

To: [Insert Supervisor Name]
From: [Insert Your Name]
Date: [Insert Date]
Subject: Request to Participate in Certificate Program for Audiology Preceptors (CH-AP)

I am writing to request support in completing an assessment-based certificate program to earn recognition as an Audiology Preceptor. The program is offered through the American Board of Audiology (ABA), a credentialing organization that creates, administers, and promotes rigorous credentialing programs that elevate professional practice and advance patient care. ABA credentials are earned by leading audiologists, respected by other healthcare providers, and trusted by patients.

ABA's Certificate Holder—Audiology Preceptor (CH-AP) Certificate Program consists of four (4) self-paced, online training courses that must be completed within a 12-month time frame. I will not have to complete any assignments during work hours and there are no travel costs.

Upon completion for the program, I will have earned the Certificate Holder – Audiology Preceptor (CH-AP) credential, which is valid for five (5) years. I will also walk away understanding:

- 1) professional responsibilities, obligations and attributes of an effective preceptor,
- 2) legal obligations and considerations for preceptors,
- 3) role of assessments in clinical education, including setting realistic goals for the clinical experience,
- 4) effective instructional strategies for the clinical setting, including adult teaching and learning principles, learning styles and models of learning,
- 5) professional ethics in precepting, and
- 6) billing and coding issues related to precepting.

The cost to enroll is [Insert one: Academy member price or non-member price], which includes four (4) online courses; and links to external resources, useful documents and templates.

The ABA also will add my name, organization, and credential to the National Public Registry of Audiology Preceptors™ for consumers, university programs and students to search for preceptors who hold the CH-AP certificate.

Thank you for considering supporting my professional development through the ABA Certificate Holder – Audiology Preceptor Certificate Program.

Kind regards,
[Insert Your Name]