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**BOARD OF EXAMINERS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

CHAPTER 115

Statutory Authority: 1976 Code Sections 40-1-70 and 40-67-90

115-2. General Licensing Provisions.

115-3. Speech-Language Pathology Assistants.

115-4. Supervised Professional Employment.

115-7. Code of Ethics.

**Synopsis:**

 To satisfy the requirements of licensure for speech-language pathologists and audiologists, Regulations 115-2 through 115-4 and 115-7 are updated in conformance with the current Speech-Language Pathology and Audiology Practice Act.

The Notice of Drafting was published in the *State Register* on November 25, 2011.

**Instructions:**

The following sections of Chapter 115 are modified as provided below. All other items and sections remain unchanged.

**Text:**

115-2. General Licensing Provisions.

Each applicant for a license must submit a notarized application form to the board office. The appropriate fee must be received before the application may be evaluated.

(A) An applicant for active licensure in Speech-Language Pathology or Audiology must submit or cause to be submitted documented evidence of the following:

(1) a post-graduate degree in speech-language pathology or audiology from a school or program determined by the board to be equivalent to those accredited by the Council on Professional Standards of the American Speech-Language Hearing Association (ASHA);

(2) a minimum score of 600 on a national examination approved by the board; and

(3)(a) completed supervised professional employment (SPE); or

(b) meets ASHA's standards for Certificate of Clinical Competence or its equivalent as approved by the board, in Speech-Language Pathology or Audiology in effect at the time of application; or

(c) have a current ASHA Certificate of Clinical Competence or its equivalent as approved by the board.

(B) An applicant for a speech-language pathology or audiology intern license must submit or cause to be submitted documented evidence of having satisfied the requirement of (A)(1).

A speech-language pathology or audiology intern license must be issued to an applicant who has satisfied the requirement of subsection (A)(1) but who has not passed the examination required by subsection (A)(2) or who lacks the supervised professional employment as required by subsection (A)(3), or both.

A person who has been issued a license as an intern who has not met the requirement of subsection (A)(2) must pass an examination approved by the board within twelve months of the issuance of the intern license.

115-3. Speech-Language Pathology Assistants.

To be licensed as a Speech-Language Pathology Assistant and applicant must:

(1) submit an application on forms approved by the board;

(2) submit an application fee as prescribed by the board;

(3) present evidence of a bachelor's degree in Speech-Language Pathology.

A bachelors degree in Speech-Language Pathology must include as a minimum the following core curriculum of 36 semester hours and not less than 100 clock hours of clinical practicum.

(A) Specialized Preparation: 36 Semester Hours

(1) Directed Teaching in Speech Correction (6 Semester Hours)

 100 clock hours of supervised clinical practicum in not less than two different sites.

(2) Basic Area

 Anatomy, physiology, mechanics, and function of the ear and vocal mechanism.

 Phonetics

 Semantics

 Speech and Voice Science

 Psychology of Speech

 Experimental Phonetics

(3) Speech Pathology and/or Correction Courses (12 Semester Hours)

 Stuttering

 Articulation

 Voice Disorders

 Cleft Palate

 Aphasia

 Cerebral Palsy

 Psychogenic Speech Disorders

 Pathological Speech Disorders

(4) Audiology (3 Semester Hours)

Testing of Hearing

Introduction of Audiology

Auditory Training

Speech Reading

Speech for the Deaf or Hard of Hearing

(5) Psychology (6 Semester Hours)

Human Growth and Development

Psychology of Adjustment or

Abnormal Psychology

(6) Basic Course in Public Speaking (3 Semester Hours)

(B) General Guidelines

(1) No speech-language pathology assistant may begin working in direct contact with clients/patients without the board's written approval of the supervisory agreement and on the job training plan.

(2) Only a speech-language pathologist with an active license in good standing may supervise speech-language assistants.

(3) A speech-language pathologist may supervise no more than two full-time or three part-time speech-language pathology assistants. Full time is defined as 40 work hours per week.

