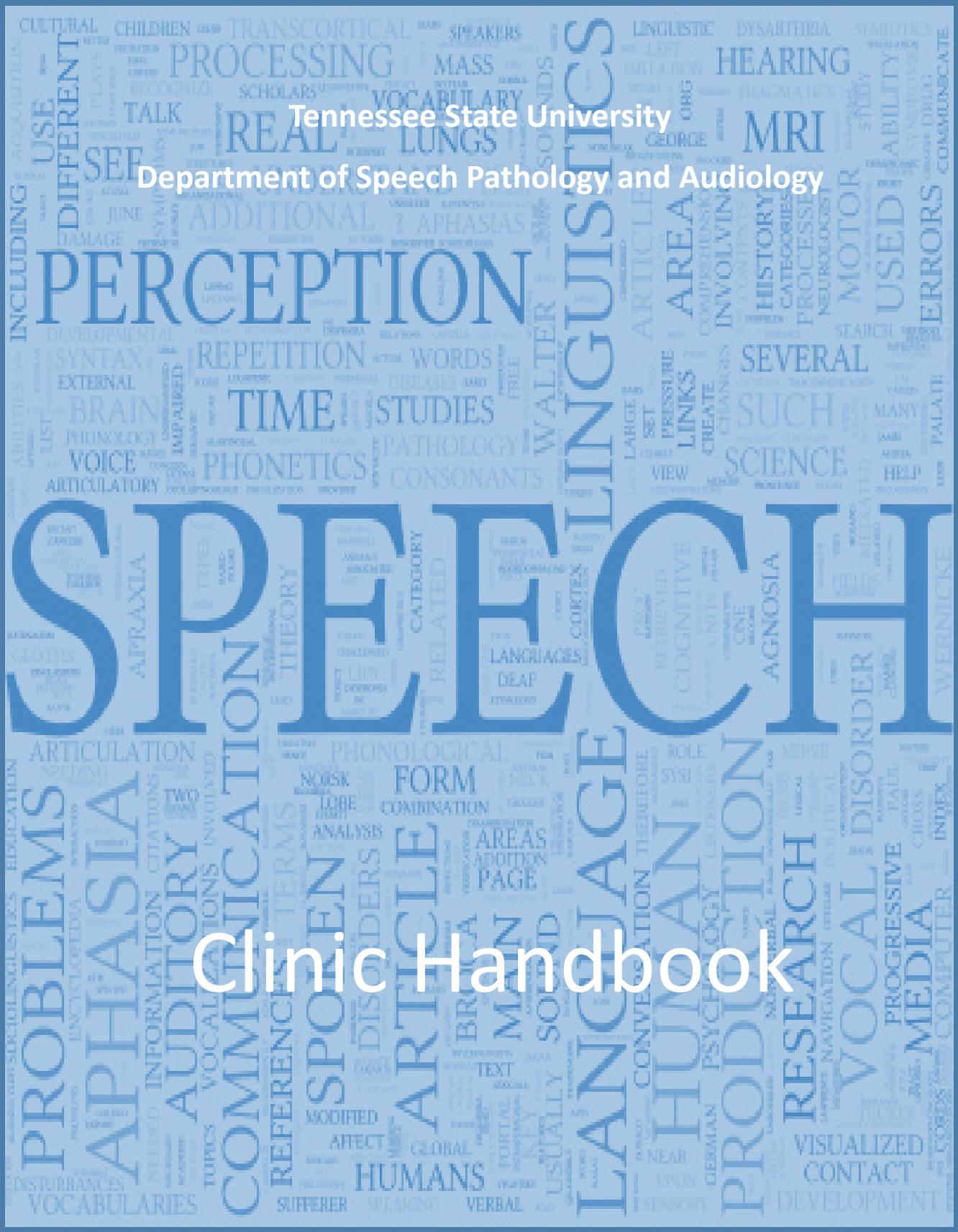
Tennessee State University
Department of Speech Pathology and Audiology
PERCEPTION
SPEECH
LINGUISTICS
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REPETITION
WORDS
SEVERAL
SCIENCE
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PROBLEMS
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Clinic Handbook

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Introduction
Welcome to Clinical Practicum!

What is the mission of the Tennessee State University Department of Speech Pathology and Audiology?
What is the Mission of the Tennessee State University Speech and Language Clinic and Audiology Testing and Research Clinic?

This handbook is intended to provide information you will need as you progress through your clinical experiences, some of which will be at Tennessee State University's Speech and Language Clinic and Audiology Testing and Research Clinic.

