independent microphone before the examination date. You will use this for the entire exam and to pan the examination room/environment (you will have to move this around).
- You will be required to use a mirror or reflective surface to show the proctor your monitor. This can include a phone with a front facing camera. (Please note: You will not be permitted to access your cell phone or any other mobile device/tablet after this process has been completed.)
- You are only allowed to have one (1) monitor running during the exam. If you have more than one monitor being used, please disconnect the other monitor and ensure it is turned around so that the screen is not facing you upon connection to the proctor. Using the links provided in the exam confirmation e-mail, you should: confirm your computer meets the minimum requirements, perform a system readiness check, and test your internet connection speed.
- Confirm your username and password prior to your scheduled testing time.

### Internet Speed

**PRIOR TO THE EXAM:** Please run an internet speed test at [speedtest.net](https://www.speedtest.net) while connected with the proctor prior to starting the exam. We recommend that candidates have at least a 5MBPS upload and download speed. If the internet upload OR download speed is below 2MBPS, the exam **will not proceed** and the student will need to reschedule a new exam and pay the retake fee. If the internet upload OR download speeds are between 2MBPS and 5MBPS, students may take the exam **at their own risk**. However, if the internet connection is lost during the exam and the proctor cannot see the student, **the exam will stop**, and the student will need to reschedule a new exam and pay the retake fee.

### Identification Requirements

Candidates **must provide one form of identification, which must match your name as it appears in your exam registration**. The ID must be a current legal identification bearing your photograph and signature. You will need to show both sides of your ID to the remote proctor to gain access to the exam. Candidates will not be permitted to test without proper identification and all fees will be forfeited.

Legal identification includes the following:

- 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 legal identification

## Examination Policies

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### On Exam Day

At the scheduled examination time, candidates will be prompted to complete a series of computer system checks, download a required application, and then be connected to a proctor.

The proctor will:

- Confirm candidate identification (see Identification Requirements above)
- Direct the candidate to pan the examination room
- Release the exam for the candidate to start testing

### Exam Time Limit

A maximum of two and a half (2.5) hours is allocated for candidates to take the exam. The exam will be given only during the time on the date that you scheduled as indicated in your test appointment confirmation e-mail.

### Exam Security

To provide a fair and consistent environment for all candidates, exams are delivered using standardized procedures following strict security protocols. Candidates are required to follow all testing rules at all times. Failure to follow these rules may result in termination of a candidate's testing session, invalidation of the candidate's exam score and/or disciplinary action.

#### These rules will be enforced by the remote proctor on exam day:

- Webcam, speakers, and microphone must remain on throughout the exam
- You are permitted a beverage in a clear, spill-proof container. No food is permitted unless a request for test accommodations has been approved.
- No calculators will be allowed.
- No watches, cell phones, pagers, headphones, or other electronic devices are allowed. A countdown clock is visible on your screen during your exam.
- No dual monitors are allowed.
- No resources, notes, books, or references of any type are allowed.
- Exam room lighting should be adequate for the proctor to view the candidate and surrounding area.
- You must remain in view of the proctor at all times during the exam.
- You must remain in your seat for the duration of the exam and no breaks are allowed.
- No talking during the exam, unless you need to ask questions to the proctor
- Reading out loud or any attempts to capture exam content (e.g., taking photos, copying questions, etc.) are prohibited.
- Attempts to remotely control the computer, resize browsers, or print the screen are prohibited. No other individuals are permitted in the testing location with the candidate.
- 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.
- You will be asked to complete a Candidate Comment Form at the conclusion of the test, where you may comment on any question on the exam. Comments will be reviewed, but individual responses to questions and comments cannot be provided.

The only materials candidates should have within reach as they check in are their (i) ID and (ii) phone or mirror (to show their monitor). These will be placed out of reach once the check-in process is over. A beverage as described above may be kept on the desk.

## Examination Policies

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Candidates will be observed at all times while they are taking the PASC examination. This observation will include direct observation by proctors or camera monitors. Proctors may not necessarily inform you of their observations, but they are required to report behavior that may violate the terms and regulations of the ABA or other forms of irregular behavior.

Any cheating and/or breach of confidentiality/security or any attempt to subvert the examination process by any candidate violates the purpose and principles of the examination. Any candidate, who carries out, takes part in, or who witnesses such behavior must report it to the proctor and/or the ABA as soon as possible.

A candidate agrees to abide by all regulations, as well as oral and written instructions controlling the conduct of the examination. These regulations are intended to preserve the integrity of the examination process by providing standard test administration conditions that yield valid and reliable results.