(4) If, for any reason, there is a change in supervising speech-language pathologist, it is the responsibility of the supervising speech-language pathologist to notify the board in writing within seven (7) working days that the supervisory agreement has been discontinued.

(5) The assistant's license shall become void when the authorized supervisor is no longer available for supervision. The license will be reactivated upon receipt and approval by the board of a new supervisory agreement and the change in supervising speech-language pathologist fee specified in Section 40-67-50.

(6) At the time of license renewal, supervising speech-language pathologists are to list the names of all those speech-language pathology assistants they are supervising.

(7) A speech-language pathology assistant may work part-time for more than one supervising speech-language pathologist provided that the board has approved supervisory agreements for each supervising speech-language pathologist.

(8) A licensed speech-language pathologist who supervises any speech-language pathology assistant must provide each speech-language pathology assistant with on the job training and must maintain responsibility for all services performed or omitted by such speech-language pathology assistant(s).

(C) On-the-Job Training

At a minimum, on-the-job training (OJT) must include step-by-step instruction of each and every service or task the speech-language pathology assistant is to perform and continuous visual observation by the supervising speech-language pathologist of the speech-language pathology assistant's performance of each service or task until the supervising speech-language pathologist establishes the speech-language pathology assistant's competence. The supervising speech-language pathologist must maintain a written record of each service or task indicating the activity, date, time, and location of the training demonstration and observations. This record must be signed by both the supervising speech-language pathologist and the speech-language pathology assistant and a copy must be provided to the speech-language pathology assistant. The supervising speech-language pathologist and the speech-language pathology assistant must maintain such records for a period of four (4) years and such records must be made available to the director or his designee upon request.

(D) Supervision - General.

Supervising speech-language pathologists are responsible for all the clinical services provided or omitted by the speech-language pathology assistant(s). When speech-language pathology assistants provide direct services, the supervising speech-language pathologist is responsible for informing, in writing, all the clients (or their legal guardians), referring agencies, and third-party payers. Further, it is the supervisor's responsibility to ensure that the assistant is clearly identified at all times as an assistant by means of a name tag or similar identification. At no time may a speech-language pathology assistant perform tasks when the supervising speech-language pathologist cannot be reached by personal contact, phone, pager, or other immediate means. The supervisor must make provisions, in writing, for emergency situations including designation of another licensed speech-language pathologist who has agreed to be available on an as needed basis to provide supervision and consultation to the assistant when the supervisor is not available. If for any reason (i.e., maternity leave, illness, change of job) a supervisor is not able to provide the level of supervision stipulated, the assistant may not perform client contact tasks.

(E) Direct Supervision.

Following initial OJT, direct supervision of each speech-language pathology assistant must consist of a minimum of 15% (6 hours per 40 hour work week) or one of every seven visits per patient of direct, visual supervision of client contact to include a sampling of each assigned service or task. This direct supervision must be documented in writing. This documentation must be maintained by the supervising speech-language pathologist for a period of four years and must be made available to the director or his designee upon request.

(F) Indirect Supervision.

In addition to direct supervision, indirect supervision is required a minimum of 5% (2 hours per 40 hour work week) and must include review of written records and may include demonstrations, review and evaluation of audio- or video- taped sessions, and/or supervisory conferences.

(G) Quarterly Reviews.

In addition to direct and indirect supervision, the supervising speech-language pathologist must conduct quarterly performance reviews of each speech-language pathology assistant's performance of each assigned service or task. Such quarterly reviews must document, on a form approved by the board, direct observation of each task or service assigned to the speech-language pathology assistant. These reviews must be signed by both the supervising speech-language pathologist and the speech-language pathology assistant and must be maintained by the supervising speech-language pathologist for a period of four (4) years and must be made available to the director or his designee.

(H) Scope of Practice.

The supervising speech-language pathologist accepts full and complete responsibility for all services and tasks performed or omitted by the speech-language pathology assistant. Provided that education, training, supervision and documentation are consistent with that defined in this chapter, the following tasks may be designated to the speech-language pathology assistant:

(a) Conduct speech-language or hearing screenings (without interpretation) following specified screening protocols developed by the supervising speech-language pathologist.

