ADA AUDIOLOGY PRACTICE ACCREDITATION COMPLIANCE MANUAL

A Comprehensive Guide for Practice Owners

Preparing for Academy of Doctors of Audiology Practice Accreditation
Based on the September 2025 Standards

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Introduction

This Compliance Manual serves as a comprehensive guide for audiology practice owners seeking accreditation through the Academy of Doctors of Audiology (ADA) Audiology Practice Accreditation Program. The manual is designed to help you systematically prepare for accreditation by organizing the documentation requirements, providing practical guidance, and establishing clear timelines for implementation.

Purpose of This Manual

The ADA Audiology Practice Accreditation Standards were developed to advance audiology practice excellence, high ethical standards, professional autonomy, and sound business practices. This manual translates those standards into actionable steps, helping you understand what documentation is required, how to organize your compliance efforts, and how to demonstrate your practice's commitment to quality patient care.

How to Use This Manual

This manual is organized into several key sections. The first section provides an overview of the accreditation process and timeline. Subsequent sections address each of the five major standard areas: Rights and Needs of the Patient, Clinical Services, Instrumentation and Equipment, Practice Administration, and Quality Assurance. Each section includes the specific standards, documentation requirements, implementation guidance, and practical tips for compliance.

Use the Master Documentation Checklist at the end of this manual to track your progress and ensure you have gathered all required materials before submitting your accreditation application.

Understanding the Accreditation Process

Overview of Accreditation

ADA Practice Accreditation demonstrates your commitment to ethical, legal, clinical, operational, and relational excellence. The standards were assembled by consensus, using research as the basis for decision-making, and reflect evidence-based best clinical and business practices.

The Five Standard Areas

The accreditation standards are organized into five major sections, each addressing critical aspects of audiology practice:

1. **Section 1: Rights and Needs of the Patient** – Patient-centered care, safety, protection from discrimination, access to records, and transparency
2. **Section 2: Clinical Services** – Preventive care, diagnosis, treatment, amplification, and referral capabilities
3. **Section 3: Instrumentation, Equipment & Facilities** – Equipment standards, infection control, and facility management
4. **Section 4: Practice Administration** – Mission, HR, policies, accounting, insurance, marketing, records, and vendor management
5. **Section 5: Quality Assurance and Performance Improvement** – Training, protocols, algorithms, feedback, metrics, calibration, and AI governance

Recommended Preparation Timeline

A systematic approach to accreditation preparation typically requires 6-12 weeks, depending on your practice's current state of documentation and policy development. The following phased approach is recommended:

Phase 1: Assessment and Gap Analysis

1. Conduct a thorough review of current policies, procedures, and documentation
2. Compare existing materials against the accreditation standards
3. Identify gaps in documentation and areas requiring policy development
4. Assign responsibilities and establish timelines for addressing gaps

Phase 2: Policy and Document Development

1. Develop or revise policies to meet standard requirements
2. Create clinical protocols and decision-making algorithms
3. Update employee handbooks, job descriptions, and training materials
4. Develop or revise required forms, surveys, and assessment tools

Phase 3: Implementation and Training

1. Roll out new policies and procedures to staff
2. Conduct training sessions on new forms, policies, protocols and/or procedures
3. Begin collecting documentation and maintaining records
4. Implement feedback mechanisms, quality monitoring, and remediation plans for non-compliance

Phase 4: Review and Application

1. Conduct internal audit using the Master Documentation Checklist
2. Address any remaining gaps or deficiencies
3. Compile and organize all documentation
4. Submit accreditation application

Section 1: Rights and Needs of the Patient

This section addresses the fundamental rights of patients and the practice's obligations to provide patient-centered, safe, and transparent care. The standards in this section form the foundation of ethical audiology practice.

1.1 Commitment to Patient-Centered Care

Standard: The practice through its audiologists and support staff shall integrate a patient-centered approach in the provision of services, and all aspects of hearing and balance health care delivery including the delivery of mobile audiology services and teleaudiology.