### Non-Disclosure Agreement

Examinees that violate security will not have their exams processed. On exam day, examinees will receive an electronic copy of the *Non-Disclosure Agreement* (Form 3 of the PASC application). Candidates will not be able to begin the examination without reading and agreeing to this statement:

#### **As a candidate for the Pediatric Audiology Specialty Certification Exam,**

- I understand that the Pediatric Audiology Specialty Certification (PASC) exam is a confidential and secure exam.
- 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 me, the examinee, solely for the purpose of becoming certified in pediatric audiology.
- I am 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 that if I provide false information or if I violate any of the PASC 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.

### Exam Results

Exam candidates will receive their exam score by e-mail 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 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 Standard Setting 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.

## Examination Policies

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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 five-year eligibility period.

### 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 **Exam Security** on page 13.

### Suspension/Revocation of ABA Certification

1. Once approved for ABA Certification, one's certification is subject to suspension or revocation by the ABA 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 (ERR) Committee, 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 e-mail address where Applicant can receive communications regarding the appeal.

**FAILURE TO FILE THE NOTICE WITHIN THE 21-DAY 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 e-mail, 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 examination is administered online with live remote proctoring and is comprised of 100-scored items plus 20 additional questions that are beta tested for future PASC examinations. The exam consists of multiple-choice items (one correct response) and multiple response items (two or three correct responses). 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 domain and the number of scored items on the test in each domain.

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

PASC Test Blueprint Summary		
	<i>Content Domain</i>	<i>Qty</i>
1	ASSESSMENT AND DIAGNOSIS OF AUDITORY AND VESTIBULAR DISORDERS	24
2	HABILITATION/REHABILITATION	21
3	CASE MANAGEMENT AND COUNSELING	22
4	MEDICAL AUDIOLOGY	16
5	PROFESSIONAL AND REGULATORY ISSUES	9
6	EDUCATIONAL AUDIOLOGY	8

Test Blueprint Detail	
<b>ASSESSMENT AND DIAGNOSIS OF AUDITORY AND VESTIBULAR DISORDERS</b>	<b>24</b>
<ol style="list-style-type: none"> <li>1. Obtain comprehensive case history</li> <li>2. Otoscopy/video otoscopy and physical examination of the ear (e.g., assessment for anatomical abnormalities, cerumen management)</li> <li>3. Newborn hearing screening (e.g., Otoacoustic emissions, Automated Auditory Brainstem Response (AABR))</li> <li>4. Birth - 3 hearing screening (e.g., Otoacoustic emissions, Pure tone audiometry)</li> <li>5. School age hearing screening (e.g., Otoacoustic emissions, Pure tone audiometry)</li> <li>6. Electrophysiological evaluations (e.g., ABR, ASSR)</li> <li>7. Cortical evoked potentials (e.g., MLR, ALR)</li> <li>8. Behavioral audiologic evaluations, including air and bone-conduction testing</li> <li>9. Tympanometric testing</li> <li>10. Acoustic reflex testing</li> <li>11. Wideband reflectance testing</li> <li>12. Diagnostic otoacoustic emissions</li> <li>13. Speech threshold audiometry (e.g., SAT, SRT)</li> <li>14. Speech recognition testing</li> <li>15. Tinnitus, hyperacusis, and/or misophonia evaluations</li> <li>16. Auditory processing assessments</li> <li>17. Vestibular assessments</li> <li>18. Diagnosis based on case history and assessment data</li> </ol>	