The Department of Speech Pathology and Audiology at Tennessee State University is committed to providing a comprehensive program of academic and clinical instruction across the life span, leading to an applied knowledge of the complex processes underlying human communication. The faculty and staff are dedicated to providing a strong educational environment that facilitates the acquisition of knowledge and skills, encourages intellectual curiosity, engenders awareness of issues in culturally diverse populations and promotes responsible ethical behavior. The curriculum, consistent with the stated missions of both the University, and the College of Health Sciences, is professionally based, preparing its graduates to provide the highest quality assessment and treatment of communication disorders.

The mission of the Tennessee State University, Speech and Language Clinic and Audiology Testing and Research Clinic is to provide clinical teaching and clinical practicum opportunities for students enrolled in the clinical training program in accordance with the mission of the Department of Speech Pathology and Audiology and to provide high quality diagnostic and treatment services to persons with speech, language, and/or hearing problems in accordance with federal and state regulations and the guidelines mandated by the American Speech-Language Hearing Association (ASHA).

Diagnostic and treatment services are provided at the Audiology Testing and Research Clinic and the Speech-Language Pathology Clinic by student clinicians under the supervision of experienced, licensed and certified clinical instructors. Supervision is carried out in accordance with the guidelines mandated by the ASHA 2014 Standards.

The master's degree program in Speech-language pathology at Tennessee State University is accredited by ASHA through the Council on Academic Accreditation (CAA) of the.

Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology
American Speech-Language-Hearing Association
2200 Research Boulevard, #310
Rockville, MD 20850
accreditation@asha.org
Phone: 1-800-498-2071 or 301-296-5700; Fax 301-296-8570

Tennessee State University
Department of Speech Pathology and Audiology

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Speech Pathology / Audiology Faculty

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Services at the Speech and Language Clinic and Audiology Testing and Research Clinic

What services are offered at the Speech and Language Clinic and the Audiology Testing and Research Clinic?

Services Provided:

1. Evaluation and treatment of children and adults for a wide range of speech and language problems including: adult neurogenic disorders, voice, fluency, pediatric phonologic/articulation disorders, pediatric language disorders, augmentative and alternative communication, aural rehabilitation and auditory processing problems
2. Individual and group speech and language therapy
3. Audiologic testing
4. Hearing aid orientation, evaluation and counseling. Assistive listening device counseling, selection and dispensing
5. Individual and group audiologic (re) habilitation
6. Family counseling for individuals and/or family members of individuals who have communication disorders

Population Served:

Children and adults from the community and campus.

Hours of Operation:

9:00 a.m. to 5:00 p.m.

Fees:

$65/semester; also can offer a sliding fee scale

Referral:

Individuals are accepted for assessment and treatment based on the service requested, availability of staff and appropriateness for clinical training and research.

Director of Clinic:

Dr. Tina Smith, CCC-SLP

Phone: (615) 963-7092

Fax: (615) 963-7119

Goals:

1. To provide appropriate prevention, identification, diagnosis, and treatment and/or referral services to individuals with communication disorders.
2. To provide student clinicians with a continuum of supervised experiences (e.g. observation, diagnosis, and treatment) designed to develop competence in total case management.
3. To train family members of person with communication disabilities to deal effectively with communication disorders in the home.

4. To provide consultative services and act as a resource for local professionals serving persons with communication disorders.
5. To provide information regarding the identification and prevention of communication disorders to local communities.

Guiding Principles
What guides the decision making at the Speech-Language Pathology Clinic?

Code of Ethics

The Code of Ethics of the American Speech-Language Hearing Association serves as the “ground rules” for the professionals in speech-language pathology and audiology. The principles encompass: conduct toward the client, the public and fellow professionals. Student Clinicians are expected to read and observe the principles of the Code of Ethics in all aspects of clinical practice while enrolled in the program (see Appendix D).

Scope of Practice

The scope of practice documents are an official policy of the American Speech-Language-Hearing Association defining the breadth of practice within the profession of speech-language pathology. Please see Appendix D for the scope of practice for Speech-Language Pathology.

Clinical Practicum Program

What do I need to know about the Clinical Practicum Program?

Clinical Practicum experiences are organized so that students meet, at minimum, certification requirements of the American Speech-Language Hearing Association (see Appendix D).

The clinical instruction faculty in response to a particular student's interests or needs may require additional experiences to meet state licensure or educational licenses requirement.

Clinical certification requirements are outlined in ASHA's Certification Handbook for the Speech-Language Pathology (See Appendix D). Based on the ASHA 2014 standards for certification in Speech-Language Pathology, students are required to accumulate a minimum or 400 clinical hours.