EXAMPLES of Documentation

- Written policy covering general rights of patients, including financial policies
- Mission and vision statements for the practice
- Policy on timely, transparent, and complete information about benefits, risks, and side effects
- Patient intake/registration form and process
- Patient interview/counseling protocols
- Patient questionnaires (COSI, HHIA/E, APHAB, or similar validated instruments)Decision aids demonstrating proposal for care and services
- Applicable informed consent forms for billing, treatment, telehealth and/or electronic communications
- Sample redacted/de-identified patient records demonstrating documentation practices
- Employee attestations confirming understanding of patient-centered care policies
- Formal statement outlining commitment to high ethical, clinical, and operational standards
- Written process for requesting sign language interpreters per ADA requirements
- HIPAA privacy, security, and breach notification policies
- HIPAA notice of privacy practices and acknowledgement form
- Photo or attestation of HIPAA privacy notices in office and on website

Implementation Guidance

Patient-centered care requires more than a policy statement. It requires demonstrable practices throughout the patient journey. The use of decision aids and documentation can demonstrate how you present care options to patients.

Documentation in the patient record should reflect patient goals, preferences, and involvement in decision-making. Consider creating a standardized template for progress notes that prompts clinicians to document patient preferences and shared decision-making discussions.

1.2 Patient Safety

Standard: Patients shall be treated in a manner that promotes health, well-being, and safety, and is free from violence, neglect, exploitation, verbal, mental, physical, and sexual abuse.

EXAMPLES of Documentation

- Zero-tolerance policy for violence, neglect, exploitation, and abuse (including human trafficking)

- Procedures for reporting and investigating patient safety issues
- Patient grievance process and forms
- Infection control policies and procedures meeting OSHA and CDC guidelines
- Emergency Action Plan (EAP) addressing patient instigated violence or threats of violence, suicide threats, medical emergencies, fire, natural disasters, and other foreseeable emergencies
- Practice environment assessment forms documenting safety evaluations

Implementation Guidance

Evacuation plans and procedures provide comprehensive guidance for developing your Emergency Action Plan. Your infection control plan should reference current CDC (or similar) guidelines available at cdc.gov/infection-control/hcp/guidance.

The practice environment should support patient safety through proper lighting, clear pathways, and elimination of hazards. Document regular safety inspections using a standardized assessment form.

1.3 Protection from Discrimination and Harassment

Standard: The practice shall maintain an environment free from discrimination and harassment.

EXAMPLE Documentation

- Written anti-discrimination and anti-harassment policies meeting or exceeding federal, state, and local laws
- Procedures for addressing patient complaints regarding discrimination or harassment
- Incident/grievance report forms

Implementation Guidance

Review the U.S. Equal Employment Opportunity Commission's Discrimination Laws and Statutes (eeoc.gov/laws) to ensure your policies meet federal requirements. State and local laws may impose additional requirements, which should be documented and implemented.

1.4 Access to Medical Records

Standard: The practice shall provide access for patients to inspect, review, receive, and/or transfer their medical records, in accordance with federal, state, and local laws.

EXAMPLE Documentation

- Policy on release of patient medical records compliant with HIPAA, state laws and payer requirements
- HIPAA use and disclosure form
- Published procedures for patient access, including process, timeline, and fees
- Policy on records retention and access in case of ownership change or practice closure
- Patient consent and authorization forms for sharing information with third parties

Implementation Guidance

Review HIPAA requirements at hhs.gov/hipaa/for-professionals/privacy/guidance/access. State-specific requirements for medical records can be found at statelaws.findlaw.com/health-care-

laws/medical-records.html. Your policy should clearly communicate the process, expected timeline, and any applicable fees to patients.

1.5 Commitment to Transparency Regarding Fees, Costs, and Coverage

Standard: The practice shall operate in a manner that promotes transparency in the cost and coverage of audiologic and vestibular services to empower patients to make informed decisions regarding their care.

EXAMPLE Documentation

- Policy on patient billing that clearly outlines goods and services (bundled or itemized)
- Communication protocols for informing patients about financial information
- Financial policy for patient dissemination
- Patient financial responsibility and coverage disclosure form (Good Faith Estimate)
- Price quote form as required by state law
- Conflict of interest (COI) policy addressing loans, incentives, rebates, stock ownership, and gifts
- COI disclosure forms
- Procedures for disclosing or resolving conflicts of interest
- Truth in advertising compliance documentation

Implementation Guidance

The Office of Inspector General defines "nominal value" for gifts at oig.hhs.gov/documents/special-advisory-bulletins/887/OIG-Policy-Statement-Gifts-of-Nominal-Value.pdf. Your COI policy should specifically address relationships with hearing aid manufacturers, suppliers, and other vendors that could compromise independent professional judgment.