(b) Provide direct treatment assistance to patients/clients identified by the supervising speech-language pathologist.

(c) Follow documented treatment plans or protocols developed by the supervising speech-language pathologist.

(d) Document patient/client progress toward meeting established objectives as stated in the treatment plan.

(e) Assist the supervising speech-language pathologist during assessment of patients/clients.

(f) Assist with tallying patient/client responses, prepare therapy materials, schedule activities, prepare charts and assist with other clerical tasks as directed by the supervising speech-language pathologist.

(g) Perform checks and maintenance of equipment.

(h) Assist the supervising speech-language pathologist in research projects, in-service training and public relations programs.

(i) Sign treatment notes which must be reviewed and co-signed by the supervising speech-language pathologist.

(j) Discuss with the client, his guardian or family members specifically observed behaviors that have occurred during treatment when such behaviors are supported by documented objective data.

(k) Upon assignment of the supervising speech-language pathologist, present information designated in writing by the supervising speech-language pathologist regarding patients/clients at staffings or conferences.

(I) Prohibited Activities.

The speech-language pathology assistant may not:

(1) Perform diagnostic tests of any kind, formal or informal evaluations, or interpret test results.

(2) Participate in parent conferences, case conferences, or any interdisciplinary team meetings where diagnostic information is interpreted or treatment plans developed without the presence of the supervising speech-language pathologist or designated licensed speech-language pathologist.

(3) Provide patient/client or family counseling.

(4) Write, develop, or modify a patient/client's treatment plan in any way.

(5) Assist with patients/clients without following a documented treatment plan which has been prepared by a licensed speech-language pathologist and for which the speech-language pathology assistant has not received appropriately documented OJT.

(6) Sign any formal documents (e.g., treatment plans, reimbursement forms or reports) without the signature of the supervising speech-language pathologist.

(7) Select patients/clients for services.

(8) Discharge patients/clients from services.

(9) Disclose clinical or confidential information either orally or in writing to any one not designated in writing by the supervising speech-language pathologist.

(10) Make referrals for additional services.

(11) Provide any interpretation or elaboration of information that is contained in reports written by any licensed speech-language pathologist.

(12) Represent himself to be a speech-language pathologist.

(13) Make advertisement or public announcement of services independent of the supervising speech-language pathologist.

115-4. Supervised Professional Employment.

(A) Supervised professional employment (SPE) means direct clinical work with patients, consultations, record keeping, or any other duties relevant to a bona fide program of clinical work. It is expected, however, that a significant amount of clinical experience will be in direct clinical contact with persons who have communication disorders. Time spent in supervision of students, academic teaching, and research, as well as any administrative activity that does not deal directly with management programs of specific patients or clients will not count toward completion of the SPE.

(B) The SPE is defined as not fewer than nine (9) months of full-time professional employment, whether or not for wages or other compensation. Full-time employment means a minimum of thirty (30) clock hours or work per week. This requirement may also be met by part-time employment as follows:

(1) fifteen (15) to nineteen (19) hours of work per week over a period of eighteen (18) months;

(2) twenty (20) to twenty-four (24) hours of work per week over a period of fifteen (15) months; or

(3) twenty-five (25) to twenty-nine (29) hours of work per week over a period of twelve (12) months.

In the event that part-time employment is used to fulfill a portion of the SPE, one hundred (100%) percent of the minimum hour requirements for part-time work must be spent in direct professional employment as defined above.

(C) SPE supervision must entail the personal and direct involvement of the supervisor in observations of diagnostic and therapeutic procedures that will permit the SPE supervisor to monitor, improve and evaluate the intern's performance in professional clinical employment. The supervision must include on-site observations of the intern. Other monitoring activities such as conferences with the intern, evaluation of written reports, and evaluation by professional colleagues may be executed by correspondence. The intern's supervisor must base the total evaluation on no fewer than thirty-six (36) monitored activities (a minimum of four hours per month). The monitoring activities must include at least eighteen (18) on-site observations (a minimum of two hours each month). Should a supervisor suspect at any time during the SPE that an intern will not meet the requirements of this section, the supervisor must counsel the intern both orally and in writing and maintain carefully written records of all contacts and conferences in the ensuing months.

