## UNIVERSITY HOSPITALS AND CLINICS JACKSON, MISSISSIPPI

## PRIVILEGES AUDIOLOGISTS

NAME:					
Job Summary:					
The audiologist is responsible for performing diagnostic hearing testing for inpatients or outpatients on request. Audiologists conduct a wide variety of tests to determine the exact nature of an individual's hearing problem, and present a variety of treatment options to patients with hearing impairment. In addition, audiologists may dispense and fit hearing aids, administer tests of					
			balance to evaluate dizziness, and provide hearing and	balance reha	abilitation training.
			Audiologists may also refer patients to physicians when the he		
			surgical evaluation. The audiologist must demonstrate knowle	•	Is to appropriately
communicate and interact with patients, families, and visitors of a	II age groups.				
Qualifications:					
Education/skills:					
Minimum of a masters degree in audiology					
Licensure and Certification:					
Licensure by Mississippi State Board of Health					
Certification required by either American Speech-Language Heari	ng Association	(ASHA) or			
American Board of Audiology (ABA) within one year of appointme	ent				
Description of function(s)	Requested	Recommended			
Perform valid and age appropriate pure tone audiometry					
Select, fit and evaluate amplification devices for children and					
adults					
Select, fit and evaluate amplification devices for infants					
Perform and interpret tests of vestibular function					
Perform electrophysiological assessment of auditory function					
Perform audiological habilitation/rehabilitation for cochlear					
implant patients					
Perform intra-operative electrophysiological monitoring					
A also assist also are and also are additional.					
Acknowledgement of practitioner  I have requested only those services for which by education, train	oina current o	vacriones and			
demonstrated performance I am qualified to perform, and that I w	•	•			
Hospitals and Clinics.	isii to exercise	at Offiversity			
riospitais and Cilinics.					
Signed Date	<u> </u>				
Date	,				
Approval					
I verify that this individual is able to perform the services requeste	ed.				
Division Chief Date	<u> </u>				
Division only	,				
Chairman, Department of Otolaryngology and Date	<u> </u>				

Communicative Sciences

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Approved 03/05