Federal Trade Commission truth-in-advertising requirements are detailed at ftc.gov/news-events/media-resources/truth-advertising. Ensure your marketing materials accurately represent your providers' credentials and education.

Section 2: Clinical Services

This section addresses the clinical care provided by the practice, including preventive services, diagnostic processes, treatment protocols, amplification fitting, and referral networks.

2.1 Commitment to Preventive Care within the Community

Standard: The practice shall engage in concerted education, outreach, hearing conservation, and falls risk prevention activities.

EXAMPLE Documentation

- Evidence of public awareness initiatives (website content, social media, brochures, presentations)
- Documentation of physician/provider outreach activities
- Sample redacted/de-identified patient records demonstrating documentation of prevention/protection measure in care plan
- Educational materials about factors causing auditory/vestibular damage
- Hearing screening tools (questionnaires, programs, web-based screens)
- Falls risk screening tools and educational materials

Implementation Guidance

Document web and social media communications that promote hearing and falls prevention, as well as any educational or screening tools used by the practices such as CDC's STEADI (Stopping Elderly Accidents, Deaths & Injuries), dizziness handicap inventory, HHIE/A. Document all community outreach activities including dates, venues, audiences, and content delivered.

2.2 Process of Diagnosis

Standard: The practice shall use and document systematic, evidence-based protocols throughout the diagnostic process.

EXAMPLE Documentation

- Detailed case history forms
- Written diagnostic protocols referencing evidence-based best practices
- Sample (redacted) patient charts demonstrating protocol compliance

Implementation Guidance

Case history should include review of systems to identify comorbidities. Refer to the Audiology Practice Standards Organization's S3.1 Comprehensive Diagnostic Hearing Evaluation for Adult Patients at audiologystandards.org. Additional clinical guidelines are available at audiology.org/publications/guidelines-and-standards and asha.org/aud/healthcare.

2.3 Process of Treatment

Standard: The practice shall develop specific and measurable goals outlined within patient treatment plans, which recognize and support the unique needs of each patient.

EXAMPLE Documentation

- Communication needs assessment protocols (objective and subjective measures)
- Non-auditory assessment protocols (cognitive, visual, dexterity, and other applicable screenings)
- List of available technological and aural rehabilitation options with associated fees
- Sample care/treatment plans recommending assistive technology and/or auditory rehabilitation, demonstrating measurable patient goals or referral for further evaluation, management and/or treatment
- Policy on referring patients to other healthcare providers, including audiologists

2.4 Treatment with Amplification

Standard: The practice shall adhere to rigorous and consistent measures of quality control in the dispensing of amplification products.

EXAMPLE Documentation

- Electroacoustic analysis protocols correlating with ANSI standards
- Real-ear measurement protocols for gain verification
- Alternative conformity assessment protocols (sound field, aided speech in noise, questionnaires)
- Technology orientation and counseling protocols
- Outcome measurement protocols (objective benefit, subjective benefit, satisfaction, usage patterns)
- Recommendations on assistive technology (i.e. telecoils) when appropriate or required by state law. Implementation Guidance

Refer to the Audiology Practice Standards Organization's S2.1 Hearing Aid Fitting for Adult & Geriatric Patients at audiologystandards.org. Real-ear measures should be the primary verification method; alternative methods should only be used when technology or patient characteristics preclude real-ear protocols.

2.5 Other Services and 2.6 Referral Capabilities

For any additional clinical services (vestibular rehabilitation, tinnitus management, aural rehabilitation, CAPD, implantable technology), establish documented pre- and post-treatment measures. Maintain a professional referral network including primary care providers and specialists (otologists, neurologists, physical therapists, psychologists) and document intra-professional communication practices.