For Speech-Language Pathology Majors

Type of Experiences	Area	Minimum Number of Hours
Clinical Observation		**25 hours**
Clinical Practicum		
Assessment	• articulation • fluency • voice and resonance, including respiration and phonation • receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities • hearing, including the impact on speech and language • swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction) • cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning) • social aspects of communication (including	**Practicum experience must be obtained in all nine areas, across the life span (including pediatric, adult, and geriatric), and must be sufficient in duration to establish and document competence in each area.** • **400 hours total** • **325 hours while enrolled in a graduate program**
Treatment		
Prevention		

	challenging behavior, ineffective social skills, lack of communication opportunities) • communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)

*Please refer to the ASHA SLP Certification Handbook for a detailed explanation of these requirements.

Students are encouraged to keep their own record of clinical clock hours and check with Coordinator of Clinical Externships to ascertain that the accuracy of the department computer spreadsheet maintained by Tennessee State University for each student.

Undergraduate Clinical Practicum Courses

What clinical practicum courses must students have at the undergraduate level in order to obtain the B.S. degree Health Sciences with a concentration in Communication Sciences and Disorders?

Enrollment in these classes is dependent upon successful completion of prerequisite courses (SPTH 2600, 3100, and 3500) and admission to the HLSC concentration in Communication Sciences and Disoders. Grades of "C" or better are required in courses within the major. Grades that are less than "C" must be repeated. Course registration must be guided by your academic advisor.

Course Number	Course Name	Course Description
SPTH 3514	**Observation of Clinical Practicum (1 hour)**	**Students will be required to complete 25 hours of clinical observation across the life span (assessment or therapy) in Speech Pathology and Audiology, as required by ASHA.**
SPTH 4514	**Clinical Practicum**	**An introduction to client management in the field of speech-language pathology and audiology, which will include planning, evaluation, treatment and follow-up. Student will receive a clinical assignment with direct supervision.** Prerequisite: SPTH 3514

Graduate Clinical Practicum Courses

What clinical practicum courses must students have at the graduate level in order to obtain the M.S. degree in Speech and Hearing Sciences?

Course Number	Course Name	Course Description
SPTH 5510	Advanced Clinical Practicum: Speech-Language	Clinical opportunities in the diagnosis, evaluation, remediation, management, and counseling of person with speech-language impairments. All clinical practica are under the supervision of ASHA certified personnel. This 1 credit hour course is required for 5 semesters.
SPTH 5710	Advanced Clinical Practicum: Audiology	Practical experience in the management of the hearing impaired population. Includes case history, report writing, and screening procedures for hearing loss, hearing disability, and middle ear dysfunction. This 1 credit hour course is required for 1 semester.

Preferred Practice Patterns
What are the *preferred practice patterns?*

Clinical Instructors and Student Clinicians are expected to follow and reference Preferred Practice Patterns of the Profession of Speech-Language Pathology as outlined by the American Speech-Language Hearing Association (Appendix D).

- Preferred Practice Patterns define universally applicable characteristics of the activities directed towards the recipients of audiology and speech-language pathology services.
- Components of Preferred Practice Patterns describe accepted diagnostic or therapeutic procedure:
- Professionals who perform the procedure(s) Support personnel who perform procedure(s) Expected outcomes Clinical indications Clinical processes
- Setting/equipment specifications Safety and health precautions

Preferred Practice Patterns can be obtained from ASHA in booklet form or can be accessed on the Internet by:

- Locating the website of the American Speech-Language Hearing Association Click on "Practice Management"
- On the right banner, click on "Practice Policy"
- Click on "P""
- Click on "Preferred Practice Patterns" or http://www.asha.org/policy/PP2004-00191.htm

Each student is required to have a copy of Preferred Practice Patterns accessible for easy reference and discussion during clinical activities.

Obtaining and Documenting Clinical Clock Hours
What are ASHA's standards for obtaining and documenting clinical clock hours for certification in Speech-Language Pathology and Audiology?

Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the scope of practice of speech-language pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area. Such supervision may occur simultaneously with the student's observation or afterwards through review and approval of written reports or summaries submitted by the student. Students may use video recordings of client services for observation purposes.

In order to count clinical clock hours toward meeting certification and/or licensure requirements, only direct contact with the client or the client's family in assessment, intervention, and/or counseling can be counted toward practicum. Active involvement includes, but is not limited to, the following:

- Actual service delivery (therapy or diagnostics). Recording data during the session; and
- Time spent with either the client or a family member engaging in information seeking, information giving, counseling, or training for a home program may be counted as clinical clock hours, provided the activity is directly related to evaluation or treatment.

If a client presents communication disorders in two or more of the disorder categories, accumulated clock hours should be distributed among these categories according to the amount of treatment time spent on each.

