

California State University, Northridge  
Department of Communication Disorders and Sciences  
Language, Speech and Hearing Center  
18111 Nordhoff Street  
Northridge, California 91330-8279

## **Clinical Privileges and the Clinical Phase**

Most students enrolled as majors in the Department of Communication Disorders and Sciences intend to enter the career fields of Audiology or Speech-Language Pathology. These fields require that the student is clinically trained.

The program at California State University, Northridge follows a model that incorporates classroom learning with clinical experience. Client contact, first as observation and later as direct assessment and treatment services, may begin as early as the second semester of full-time study.

### **The Pre-Clinical Phase**

Entry level classes emphasize basic communication sciences in phonetics, speech science, hearing science, and language and speech development. These entry level courses are termed the “pre-clinical phase” and they must be mastered with sufficient competency to ensure adequate preparation for the clinically-related courses that follow. Students must attain a grade of B (3.00) or better in each pre-clinical phase class in order to be considered for admission to the next level of instruction, the clinical phase.

### **The Clinical Phase**

The clinical phase consists of courses in which the student prepares for client contact, as well as, clinical practica in which the student assesses and provides remediation for clients, under the supervision of professional faculty and staff. A student must be granted clinical privileges, upon approval of application, in order to enroll in clinical phase classes. The clinical phase begins with CD 469A and includes all client contact practica, including CD 469O, CD 469B, CD 465, and CD 475.

The department faculty, under the direction of the faculty’s coordinator for undergraduate studies evaluates students for admission to clinical privileges. The granting of student clinical privileges is necessary in order to protect the safety, health, and welfare of the clients served by the CSU, Northridge Language, Speech and Hearing Center.

### **When to Apply for Clinical Privileges**

Near the end of the final semester of pre-clinical phase classes, a student should obtain an application packet from the department office. The complete application and its

supporting documents are due to the department office at the end of the semester in which the pre-clinical phase classes are completed.

An application for clinical privileges consists of the student's application, three letters of recommendation (on department forms), and a copy of academic transcripts showing admission to the department's graduate program, if current transcripts and letters of recommendation are on file new graduate students need only submit an application form for clinical privileges.

Qualified transfer students and new graduate students from other institutions should apply for clinical privileges as soon as notified of admission to the department in order to receive academic advisement and appropriate admission to restricted classes and clinical practica.

### **Granting of Clinical Privileges**

The department will evaluate the application for clinical privileges and grant or deny the students clinical privileges for the next semester's classes. Students receive notification of clinical privileges disposition in a letter, and may be asked at any time to produce the letter as proof of privileges. The department reserves the right to deny an application if, in the professional judgment of the faculty, as student is not prepared to provide client services under professional supervision.

### **Retention of Clinical Privileges**

A student retains clinical privileges as long as enrollment at California State University, Northridge remains continuous, unless there is a significant deficiency in the student's academic or clinical performance, such as repeated tardiness or absences for clinical assignments, academic probation, or a grade of less than a B in any client contact course. If this occurs, the faculty will re-evaluate the student's clinical privileges. It is possible that clinical privileges may be suspended, restricted, or revoked due to poor academic or clinical performance.

Clinical privileges may be suspended, restricted, or revoked at any time for a student's violation of the policies and rules governing the CSU, Northridge Language, Speech and Hearing Center, for failure to pay fees or tuition, for failure to maintain students professional liability coverage, for violations of state law and regulations governing the practice of speech-language pathology and audiology, or for violations of the Code of Ethics of the American Speech-Language-Hearing Association.

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**APPLICATION FOR CLINICAL PRIVILEGES  
(Clinical Phase)**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Student File Number: \_\_\_\_\_

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

Application for clinical privileges to begin:  
Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

Undergraduate grade point average: \_\_\_\_\_

Your status at CSU, Northridge today:

**Currently enrolled:**  Junior  Senior  PBU

or

**Applicant:**  Undergraduate Transfer  Graduate School

This application for clinical privileges and required supporting documents are due to the department office at the end of the term prior to the term in which clinical phase classes (e.g., CD 469A, CD 469B, CD 469O, CD 465, CD 475) are to be taken. Department approval of clinical privileges is required for enrollment in all clinical phase classes. **SUBMIT UNOFFICIAL TRANSCRIPTS OF ALL UNIVERSITY COURSEWORK.**

Please respond to each item below. If the response is negative, indicate *no* or *none*. If you are unable to respond to an item, you must provide an explanation for your inability to respond. You must sign and date this application on the last page.

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

1. College(s) where pre-clinical phase classes have been taken:

<b>Course or Equivalent</b>	<b>College</b>	<b>Date Completed</b>	<b>Grade</b>
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CD 405 (Phonetics) \_\_\_\_\_

CD 410 (Hearing Sci.) \_\_\_\_\_

CD 415 (Language Dev.) \_\_\_\_\_

CD 442 (Speech Sci.) \_\_\_\_\_

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

2. List your work history (paid or volunteer).

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3. Describe any experience that you have had in providing service or assistance to persons with disabilities.