(D) Within one month of completion of the SPE, the supervisor must conduct a formal evaluation of the intern's performance and submit the evaluation to the board. Such evaluation must be completed on a form approved by the board, must be signed and dated by both the intern and the supervisor, and must include a recommendation by the supervisor that in his opinion the intern either is or is not qualified for full licensure.

115-7. Code of Ethics.

PRINCIPLE 1: Members shall provide professional services with honesty and compassion, and shall respect the dignity, worth and rights of those served.

Rule 1a: Individuals shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services.

Rule 1b: Individuals shall not discriminate in the provision of services to individuals on the basis of gender, race, religion, national origin, sexual orientation, or general health.

PRINCIPLE 2: Individuals shall maintain high standards of professional competence in rendering services, providing only those professional services for which they are qualified by education and experience.

Rule 2a: Individuals shall use available resources including referrals to other specialists, and shall not accept benefits or items of personal value for receiving or making referral.

Rule 2b: Individuals shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services.

Rule 2c: Individuals shall not provide services except in a professional relationship.

Rule 2d: Individuals shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel. Individuals shall not delegate any service requiring professional competence to unqualified persons.

Rule 2e: Individuals shall not permit personnel to engage in any practice that is a violation of the Code of Ethics.

Rule 2f: Individuals shall maintain professional competence, including participation in continuing education.

PRINCIPLE 3: Individuals shall maintain the confidentiality of the information and records of those receiving services.

Rule 3a: Individuals shall not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law.

PRINCIPLE 4: Individuals shall honor their responsibility to the public by promoting public understanding of the profession, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communication involving any aspect of the professions.

Rule 4a: Individuals shall not misrepresent their credentials, competence, education, training, or experience.

Rule 4b: Individuals shall not participate in professional activities that constitute a conflict of interest.

Rule 4c: Individuals shall not misrepresent diagnostic information, services rendered, or products dispensed or engage in any scheme or artifice to defraud in connection with obtaining payment or reimbursement for such services or products.

Rule 4d: Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, and about professional services.

Rule 4e: Individuals' statements to the public - advertising, announcing, and marketing their professional services, reporting research results, and promoting products - shall adhere to prevailing professional standards and shall not contain misrepresentations.

PRINCIPLE 5: Individuals shall provide accurate information about the nature and management of communicative disorders and about the services and products offered.

Rule 5a: Individuals shall provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered, or products provided.

Rule 5b: Individuals may make a statement of prognosis, but shall not guarantee results, mislead, or misinform persons served.

Rule 5c: Individuals shall not carry out teaching or research activities in a manner that constitutes an invasion of privacy, or that fails to inform persons fully about the nature and possible effects of these activities, affording all persons informed free choice of participation.

Rule 5d: Individuals shall maintain documentation of professional services rendered.

PRINCIPLE 6: Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of allied professions, maintained harmonious interprofessional and intra professional relationship and adopt the professions' self-imposed standards.

Rule 6a: Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

Rule 6b: Individuals shall not engage in dishonesty, fraud, deceit misrepresentation, or any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

Rule 6c: Individuals shall assign credit only to those who have contributed to a publication, presentation or product. Credit shall be assigned in proportion to the contribution and only with the contributors consent.

Rule 6d: Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

Rule 6e: Individuals shall not discriminate in their relationships with colleagues, students and members of the allied professions on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation or disability.

Rule 6f: Individuals who have reason to believe that the Code of Ethics has been violated shall inform the board.

Rule 6g: Individuals shall cooperate fully with the board in its investigation and adjudication of matters related to the Code of Ethics.

**Fiscal Impact Statement:**

 There will be no cost incurred by the State or any of its political subdivisions.

**Statement of Rationale:**

 These regulations are updated in conformance with the current Speech-Language Pathology and Audiology Practice Act.