<b>HABILITATION/REHABILITATION</b>	<b>21</b>
<ul style="list-style-type: none"> <li>19. Explain test results and implications to patient/family/caregiver</li> <li>20. Discuss benefits, limitations, and expected outcomes for hearing device with patient/family/caregiver</li> <li>21. Provide unbiased information about communication options and intervention using a family-centered approach</li> <li>22. Identify areas of need for additional support (e.g., financial concerns, family support, physical limitations, language/cultural needs)</li> <li>23. Recommend hearing technology based on audiometric findings (e.g., traditional hearing aids, CI, bone conduction, remote microphones)</li> <li>24. Perform ear impressions in accordance with safety and standard infection control guidelines</li> <li>25. Select earmold style while considering patient's hearing loss and needs</li> <li>26. Fitting and verification of traditional hearing aids</li> <li>27. Programming and verification of cochlear implants</li> <li>28. Fitting and verification of bone conduction devices</li> <li>29. Fitting and verification of remote microphones and other assistive technology</li> <li>30. Device validation (e.g., outcome measures, aided testing)</li> <li>31. Aural (re)habilitation methods in the clinic and at home</li> <li>32. Vestibular rehabilitation</li> <li>33. Manage tinnitus, hyperacusis, and/or misophonia</li> <li>34. Resources to connect families and caregivers with other users and recipients</li> </ul>	
<b>CASE MANAGEMENT AND COUNSELING</b>	<b>22</b>
<ul style="list-style-type: none"> <li>35. Maintain comprehensive records regarding patient history, diagnosis, results, recommendations and hearing equipment</li> <li>36. Distribute written report(s) with permission to parent/caregiver, referral source, school and other designated parties</li> <li>37. Recommend rehab services (e.g., speech, OT and PT)</li> <li>38. Recommend medical services (e.g., ENT, developmental pediatrics, mental health)</li> <li>39. Recommend social services (e.g., social work, financial assistance, family-to-family support)</li> <li>40. Recommend and coordinate audiologic follow-up need</li> <li>41. Administer developmental and mental health screenings</li> <li>42. Educate and recommend precautions regarding noise-induced hearing loss</li> <li>43. Use culturally sensitive and trauma-informed methods of care and communication</li> <li>44. Provide emotional support and empathy to patient/family/caregiver</li> <li>45. Collaborate and/or participate with multidisciplinary teams regarding patient's audiologic needs</li> <li>46. Provide support for transition to adulthood (e.g., vocational rehabilitation services, clinical transfer, higher education support)</li> </ul>	
<b>MEDICAL AUDIOLOGY</b>	<b>16</b>
<ul style="list-style-type: none"> <li>47. Provide recommendations and monitor hearing, speech, and language of children with recurrent otitis media)</li> <li>48. Provide counseling and follow-up recommendations for children with genetic causes of hearing loss</li> <li>49. Provide counseling and follow-up recommendations for children with non-genetic causes of hearing loss</li> <li>50. Provide counseling and follow-up recommendations for children with vestibular dysfunction</li> <li>51. Apply knowledge of fetal development related to auditory and vestibular disorders</li> <li>52. Apply knowledge of neuromaturation of the auditory system</li> <li>53. Adapt test environment based on patient safety considerations (e.g., physical limitations, additional diagnoses)</li> </ul>	
<b>PROFESSIONAL AND REGULATORY ISSUES</b>	<b>9</b>
<ul style="list-style-type: none"> <li>54. JCIH and other practice guidelines</li> <li>55. Standard infection control practices</li> <li>56. HIPAA requirements</li> <li>57. Required information per state and federal law (e.g., Child Find, EHDI, suspected child abuse/neglect)</li> </ul>	

58. Implement and/or manage Birth - 3 services and programming under Part C of IDEA
59. Implement and/or manage educational services under Part B of IDEA
60. Implement and/or manage educational services under Section 504 of the Rehabilitation Act
61. Provide expert audiologic review/recommendations for use in educational planning
62. Write goals for Individualized Family Service Plan (IFSP) or Individual Education Plan (IEP) as part of a multidisciplinary team
63. Evaluate educational needs and impact of hearing loss on education
64. Determine most appropriate and least restrictive amplification and assistive technology options
65. Provide programming, monitoring, and servicing of amplification devices

### 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.

- American Academy of Audiology Clinical Practice Guidelines: Childhood Hearing Screening
- American Academy of Audiology Clinical Practice Guidelines: Diagnosis, Treatment, and Management of Children and Adults with Central Auditory Processing Disorder
- American Academy of Audiology Clinical Practice Guidelines: Pediatric Amplification
- American Academy of Audiology Clinical Practice Guidelines: Remote Microphone Hearing Assistance Technologies for Children and Youth from Birth to 21 Years
- American Academy of Audiology Practice Guidelines: Assessment of Hearing in Infants and Young Children
- *Assessing Listening and Spoken Language in Children with Hearing Loss*
- *Assessment and Management of Central Auditory Processing Disorders in the Educational Setting from Science to Practice* (2nd ed)
- *Auditory Neuropathy Spectrum Disorder (ANSO) Guidelines*
- *Clinical Management of Children with Cochlear Implants* (2nd ed)
- *Comprehensive Handbook of Pediatric Audiology* (2nd ed)
- *Counseling in Audiologic Practice: Helping Patients and Families Adjust to Hearing Loss*
- *Counseling Persons with Communication Disorders and Their Families* (6th ed)
- *Educational Audiology Handbook* (2nd 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)
- The NCHAM Book: A Resource Guide for Early Hearing Detection and Intervention (EHDI)
- *Paediatric Audiological Medicine* (2nd ed)
- *Pediatric Audiology: Diagnosis, Technology, and Management* (2nd ed)
- *Rehabilitative Audiology: Children and Adults* (3rd ed)
- *Sound Field Amplification: Amplifications to Speech Perception and Classroom Acoustics* (2nd ed)



# Pediatric Audiology Specialty Certification Application

## FORM 1: Patient & Case Management Hours

Make additional copies as needed.