EXAMPLE Documentation

- Provide a referral list for your community for audiologic and vestibular services not provided by the practice

Section 3: Instrumentation, Equipment & Facilities

This section addresses the equipment and facility requirements necessary to provide safe and effective audiologic care.

3.1 Instrumentation and Equipment

Standard: The practice shall house and maintain instruments and equipment to assure safety and efficacy in treatment, as dictated by the services provided.

EXAMPLE Documentation by Equipment Category

Infection Control Equipment (3.1.1): Document disposable equipment (ear specula, eartips, probe tubes, etc.), personal protective equipment, cleaning/disinfecting products, and waste capture/storage materials. All must meet OSHA and CDC guidelines.

Audiologic Diagnostic Equipment (3.1.2): Document otoscopic equipment, sound-treated enclosure (meeting ANSI standards), audiometer (minimum 1.5 channel with air and bone conduction, speech capabilities), acoustic immittance instrumentation, and diagnostic OAE instrumentation. All equipment, including equipment not listed here, must meet applicable FDA requirements.

Audiologic Treatment Equipment (3.1.3): Document amplification programming equipment, hearing instrument test box, real-ear measurement instrumentation, audiometer with sound field equipment, cerumen management tools, and telehealth equipment if applicable.

Vestibular Equipment (3.1.4-3.1.5): If vestibular services are provided, document video nystagmography, caloric irrigator/stimulator, plinth/exam table, and any advanced diagnostic equipment. Document vestibular rehabilitation equipment including recording-capable video goggles.

Documentation Requirements

- Policy on services delivered within the practice
- Infection control manual and policies
- Photos of equipment
- Calibration and maintenance logs
- Equipment and facility manual

3.2 Facilities Management

Standard: The practice shall use and maintain facilities that promote patient safety, security, access, and mobility.

EXAMPLE Documentation

- Documentation of Americans with Disabilities Act compliance for waiting, treatment, and office areas
- HIPAA-compliant patient records storage protocol (with photos of storage area)
- Photos/video demonstrating facility cleanliness, maintenance, lighting
- Documentation of ventilation, temperature control, and noise management
- Evidence of compliance with zoning, fire, and occupancy requirements

Section 4: Practice Administration

This comprehensive section addresses the administrative infrastructure necessary to operate an ethical, compliant, and efficient audiology practice.

4.1 Mission and Vision

EXAMPLE Documentation

- Mission statement clearly outlining purpose, services, and how services are rendered
- Written statement of commitment to patient rights
- Photo showing mission statement posted in visible location
- Staff attestations demonstrating understanding of mission and core philosophies

4.2 Human Resources

EXAMPLE Documentation

- Employment policies meeting federal, state, and local requirements
- Executed confidentiality agreements for all staff (including students and observers)
- Current job descriptions for each position
- Credentials and licensure documentation for all staff
- Immigration, credentialing, insurance, and education/training documentation
- Comprehensive employee handbook including: roles/responsibilities, evaluations, anti-discrimination, benefits, training, conflict resolution, sick/vacation policies, hiring/discipline/dismissal, emergency planning, infection control, general conduct, and OSHA standards
- Organizational chart

4.3 Policies and Procedures

EXAMPLE Documentation

- Written guidelines for office and business management procedures
- Clinical protocols for all diagnostic, rehabilitative, and preventive services
- Safety protocols for staff and patients
- Policy on employee evaluations and feedback processes
- Documentation of regular staff meetings (schedules, agendas, minutes, action items)

4.4 Accounting and Financial Management

EXAMPLE Documentation

- Financial internal control procedures for cash management, banking, billing, and patient transactions
- Calculation of breakeven rate
- Usual and customary price list for all items and services provided
- Policy for accounts receivable management and insurance claims
- System documentation for payroll processing
- Accounts payable policies
- Capability to produce financial statements (P&L, balance sheet, cash flow) quarterly
- Annual budget

