



AUTHORIZATION CRITERIA FOR USE OF THE PROTECTED TITLE “DOCTOR” OR “DR.” BY AUDIOLOGISTS WHEN PROVIDING A HEALTH SERVICE

Revised Authorization Criteria; Approved by ACSLPA Council March 24, 2018

In order for the title “Doctor” or “Dr.” to be used:

The doctoral degree obtained must be earned in the professional practice area of the regulated member:

1. **A post-baccalaureate AuD** is designed to educate students for entry-level professional practice. Post-baccalaureate programs are for individuals who hold an undergraduate degree in an area that is not considered to be audiology and usually are up to 4 years in duration including a residency year.

In order to be considered acceptable, the post-baccalaureate AuD degree must:

- a. be identified as a doctoral degree in audiology,¹
 - b. be granted by an audiology department or program,
 - c. be granted either from a government-authorized, degree-granting institution of higher education in Canada **OR** from an ASHA-accredited program **OR** by a university program outside of North America acceptable to the Registrar,² and
 - d. provide indication on the academic transcript that the degree has been conferred.
2. **A post-Master’s doctoral degree in Audiology (AuD or PhD)** is designed for individuals who hold a master’s degree in audiology. An AuD is typically focused on clinical practice whereas a PhD typically refers to a research doctoral program that prepares a person for a career as a teacher, researcher, and scholar, which may or may not include a clinical focus.

In order to be considered acceptable the post-master’s doctoral degree must:

- a. be identified as a doctoral degree in audiology **OR** communication sciences and disorders **OR** rehabilitation science, with a concentration in audiology¹,
- b. be granted by:
 - i) an audiology program,
 - ii) a communication-sciences-and-disorders program, or
 - iii) a rehabilitation-science department or program approved by Council,
- c. have been obtained from either a government-authorized, degree-granting institution of higher education in Canada **OR** an institution of higher education that is accredited by a U.S.-Department-of-Education-recognized accrediting agency **OR** by a university program outside of North America acceptable to the Registrar,² and
- d. provide indication on the academic transcript that the degree has been conferred.

¹The Registrar or designate may conduct a high-level review of the course titles and may request more detailed information on course and/or dissertation content to confirm the degree was obtained in the professional practice area of the member (e.g., audiology).

²Degrees awarded outside North America must be reviewed and confirmed by an academic credentialing body to ensure they are recognized as doctoral degrees in Canada.



**APPLICATION FOR USE OF THE PROTECTED TITLE
"DOCTOR" OR "DR." WHEN PROVIDING A HEALTH SERVICE**

Registered audiologists and speech-language pathologists with doctoral degrees may use the title 'Doctor' or 'Dr.' alone or in combination with other words in connection with providing a health service, with written approval from ACSLPA.

To apply for approval:

1. Complete this application and forward to ACSLPA, along with any additional supporting documentation for consideration, by mail, fax or as a scanned email attachment.
2. Make arrangements for an original transcript, confirming the date the degree was conferred, to be sent to ACSLPA directly from the issuing university.

Upon receipt of the required documents, the application will be reviewed for compliance with established authorization criteria. Applicants will be notified of the decision by email.

PERSONAL INFORMATION

Surname: _____
 Given Name: _____
 ACSLPA Registration Number: _____
 Email Address: _____

DOCTORATE DEGREE EDUCATION

Degree Awarded: _____
 Year: _____
 Province/State/Country: _____
 University: _____

DECLARATION

I understand that I must have written approval from ACSLPA prior to beginning use of the protected title "Doctor" or "Dr." when providing a health service.

I declare that the information provided with this application is complete and correct. I understand that a false or misleading statement may be cause for revocation of my practice permit or other disciplinary action.

Signature _____ Date _____

REFERENCES

1. *Authorization Criteria for Use of the Protected Title "Doctor" or "Dr." by SLPs When Providing a Health Service.* (2018). ACSLPA.
2. *Authorization Criteria for Use of the Protected Title "Doctor" or "Dr." by Audiologists When Providing a Health Service.* (2018). ACSLPA.

OFFICE USE ONLY

Date Approved / Denied _____ Authorized Signature _____