Applicant Name: \_\_\_\_\_  
Preferred Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Company Name/Employer: \_\_\_\_\_  
Dates of Employment: Start (mo./yr.) \_\_\_\_\_ End(mo./yr.) \_\_\_\_\_  
Supervising Audiologist's Name (print): \_\_\_\_\_  
Supervising Audiologist's Title: \_\_\_\_\_  
Supervising Audiologist's Signature: \_\_\_\_\_

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

Pediatric Patient Service	Number of Hours per Week
Screening	
Diagnostic Evaluation	
Counseling	
Re(habilitation)	

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

Case Management Activity	Number of Hours per Week
Team Meetings	
School Visits	
Working with Other Agencies	

Applicant Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

# Pediatric Audiology Specialty Certification Application

## FORM 2: Professional Reference #1

Professional Reference for: \_\_\_\_\_

APPLICANT NAME

How are you familiar with the candidate's pediatric audiology practice?

Direct supervisor    Indirect supervisor    Colleague    I refer my patients to this applicant

What dates did (do) you work with the candidate?

Start Date (mo./yr.) \_\_\_\_\_ End Date (mo./yr.) \_\_\_\_\_

Please indicate the direct pediatric audiology services the candidate 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
Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnostic Evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(Re)habilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please indicate what case management services does (did) the candidate 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	

Print Name: \_\_\_\_\_

Company Name/Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Contact Phone \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

# Pediatric Audiology Specialty Certification Application

## FORM 2: Professional Reference #2

Professional Reference for: \_\_\_\_\_

APPLICANT NAME

How are you familiar with the candidate's pediatric audiology practice?

Direct supervisor    Indirect supervisor    Colleague    I refer my patients to this applicant

What dates did (do) you work with the candidate?

Start Date (mo./yr.) \_\_\_\_\_ End Date (mo./yr.) \_\_\_\_\_

Please indicate the direct pediatric audiology services the candidate 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
Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnostic Evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(Re)habilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please indicate what case management services does (did) the candidate 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	

Print Name: \_\_\_\_\_

Company Name/Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Contact Phone \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

# Pediatric Audiology Specialty Certification Application

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## FORM 3: Non-Disclosure Agreement

**As a candidate for the Pediatric Audiology Specialty Certification Exam,**

- I understand that the Pediatric Audiology Specialty Certification (PASC) Exam is a confidential and secure exam.
- 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 me, the examinee, solely for the purpose of becoming certified in Pediatric Audiology.
- I am 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 that if I provide false information or if I violate any of the PASC 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.)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Pediatric Audiology Specialty Certification Application

## FORM 4: 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?

- Hospital                       Manufacturer                       Corporate Audiology Group Practice  
 Government                       School                       Private Practice / Owner  
 Military                       University/Academic                       Private Practice / Employee  
 ENT Clinic                       Other (please specify): \_\_\_\_\_

3. What is your position title?

- Audiologist                       Contractor Audiologist                       Pediatric Audiologist  
 Clinical Audiologist                       Director                       Researcher  
 Consultant                       Educational AuD                       Teacher/Professor

4. How did you learn of the Pediatrics Audiology Specialty Certification (please check all that apply)?

- Through the ABA website                       State Audiology association  
 Through a colleague  
 Through a publication (please specify): \_\_\_\_\_  
 Through another website (please specify): \_\_\_\_\_  
 Through a broadcast email: \_\_\_\_\_  
 At a conference or seminar (please specify): \_\_\_\_\_

5. Who is paying for your PASC 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 \_\_\_\_\_

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

- Professional recognition                       Peer to Peer Recognition / Patient recognition  
 To assist with reimbursement                       Benchmark my Pediatric Audiology knowledge  
 My employer suggested that I do so.                       Marketing reasons  
 Other (please specify): \_\_\_\_\_

# Pediatric Audiology Specialty Certification Application

## FORM 5a: Request For Test Accommodations

If you have a disability covered by the Americans with Disabilities Act (ADA), please complete this form and *Form 5b: 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.

Print Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

### Special Accommodations

I request special test accommodations for the \_\_\_\_\_ / \_\_\_\_\_ administration of the PASC Exam.  
**MONTH      YEAR**

Please provide (check all that apply):

- Reader
- Extended examination time (time and a half or double time)
- Frequent breaks
- Access to auxiliary items (food, medication, or medical devices)
- Other test accommodations (please specify)

\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# Pediatric Audiology Specialty Certification Application

## FORM 5b: Documentation of Disability-Related Needs

Please have the appropriate professional (doctor, psychologist, psychiatrist) complete this form to document the need for the requested test accommodation(s).

### Professional Documentation

I have known \_\_\_\_\_

**EXAM CANDIDATE (PRINT NAME)**

in my capacity as a \_\_\_\_\_

**PROFESSIONAL TITLE**

since \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**MONTH      DATE      YEAR**

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 test accommodations listed on the *Form 5a*.

Description of Disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

License # (if applicable): \_\_\_\_\_



## Acknowledgements

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