MIDLAND MEMORIAL HOSPITAL ALLIED HEALTH PROFESSIONALS **GUIDELINES FOR PERFORMING AS AN** AUDIOLOGIST

I. **DEFINITION**

The services that an audiologist provides is consistent with the description of duties requested and are performed under the supervision of physician.

QUALIFICATIONS II.

An audiologist must meet the following qualifications to be considered for appointment to the Allied Health Professional staff:

- Successful completion of an accredited college or university educational program plus two years postgraduate training in audiology and master's degree in audiology.
- Currently Licensed by the Texas State Board of Examiners for Speech-Language Pathology and Audiology.
- Professional liability/malpractice insurance coverage issued by a recognized company and a type and in an amount equal to or greater than the limits established by the governing board.
- Current TB screening.
- Basic Cardiac Life Support (minimum).

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III.	<u>DESCRIPTION OF DUTIES REQUESTED</u> The audiologist may perform some or all of the following duties as outlined below: (Check requested duties)							
	The audiologist may perform some or all of	following duties as outlined below: (Check requested duties)						
	Evaluate and determine ca Impairments Administer diagnostic test Tuning fork test Whispered speech test Stapedial reflex response Thermal test of vestibular Rotation tests Impedance audiometry Subjective audiometry Tympanogram, performan Auditory brain stem respon Oto-acoustic emission test Intraoperative 7th and 8th control Fitting of hearing aid Develop individualized tre Develop and maintain long	al factors for speech, language, and/or hearing procedures action and interpretation ial nerve function testing						
IV.	ORIENTATION These Allied Health Professionals must be oriented to Midland Memorial Hospital's Policies and Procedures of the department or unit to which they will be assigned and be oriented to Midland Memorial Hospital's Operating Room Policies and Procedures and must have their sterile technique assessed by the Surgical Educator.							
	Practitioner's Printed Name	Supervising Physician's Printed Name						
	Practitioner's Signature	Supervising Physician's Signature						
	Section Chief / Department Chair	Date						