Typically, only one student should be working with a given client at a time in order to count the practicum hours. In rare circumstances, it is possible for several students working as a team to receive credit for the same session. For example, in a diagnostic session, if one student evaluates the client and other interviews the parents, both students may receive credit for the time each spent in providing the service. However, if student A works with the client for 30 minutes and student B works with the client for the next 45 minutes, each student receives credit for only the time he/she actually provided services—that is, 30 minutes for student A and 45 minutes for student B.

Report writing, planning sessions, learning to administer tests *or* procedures, *or* passively observing without active involvement with the client/family **CANNOT** be counted as legitimate clinical clock hours.

ASHA **does not** allow practica hours for participation in multidisciplinary staffing, educational appraisal, and review or in meeting with professional persons regarding diagnosis and treatment of a given client. ***Conference time with Clinical Instructors/Supervisors may NOT be counted.***

Direct supervision must be in real time and must never be less than **25%** of the student's total contact with each client/patient and must take place periodically

throughout the practicum. These are minimum requirements that should be adjusted upward if the student's level of knowledge, experience, and competence warrants. A supervisor must be available to consult as appropriate for the client's/patient's disorder with a student providing clinical services as part of the student's clinical education. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence.

IF IN DOUBT ABOUT THE LEGITIMACY OF A PARTICULAR ACTIVITY, CONSULT COORDINATOR OF CLINICAL EDUCATION OR COORDINATOR STUDENT EXTERNS

Supervision of Clock Hours

Persons holding the CCC-SLP may supervise:

- All Speech-Language Pathology evaluations and treatment services
- Aural habilitation and rehabilitation services
- Audiologic screening (i.e. pure-tone air conduction screening and testing, and screening tympanometry) for the purpose of the initial identification and/or referral of individuals other communication disorders or possible middle ear pathology
- Management of children and adults with auditory processing disorders

Persons holding the CCC-A may supervise:

- Audiologic evaluation/assessment
- Intervention for central auditory processing disorders, amplification (hearing aid selection and management)
- Speech and/or language screening for the purpose of initial identification of individuals who may have other communication disorders
- Aural habilitation and rehabilitation services
- Evaluation and management of children and adults with auditory processing disorders

Keeping Track of Your Clinical Clock Hours

How do I keep track of clinical clock hours?

The student is responsible for obtaining supervisor verification of clinical hours through a signature. Clock hours should be signed within the same week obtained. Supervisor initials pm;u will not be accepted. You should keep track of all clinical clock hours completed using the departmental Weekly Clinical Hour Log. The supervisor should correct initial and any errors made on the Weekly Log form.

At the end of the term, when hours are to be submitted, the student must fill out the departmental Semester Summary of Clinical Clock Hours form for submission. This form must be filled out correctly prior to recording the clock hour information into the departmental electronic summary of clinical clock hour spreadsheet for each student. White outs, mark-overs, strikeouts, ditto marks or arrows will not be permitted on this log form. Incorrect forms will be returned to the student. Please see Appendix C for a copy of the Weekly Clinical Log form and the Semester Summary of Clinical Clock Hour form.

If a student fails to complete the required number of hours in an appropriate distribution, he/she will not receive Departmental endorsement for certification and licensure.

Undergraduate Hours in Speech-Language Pathology and Audiology: **GRADUATE STUDENTS**

If a student has completed clinical hours (observation and/or practicum) in an undergraduate program, he/she must report and provide written verification of hours to the Coordinator of Clinical Education immediately upon entering the program. Copies of observation log forms, including supervisor's signatures and ASHA account numbers must be received before a clinical practicum assignment can be given in the TSU Speech and Language Clinic. The Coordinator will verify and enter these hours on the Summary of Clinical Clock Hour form and the departmental electronic summary of clinical clock hour spreadsheet for each student at the end of the term. According the ASHA guidelines and Departmental policy, you will be permitted to use a total of 50 hours of supervised, documented undergraduate clinical practicum clock hours toward the 400 hours required by ASHA.

Undergraduate Students:
SPTH 3514 level students are required to observe a total of 25 hours prior to receiving a clinical assignment in SPTH 4514. Those 25 clock hours must concern the evaluation and treatment of children and adults with disorders of speech, language, or hearing. This observation experience must be under the direct supervision of ASHA certified clinician.

Student Clinic Assignment

What do I need to know about student clinical assignment?

1. Clinic assignments are made by the clinical faculty based on students' demonstrated knowledge and skills in academic course work and previous practicum experience. In order to receive an assignment, students MUST be enrolled in the appropriate practicum course(s).

2. Students are assigned to clients in order to meet clinic caseload demands as well as to provide experience necessary for certification or licensure.