- Systems to deter/prevent theft, fraud, and waste

4.5 Insurance Contracting and Reimbursement

EXAMPLE Documentation

- Policies addressing coding practices, HIPAA, Stark, anti-kickback, and false claims compliance and documentation of annual training of staff
- Contracts for all third-party payers, including hearing benefit managers (redacted)
- Sample bills of service showing all applicable CPT, ICD, and HCPCS codes
- Third-party waivers and usage documentation
- Advanced Beneficiary Notices (ABNs), notices of non-coverage and process documentation
- Medicare Advantage pre-authorization process documentation
- Student supervision records demonstrating 100% supervision for Medicare Part B services
- Commercial insurance upgrade and coverage waivers and other notices/waivers of non-coverage
- Insurance verification form and/or process
- Sample redacted/de-identified patient records demonstrating documentation of medical necessity
- Sample redacted/de-identified patient records demonstrating documentation of prescribing of a hearing aid

4.6 Patient Sales Contracts and Purchase Agreements

EXAMPLE Documentation

- Sample sales/purchase agreement
- Sample price quote if required by state law

4.7 Marketing and Communication Plan

EXAMPLE Documentation

- Marketing and communications plan consistent with mission and vision
- Sample advertising materials demonstrating legal and ethical compliance (may include digital and printed materials)
- Crisis communications plan
- Social media policy
- Photo of name tags (physical or stitched on coat) and business cards
- URL of website

4.8 Records Management and Retention

Example Documentation

- Records retention policy compliant with federal, state, and local laws
- Retention schedule addressing patient records, financial records, equipment/calibration records, contracts, corporate filings, tax records, safety records, vendor records, and employment records

4.9 Vendor Management

Example Documentation

- Vendor evaluation and selection policies
- Vendor contracts and deviation documentation
- Redacted vendor loan agreements
- Business Associate Agreements (BAAs) for vendors with PHI access

Section 5: Quality Assurance and Performance Improvement

This section addresses the systems and processes necessary to ensure continuous quality improvement in clinical and administrative operations.

5.1-5.3 Training and Education

EXAMPLE Documentation

- Licensure documentation for all audiologists with annual liability/insurance deck page of annual liability insurance coverage
- Continuing education records (minimum 15 hours annually or state requirement)
- Licensure documentation for support staff (if required) or documentation supporting legal allowances for support staff
- Training policies and training records for all staff
- Individual training plans for audiologists and clinical support staff
- Documentation of support for continuing education (financial, time, case studies)

5.4 Written Clinical Protocols

Standard: All provided clinical services shall have a corresponding written protocol attesting to evidence-based best practice.

EXAMPLE Documentation

- Written protocols for routine and rare clinical events as warranted
- Citations to supporting protocols

5 Clinical Decision Trees (Algorithms)

Standard: Practices shall develop or adopt step-by-step clinical algorithms to determine whether and when to perform procedures.

EXAMPLE Documentation

- Clinical decision trees/algorithms with supporting references
- Documentation addressing protocols/procedures specific to developmental age/special populations, appropriate referrals, expected outcomes, clinical process, and interpretation guidelines
- Annual review records for all algorithms
- Documentation of, adherence to and attestation of the provision of evidence-based, accepted standards of audiology practice.

Implementation Guidance

The ASHA Joint Committee Clinical Practice Statements and Algorithms (asha.org/policy/GL1999-00013) provide a framework for developing clinical decision trees. Algorithms should be reviewed and updated annually to incorporate new evidence.

5.6 Coordinated Feedback

EXAMPLE Documentation

- Patient surveys and execution documentation
- Staff surveys and documentation for other mechanisms of feedback
- Staff meeting records (schedules, agendas, minutes, action items)
- For solo practitioners: self-reflection activity documentation

5.7 Practice, Provider, and Patient Metrics

EXAMPLE Documentation

- Key Performance Indicators (KPIs) for each practice area
- Published KPIs with rationale, chain of responsibility, and measurement intervals
- Staff training records related to KPIs
- KPI reports and documentation of use in decision-making

5.8 Equipment Calibration and Maintenance

EXAMPLE Documentation

- Calibration and maintenance schedule
- Calibration and maintenance records
- Policy providing for public inspection of calibration records upon request

5.9 Use of Artificial Intelligence

Standard: The practice shall establish and maintain an oversight structure, framework, and policies governing the use of artificial intelligence (AI).