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4. Describe your level of conversational fluency in languages other than English (e.g., can converse in everyday greetings; can take a client history; complete fluency).

<b>Language</b>	<b>Aproximate Fluency</b>

5. Describe any special needs you may have which must be accommodated in order for you to provide professional services in speech-language pathology and/or audiology, under faculty supervision.

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6. Have your privileges or enrollment in any clinical course or practicum involving services to communicatively disabled person ever been denied, revoked, terminated, or suspended by any institution, college, university, or professional practice, or have you ever failed to attain a passing grade in any clinical course or practicum involving services to communicatively disabled person?

No       Yes      If yes, you must explain the circumstances  
Below, including the name of the institution  
or practice.

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

7. Have you ever been denied student professional liability insurance in the filed of communication disorders or had such insurance coverage suspended, revoked or terminated, or had liability claims make against you in the field of communicative disorders?

No       Yes      If yes, you must describe the circumstances below, including dates of occurrences.

8. At the time of this application, are there any academic or student disciplinary actions pending against you at California State University, Northridge that potentially would affect your status as a student in good standing?

No       Yes      If yes, you must describe the circumstances below, including the CSU, Northridge department or office in which the matter is pending.

9. Is there any reason that would prevent you from having a medical evaluation to rule out tuberculosis or other transmittable disease as required for clinical privileges in speech-language pathology and audiology?

No       Yes      If yes, you must describe below the circumstances that would prevent you from receiving medical clearance. As an alternative to responding to this question, you may request a confidential appointment with the CSU, Northridge Student Health Center by stating "I request Health Center Appointment".

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10. Please list the names of three individuals who have agreed to provide the department with a recommendation form on your behalf:

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Department of Communication Disorders and Sciences  
18111 Nordhoff Street  
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Attention: Undergraduate Studies Coordinator

## RECOMMENDATION FOR STUDENT CLINICAL PRIVILEGES

### Instructions to student applicant:

Complete the upper part of this form. The form should be given to an individual who is knowledgeable in such areas as your potential as a student clinician, of your work habits and skills in problem-solving, critical thinking, oral and written communication, or your interests in work with communicatively disabled persons, Do not request recommendations from faculty in the CSU, Northridge Department of Communication Disorders and Sciences. Please provide the individual completing this form with a stamped envelope, addressed as indicated at the top of this page.

Student Name: \_\_\_\_\_

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

Student File Number: \_\_\_\_\_ Date: \_\_\_\_\_

*Check the appropriate response:*

- I waive     I do not waive my right to see this completed form.

\_\_\_\_\_  
Student Signature

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### Instruction to person completing this form:

The above student has requested your recommendation for admission to clinical Privileges at the CSU, Northridge Language Speech and Hearing Center. If admitted, the Student will provide direct assessment and treatment services to clients of all ages presenting a variety of communication disorders, under the supervision of licensed and board-certified faculty. Communication disorders include errors in articulation, problems with speech fluency and rate, inability to understand or generate language, difficulty in swallowing, hearing loss and balance disorders.

As you consider this recommendation, we request your candid evaluation of whether this student is prepared to accept the responsibility and can learn to provide for the clinical care of communicatively disabled person of all ages. Thank you for your assistance in this evaluation process.

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**CLINICAL PRIVILEGES RECOMMENDATION FORM**

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

Title or Occupation: \_\_\_\_\_

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

How long have you known the student? \_\_\_\_\_

What is your relationship to the student? \_\_\_\_\_

Using the scale shown, please provide a candid ration, comparing the student to others you have known under similar circumstances:

Highest		Mid		Lowest	Cannot Determine
5	4	3	2	1	N/A

1. \_\_\_\_\_ Apparent interest in communicative disorders
2. \_\_\_\_\_ Aptitude for work with disabled persons
3. \_\_\_\_\_ Independent problem-solving and critical thinking
4. \_\_\_\_\_ Work habits (e.g., timeliness, attention to detail, accuracy in work, acceptance of responsibility)
5. \_\_\_\_\_ Oral and written communication skills
6. \_\_\_\_\_ Ability to relate to instructors, supervisors, employers, or others who evaluate work
7. \_\_\_\_\_ Ability to accept constructive criticism and instruction
8. \_\_\_\_\_ Ability to relate to peers, co-workers, or other students
9. What do you regard as the student's strengths with respect to their potential for becoming a speech-language pathologist or audiologist?
  
10. Please state any concerns that you have for the student's ability to work with persons of all ages and disabilities.

*If the student has not waived the right to see this form, a copy will be provided to the student upon request. Please mail your evaluation to the Department of Communication Disorders and Sciences. Thank you.*

\_\_\_\_\_  
Signature of Recommending Individual

\_\_\_\_\_  
Date

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Date

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