3. **CLINIC ASSIGNMENTS ARE NOT OPTIONAL AND MUST BE A FIRST PRIORITY.** Clinic scheduling is a complicated process and numerous variables must be considered. It is the student's responsibility to arrange employment so that it does NOT interfere with clinical practicum obligations. **Any modifications in clinical assignments MUST be approved by the appropriate clinical coordinator or coordinator of student externships.**

4. Clinical functions to which the student may be assigned include:
   - Individual therapy with clients with varying disorders
   - Group therapy
   - Speech-language hearing screening team
   - Speech-language diagnostic team
   - Client and family counseling
   - Audiologic screening or evaluation
   - Rehabilitative audiology services
   - Off-campus externship – After successful completion of two full graduate semesters of clinical practicum with a minimum of 50 graduate clinical clock hours of on-campus practica, required course work, maintenance of a 3.0 GPA or better, and recommendations from the TSU clinical faculty and staff. Based on capable clinical appraisal ratings of 3 or better in the most recent clinical practicum.

5. How to find out about clinical assignments:
   - Clinicians are assigned cases at the beginning of the semester by the department's clinical instruction faculty. Assignments are based on several factors including academic coursework, previous clinical experience, student self-appraisal of clinical skills, anticipated graduation date, need for specific hours or experience to meet certification and licensure requirements, and client caseload.
   - Clinical assignment notifications will be placed in student departmental mailboxes in Suite P.

Information Regarding Practicum Assignments

Clinical practicum assignments are made by the clinical and academic faculty with consideration of the student's prior clinical experiences, academic coursework, self-assessment and reflection, and demonstrated clinical skills. Clinical clock hours are obtained in accordance with the ASHA 2014 CCC Standards.

Novice graduate students are expected to obtain 25 hours of appropriate ASHA supervised clinical observation prior to the initiation of their clinical practicum. Beginning graduate students are required to complete two full graduate semesters and the first 50 hours of graduate-level supervised clinical practicum under the direct supervision of members of the TSU program's instructional staff. Upon completion of the observation requirement, two full graduate semester practica with a minimum of 50 supervised graduate clinical practicum hours, and solid ratings of 3 (Capable) or better on clinical appraisals of skills in evaluation, intervention, and interactional and personal qualities, the clinical faculty with determine the appropriateness of a part-time or full-time off-campus practicum placement for each student dependent on availability.

Students on academic probation or suspension are not eligible for clinical practicum assignments. Students in good standing who are returning to clinical practicum coursework after academic probation or suspension will participate in clinical practicum under the direct supervision of the TSU clinical faculty before being assigned to off-site practica.

Student clinicians are expected to accept assigned clinical cases and screening/diagnostic assessments in the TSU clinic throughout their graduate program based on availability and client requirements. Students are expected to be present for all clinical experiences, associated professional activities, and supervisory conference as assigned by the TSU clinical faculty. All clinical practicum assignments are made with consideration of the student's prior clinical experience, coursework, self-assessment and reflections, and demonstrated clinical skills. Students should immediately contact the Coordinator of Clinical Education, the Coordinator of Externships, or their clinical supervisor if they have any concerns about the appropriateness of a clinical assignment based on their previous or concurrent academic course work and/or clinical experiences.

At the completion of their graduate clinical practicum experiences, each student is required to have complete a minimum of 400 clock hours of supervised clinical experience, 375 of those hours in direct client/patient contact and 25 hours of clinical observation (ASHA Standard V, C-D). These hours must be supervised by individuals holding a current ASHA Certificate of Clinical Competence in the appropriate area of practice with the amount of supervision sufficient to ensure the welfare of the client/patient populations (ASHA Standard V-E). Each student is required to gain knowledge and skills with individuals from culturally/linguistically diverse background and across the life span (ASHA Standard V-F).

Development of Clinical Competencies
What do I need to know about developing clinical competencies?

Speech-Language Pathology

The Council for Clinical Certification in Audiology and Speech-Language Pathology and Audiology of the American Speech-Language Hearing Association has adopted standards for Speech-Language Pathology applicants for certification effective September, 2014.

These standards incorporate specific skills outcomes, clinical competencies, which will be referenced by your clinical instructors throughout your program. These skills form the basis of the Student Self-Appraisal – Rating Scale and the Student Clinical Appraisal form, which are completed each semester (see Appendix C). These skills include:

1. Evaluation

- Conduct screening and prevention procedures, including prevention activities.
- Collect case history information and integrate information from clients/patients, families, caregivers, teachers, relevant others, and other professionals.
- Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures.
- Adapt evaluation procedures to meet client/patient needs.
- Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
- Complete administrative and reporting functions necessary to support evaluations.
- Report clients/patients for appropriate services.

