



Applicant Identification	
Name:	CASLPM Registration #:
Registration Category:	
Full Regulated	Restricted Purpose Regulated
Training Setting:	

Supervisor Identification & Declaration		
Name:	CASLPM Registration #:	
Profession:		
Audiologist	Speech-Language Pathologist	
Registration Category:		
Full Regulated	Restricted Purpose Regulated	
Member of another College (please specify)		
Current Advanced Competency Certificates: <small>(indicate all that you possess)</small>	Issued Date	Expiry Date
Vestibular Assessment and Management (VAM)		
Cochlear Implant Management (CIM)		
I hereby certify that the information provided on this document is accurate and complete.	Supervisor's Signature	Date

By typing your name here, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this document.

Applicant Declarations

I have completed any examinations and the requirements outlined in this Advanced Competency Certification Program of Study and Training.

I declare that the statements made by me in this document and all accompanying submissions are complete and accurate. I understand that a false or misleading statement is an act of professional misconduct and may disqualify me from eligibility to hold an Advanced Competency Certificate and may result in referral to the Complaints Investigation Committee.

Applicant's Signature

By typing your name here, you are signing this application electronically, and you agree your electronic signature is the legal equivalent of your manual signature.

Required prior to commencement of the Program of Study Objective

Completion of a graduate level course in cochlear implant management including candidacy, assessment, programming and equipment maintenance and post-implant evaluation.

*Specify course, university, and date completed:



#2. Cochlear Implant Management

Study & Training Objectives	Knowledge, Skills, and Demonstrated Competencies		
Objective 1	Attaining background knowledge for the Cochlear Implant Management Certificate	Supervisor initials	Date
1(a)	Understands the roles and responsibilities of team members in the provision of cochlear implant management services		
1(b)	Minimum one-year of clinical experience. Training on this certificate may commence prior to completion of the one-year experience once the pre-requisites have been met		
1(c)	Training setting allows for hands on practical experience with the relevant population		
1(d)	Familiarity with emergency processes in the applicable setting		
Objective 2	Attaining the background knowledge for Cochlear Implant Management	Supervisor initials	Date
2(a)	Knowledge of the purposes of the Cochlear Implants		
2(b)	Knowledge of normal and abnormal hearing and its relationship to Cochlear Implants		
2(c)	Knowledge of the anatomy and physiology of the complete auditory system		
Objective 3	Select an appropriate client	Supervisor initials	Date
3(a)	Demonstrate proficiency in client selection and candidacy		
3(b)	Obtaining information from medical records		
3(c)	Obtaining client history and reviewing relevant results		
3(d)	Able to conduct candidacy assessments		
3(e)	Able to conduct the necessary Audiological evaluation		
3(f)	Understand the referral criteria to other health professionals and specialists		



#2. Cochlear Implant Management

Objective 4	Understand the contraindications, precautions and potential complications of cochlear implantation	Supervisor initials	Date
4(a)	Able to describe the advantages and disadvantages of Cochlear Implants		
4(b)	Knowledge of the risks, benefits, and precautions for specific patient populations		
4(c)	Ability to describe the indications and contraindications for the procedure		
4(d)	Understanding the objectives and goals of the cochlear implantation		
4(e)	Understand the components of post-operative assessment		
4(f)	Understand the requirements for troubleshooting the Cochlear Implant device and equipment		

Objective 5	Perform the cochlear implant services	Supervisor initials	Date
5(a)	Complete a minimum of 25 hours of Cochlear Implant candidacy assessment under general supervision		
5(b)	Able to perform cochlear implant programming. Complete a minimum of 100 hours in CI programming with 50 hours under close supervision and 50 hours under general supervision, which may be adapted based on mutual agreement between the supervisor and the registrant		
5(c)	Complete a minimum of 50 hours in post-operative assessment under general supervision		
5(d)	Complete a minimum of 25 hours in troubleshooting and diagnostics of CI devices and equipment under general supervision		
5(e)	Understand specific CI devices and software applications that are in use		
	Specify training:		
5(f)	Write accurate, complete patient reports		