EXAMPLE Documentation

- Education and training records on proper, ethical, and responsible AI use
- Policy/procedure manual for authorizing and incorporating AI
- Written policy on patient privacy and transparency regarding AI use
- Policy on data security, including controls against re-identification
- Records of continuous quality monitoring of AI tools
- AI safety event reporting and management records
- Process/policy for assessing AI risks and biases

Implementation Guidance

Refer to The Joint Commission and Coalition for Healthcare AI joint guidelines on Responsible Use of AI in Healthcare (RUAIH) for developing your AI governance framework.

Master Documentation Checklist

Use this checklist to track your progress in gathering required documentation. Check off each item as you complete it.

Manuals, Guides, and Plans

- ☐ Policy Manual (4.3)
- ☐ Training Manual (4.2)
- ☐ Emergency Action Plan (1.2.5)
- ☐ Infection Control Plan (1.2.4)
- ☐ Marketing & Communications Plan (2.1.1, 2.1.2)
- ☐ Manual of Clinical Protocols (Sections 2, 3, 5)
- ☐ Equipment and Facility Manual (Sections 2, 3, 1.1.6, 1.2.1)
- ☐ Employee Handbook (4.2)
- ☐ Crisis Communications Plan (4.7.3)

Core Policies

- ☐ Patient Rights Policy (1.1)
- ☐ Patient Information Disclosure Policy (1.1.1)
- ☐ Patient Safety/Zero Tolerance Policy (1.2, 1.2.2)
- ☐ Hygiene and Infection Control Policy (1.2.4)
- ☐ Anti-Discrimination Policy (1.3.1)
- ☐ Medical Records Release Policy (1.4)
- ☐ Patient Billing Policy (1.5.1, 1.5.2)
- ☐ Conflict of Interest Policy (1.5.3)
- ☐ Truth in Advertising Policy (1.5.4, 4.5, 4.7.1)
- ☐ Diagnostic and Treatment Protocols Policy (Section 2)
- ☐ Employment Policies (4.2.1)
- ☐ Financial Controls Policy (4.4.7)
- ☐ Insurance Contracting Policy (4.5)
- ☐ Records Retention Policy (4.8.1)
- ☐ Vendor Management Policy (4.9)
- ☐ KPI Policy (5.7)
- ☐ AI Use Policy (5.9)

Forms and Tools

- ☐ Patient Consent/Informed Consent Form
- ☐ New Patient/Intake and Case History Form
- ☐ Patient Interview Questionnaire
- ☐ Sign Language Interpreter Request Form
- ☐ Incident/Safety/Grievance Report Form
- ☐ Practice Environment Assessment Form
- ☐ Medical Records Request Form
- ☐ Patient Financial Responsibility Disclosure Form

- ☐ Conflict of Interest Disclosure Form
- ☐ Hearing Screening Tools
- ☐ Falls Risk Screening Tools
- ☐ Patient Surveys
- ☐ Employee Survey/Feedback Form
- ☐ Employee Confidentiality Agreement
- ☐ Employee Evaluation Form
- ☐ Patient Sales Agreement/Contract
- ☐ Business Associate Agreement Template
- ☐ HIPAA Notice of Privacy Practices and Acknowledgement Form
- ☐ Patient Financial Responsibility and Coverage Disclosure Form (Good Faith Estimate)
- ☐ Price Quote Form as Required by State Law
- ☐ Insurance verification form and/or process

Records to Compile

- ☐ Sample Patient Medical Records (redacted)
- ☐ Sample Patient Billing Records
- ☐ Employee Training Records
- ☐ Employee Licensure Records
- ☐ Continuing Education Documentation
- ☐ Staff Meeting Records and Minutes
- ☐ Third-Party Payer Contracts (redacted)
- ☐ Vendor Contracts (redacted)
- ☐ Executed Business Associate Agreements
- ☐ ABNs and Third-Party Waivers/Notices of non-coverage
- ☐ Calibration Records
- ☐ KPI Reports
- ☐ Month-end and Year-end Financial Reports
- ☐ Referral Network Contact Lists
- ☐ HIPAA Privacy, Security, and Breach Notification Policies
- ☐ Photo or Attestation of HIPAA Privacy Notices in Office and on Website
- ☐ Sample Redacted/De-identified Patient Records Demonstrating Documentation of Medical Necessity
- ☐ Sample Redacted/De-identified Patient Records Demonstrating Documentation of Prescribing of a Hearing Aid