2. Intervention

- Develop setting appropriate intervention plans with measurable and achievable goals that meet clients' /patients' needs. Collaborate with clients/patients and relevant others in the planning process.
- Implement intervention plans. Involve clients/patients and relevant others in the intervention process.
- Select or develop and use appropriate materials and instrumentations for prevention and intervention.
- Measure and evaluate clients' /patients' performance and progress.
- Modify intervention plans, strategies, materials, or instrumentations as appropriate to meet the needs of clients/patients.
- Complete administrative and reporting functions necessary to support intervention.
- Identify and refer clients/patients for services as appropriate.

3. Interaction and Personal Qualities

- Communicate effectively, recognize the needs, the values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
- Collaborate with other professionals in case management.
- Provide counseling regarding communication and swallowing disorders to clients/patients, families, caregivers, and relevant others.
- Adhere to the ASHA Code of Ethics and behave professionally.

Orientation to the Speech and Language Clinic and the Audiology Testing and Research Clinic

What is covered during clinical orientation?

During the first semester of clinical practicum, students will participate in a clinical orientation and formative assessment process to determine their baseline clinical skills, to set goals and discuss expectations for the term, and to review clinical procedures unique to the Tennessee State University clinics (see Appendix B).

Every student is required to attend an initial semester client conference with his or her assigned clinical supervisor each semester. At that time, clinical forms, expectations and requirements will be discussed. The student will complete the Policies and Procedures for Lesson Plans, SOAP Notes and Management of Clinical Assignment form, (see Appendix C) The Essential Functions, the TSU Clinical Practicum Contract form and the HIPAA/FERPA confidentiality statement are completed each semester (see Appendix C). In addition, clinical procedures, Universal Precautions and HIPAA and FERPA guidelines will be reviewed at the initial class meeting of SPTH 5510 and 5710. At the end of the orientation process, the student should be comfortable with the following protocols and procedures unique to this work setting:

- Lesson plan
- SOAP note
- LTG/STG form
- Outline of diagnostic and progress reports
- Diagnostic evaluation plan form
- Patient/Family responsibility form
- Consent forms
- Release forms
- Intervention-to-date- forms
- Clinic contract
- Weekly clock hour form
- Dress code
- Universal Precautions
- Semester Clinical Practicum Schedule
- Client file and working folder management
- Billing forms

*See Appendix A and B for copies of these forms.

Expectations of Student Clinicians
What is expected of student clinicians?

Student clinicians are expected to interact with clients, families, supervisors, students and other professionals in an appropriate manner, displaying the highest standards of ethical and professional behavior.

The following should be considered as minimum standards of professional behavior in any clinical setting:

- **Confidentiality.** All information concerning clients is to be considered confidential as required by the ASHA Code of Ethics, and HIPAA/FERPA guideline. Cases are not to be discussed with friends, roommates or any other person outside the clinical setting. Permanent client files and client working folders, which contain personal health information, as define by HIPAA must not leave the respective clinics. Students are not to exchange information about clients, either by phone or by letter, with other individuals or agencies without the permission of their clinical supervisor. If the student believes that additional information is needed or that the case should be referred for additional treatment, he/she must discuss this with the clinical supervisor, draft the necessary correspondence and submit it to the clinical supervisor for approval.

- **Professional Etiquette**. Whether you are in the TSU Clinics or an off-campus clinic, you are representing the University and Department; therefore you should present a professional appearance in manner of dress and behavior. While in the presence of clients or their parents, please refer to yourself and your supervisor as "Miss", "Mrs.", "Mr." or "Dr.". Students are never permitted to chew gum or smoke in the therapy rooms or in the presence of clients. Eating is confined to the student lounge area when clients are in the Clinic. The use of appropriate language and behavior while with clients and during all professional contacts will be expected of all students.

- **Dress Code.** Professional attire is required when meeting with clients. Make sure that attire is comfortable yet professional (please refer to dress code policy for guidance, Appendix A). All practicum students are expected to wear student clinician nametags, which can be purchased from:

  Land Uniform Company
  2100 Charlotte Avenue, Nashville, TN
  (615) 327-1313
  8:30 - 5:00 PM Monday - Saturday

- **Criminal Background Check**. All students participating in clinical practicum must complete a criminal background check through IDENTOGO – www.identago.com using the University ORI#. Purchased by the University, student will pay a fee to the Bursar's office for this coverage. The results will be reported to the TSU Teacher Education and Student Services (TESS) Office. Results of a cleared criminal background check will be filed in each student's clinical file.

- **Professional Liability Insurance.** Each student enrolled in clinical practicum on and off campus must have professional liability insurance. Proof of this insurance will be placed in the clinician's clinic file.

- **Medical Documentation. TB skin** test results or physician statement indicating that the student is free from tubercular infection **is mandatory.** HepB vaccinations are encouraged but not mandatory for placement in the TSU Clinics. Students should be aware that some off-site health care practicum settings require HepB vaccinations and drug screening as a condition of clinical practicum placement. Consultation with personal physician regarding vaccines and immunizations required by the University (see University Catalog) is recommended.

- **Clinical Observation.**

  Before observing the diagnostic or treatment session, be sure to ask the supervisor of the case for permission to observe. In general, the supervisor will give permission unless there are already others observing or in the case that the client requests that he/she not be observed.

  As observers, student clinicians are a part of the clinic. Students must be appropriately dressed and display mature professional behavior. It is very important that students refrain from talking during the observation session. The supervisor has a right to dismiss a student from the session if he/she feels that the behavior in any way interferes with the clinical session.

General Clinical Procedures
What do I need to know about general clinic procedures?

Clinical Assignments

Student clinicians will receive notification of clinical placements in the student's department mailbox. The clinical faculty makes placements based on the student's individual training needs as well as upon his/her level of training and competence. Assignment of therapy rooms, scheduled times and student clinicians are not to be changed without the permission of the Clinical Educators. Current clinic schedules without personal health information identifiers are posted in the student study area. Please check the schedule daily for changes and for personal messages from the clinical staff and general clinical announcements.

Therapy Session Protocol

- Student clinicians are requested to be in the clinic **fifteen** minutes prior to the scheduled time for the client's arrival. This time period will enable the clinician to prepare the room and him/herself for the session. The student clinician may also speak briefly with the clinical supervisor for any necessary changes or modifications.

- Students are expected to meet the client in the clinic waiting room and check the covered sign-in sheet with the clinic secretary to assure that the client has properly signed in before the session. The student clinician is expected to alert the supervisor prior to beginning his/her session.

- Pre-session explanations of planned activities and post-session summaries for each clinic session are to be given to the client/parent/sponsor in the assigned therapy room and not in the clinic waiting area where they can be overheard.

- The student clinician cannot leave the clinic area with his/her client without the prior permission of the clinical supervisor.

- Young clients are not to be left unattended in the therapy rooms or hallways.

Cancellations

Student clinicians are **required** to wait 25 minutes for tardy clients **and must** check with his/her supervisor prior to removing therapy items and leaving the clinic.

It is the student clinician's responsibility to notify the clinical supervisor of any anticipated student clinician absences from treatment session as soon as possible in order that arrangements can be made for client care. When appropriate, substitute clinicians may be asked to provide therapy so that service delivery is ongoing and uninterrupted. Student clinicians should not call clients or parents to reschedule or cancel therapy without the prior approval from the clinical supervisor. If the student is aware of an event that will require absence from therapy, he/she should notify their

supervisor so that necessary arrangements can be made in a timely manner. Student clinicians are not to secure a substitute clinician without consulting with the Clinical Supervisor in charge of the session.
Excessive absences or cancellations by a student clinician could result in losing the assigned client, which will jeopardize the final practicum grade and future clinical assignments. Student clinician will complete the Documentation of Student Absence from Clinical Assignment form (Appendix C) for each absence.

In case of illness, student clinician should notify the clinic secretary and their clinical supervisor of their absence by 8:30 a.m. at the latest. In the case of transportation or family emergencies, the clinician must make every attempt to contact the clinical secretary and the clinical supervisor as soon as time allows.

If a client or parent of a client has to cancel their therapy session, they are requested to call the clinic secretary 24 hours in advance or by 8:30 a.m. on the day of the session. Student clinicians must make certain that clients and parents of clients have the main clinic phone number and the clinical supervisor's number. Clients or parents of clients should not call the student clinician to cancel a therapy session. Make-up therapy sessions are extended to clients/parents of clients when the TSU clinic cancels a scheduled therapy. If the client or parents of a client request a make-up session, the session may be scheduled at a time that is convenient for the clinical supervisor, clinician, and client. The clinical supervisor's schedule must be considered when scheduling missed or make-up sessions.

During periods of inclement weather or University closures, the Clinic Supervisors, or Clinic secretary will inform clients, parents of clients, and student clinicians about the status of therapy sessions. Specific notices regarding therapy schedules during periods of inclement weather are posted in the clinic.

Required Supervisory Conferences and Meetings

- **Initial Formative Assessment Conference.** During the first semester of clinical practicum, students will participate in a formative assessment process to determine their baseline clinical skills, to set goals and discuss expectations for the term, and to review clinical procedures unique to the Tennessee State University clinics (see Appendix C).

- **Semester Client Conference.** Every student is required to attend an initial semester client conference with his or her assigned clinical supervisor each semester. At that time, clinical forms, expectations and requirements will be discussed. The student will complete the Policies and Procedures for Lesson Plans, SOAP Notes and Management of Clinical Assignment form (see Appendix C). In addition, clinical procedures and policies will be reviewed at the initial class meeting of SPTH 5510 and 5710.