Required Statements

- ☐ Mission Statement
- ☐ Statement on Commitment to Patient Rights
- ☐ Statement on Ethical, Clinical, and Operational Standards
- ☐ Zero Tolerance Statement
- ☐ Anti-Discrimination Statement

Equipment Documentation

- ☐ Infection Control Equipment Inventory (3.1.1)
- ☐ Audiologic Diagnostic Equipment Inventory (3.1.2)
- ☐ Audiologic Treatment Equipment Inventory (3.1.3)
- ☐ Vestibular Diagnostic Equipment Inventory (3.1.4) - if applicable
- ☐ Vestibular Rehabilitation Equipment Inventory (3.1.5) - if applicable
- ☐ Equipment Photos
- ☐ Facility Photos/Video

Key Resources and References

The following resources provide essential guidance for meeting accreditation standards:

Regulatory and Legal Resources

- **Americans with Disabilities Act:** ada.gov
- **HIPAA Requirements:** hhs.gov/hipaa/for-professionals/privacy/guidance/access
- **OSHA Evacuation Plans:** osha.gov/SLTC/etools/evacuation
- **EEOC Discrimination Laws:** eeoc.gov/laws
- **FTC Truth in Advertising:** ftc.gov/news-events/media-resources/truth-advertising
- **OIG Nominal Value Statement:** oig.hhs.gov/documents/special-advisory-bulletins/887/OIG-Policy-Statement-Gifts-of-Nominal-Value.pdf
- **State Medical Records Laws:** statelaws.findlaw.com/health-care-laws/medical-records.html

Clinical Guidelines and Standards

- **Audiology Practice Standards Organization:** audiologystandards.org
- **AAA Guidelines and Standards:** audiology.org/publications/guidelines-and-standards
- **ASHA Healthcare Resources:** asha.org/aud/healthcare
- **ASHA Clinical Algorithms:** asha.org/policy/GL1999-00013
- **CDC STEADI Falls Prevention:** cdc.gov/steadi/materials.html
- **CDC Infection Control:** cdc.gov/infection-control/hcp/guidance

Professional Ethics

- **ADA Code of Ethics:** audiologist.org/academy-documents/code-of-ethics
- **AAA Code of Ethics:** audiology.org/clinical-resources/code-of-ethics

Training Resources

- **Ida Institute Learning Hall:** idalearninghall.fuseuniversal.com
- **Decision Aids (HARL):** harlmemphis.org/index.php/clinical-applications/decision-aid
- **Joint Commission AI Guidelines:** digitalassets.jointcommission.org (RUAIH Guidelines)

FDA Regulatory References

- **21 CFR 874 (Ear, Nose, Throat Devices):** ecfr.gov/current/title-21/chapter-I/subchapter-H/part-874
- **21 CFR 882 (Neurological Devices):** ecfr.gov/current/title-21/chapter-I/subchapter-H/part-882
- **21 CFR 890 (Physical Medicine Devices):** accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=890

Conclusion and Next Steps

Achieving ADA Practice Accreditation represents a significant commitment to excellence in audiology care. This manual has provided you with a comprehensive roadmap for preparing your practice to meet the accreditation standards. Remember that accreditation is not just about documentation—it reflects a genuine commitment to patient-centered, evidence-based, ethical practice.

Recommended Next Steps

6. **Complete the Gap Analysis:** Use the Master Documentation Checklist to assess your current compliance status.
7. **Prioritize Development Areas:** Focus first on foundational elements like mission statements, core policies, and clinical protocols.
8. **Engage Your Team:** Involve all staff members in the accreditation preparation process to build ownership and ensure compliance.
9. **Establish Timelines:** Create a realistic implementation schedule following the phased approach outlined in this manual.
10. **Seek Support:** Contact the Academy of Doctors of Audiology for guidance and clarification on specific standards as needed.

Your commitment to practice accreditation reflects your dedication to providing the highest quality audiologic care to your patients. We wish you success in your accreditation journey.