- **Observation Conference.** SPTH 3514 student observers are encouraged to schedule a conference with the clinical supervisor(s) for the case to be observed prior to the observation.

- **Student Meetings with Clinical Educators/Supervisors**

  Regular meetings with the Clinical Educators/Supervisors are scheduled individually or as part of the large or small team meetings. The large team meetings involve the entire group of Clinicians assigned to the clinic practicum; the small team meetings involve the small group of Clinicians with their individual Clinical Educator/Supervisor. The team meetings are set at the beginning of each semester.

- **Student Conferences With Clinical Educators/Supervisors**

  SPTH 4514 and SPTH 5510 Student Clinicians are responsible for scheduling a regular conference time with their Clinical Educator/Supervisor/s to review their assigned client's case/s and/or progress. The Student Clinicians are required to bring the client's working file and/or other material requested by the Clinical Educator/Supervisor for discussion during the conference. The client's working file should contain the following forms:

  - Diagnostic/Treatment Plan/Progress Report
  - Attendance Sheets
  - Background Information
    - Case Staffing Summary
    - Summary of Intervention to Date
    - DX Evaluation Plan (if applicable)
  - Lesson Plans
  - SOAP Notes
  - Data Sheets

- **Large/Small Team Meetings**

  SPTH 5510 Student Clinicians are required to attend the large and small team meetings scheduled by the Clinical Educator/Supervisors. These meetings are designed to be instructional in nature and may incorporate any of the following as designated by the Clinical Educator/Supervisor:
  - Evidence-based therapy strategies
  - Professional Report Writing
  - Preparation for Screenings Activities
  - Professional Speaker/Interprofessional Practice Presenters
  - Current Technology in S/L Therapy

  The team meetings are generally scheduled at the beginning of each semester as indicated on the Clinical Practicum Schedule. The meetings are subject to change. Student Clinicians who work may be excused from the team meetings with permission from their Clinical Educator/Supervisor.

Diagnostic protocol forms and client files and client working folders should never leave the confines of the Tennessee State University Speech and Language Clinic. Diagnostic test forms are to be turned in to the supervisor with the initial evaluation report. These are confidential materials and should be guarded with care.

Therapeutic Paperwork

1. Treatment Plans with Long Range Goals and Short Term Objectives – Beginning students clinicians are expected to develop treatment plans with long-range goals and short-term objectives for each assigned client (Appendix A). Long Range Goals (LRGs) - are written to cover each broad aspect (i.e. articulation, voice, receptive/expressive language, pragmatics, hearing, etc.) of the disorder. These goals express expected performance levels which the client will have achieved by the end of a given time period (i.e. end of semester or by the end of the anticipated treatment time). Short Term Objectives (STOs) - represent milestone events along the performance continuum, which terminate in the long-range goal. These are to be objective, measurable and directly related to the LRGs. They should be stated in the form of behavioral objectives with a do statement, criterion, and conditions.

Semester LRGs and STOs may be written by the student clinician after a clinical assignment has been made and the diagnostic evaluation, intervention-to-date form and previous progress reports from the client file and client working folder have been reviewed with the assigned clinical supervisor as a part of the initial case staffing conference. Goals and treatment plans must be submitted to the assigned supervisors for approval prior to any treatment session.

2. Combined Treatment Plan/Progress Report or Progress Report
At the conclusion of each semester, student clinicians are required to complete a progress report for each client they have served during the semester. There are two forms which can be used to fulfill this requirement – the **Combined Treatment Plan/Progress Report** form or the **Progress Report**. The progress report is to be written in accordance with the clinic format, denoting the progress the client has achieved during the semester for each short term goal (STG). The progress report must be approved by the Clinical **Educator/**Supervisor before the presentation to the client and/or family. The progress report will be discussed and presented by the student clinician to the client and/or family during the final session.

3. **Initial Treatment Plan** – Advanced clinicians may be assigned to develop initial plans or care plans at the discretion of the clinical supervisor (Appendix A). Initial treatment plans must be turned in so that your supervisor has time at least two days prior to the scheduled session to review them. They will be returned with revision and supervisor's signature. Pick them up from your mailboxes in time to go over any changes with your supervisor. It is the student's responsibility to seek clarification prior to the treatment session. DO NOT attempt an evaluation or treatment session without a diagnostic plan or treatment plan approved by your supervisor.

4. **Lesson Plan** – Beginning clinicians are expected to develop Weekly Lesson Plans using the forms provided in the Appendix A. These lesson plans include the rationale and evidence-based references as well as the following:

1. LTG and STG for each task
2. Behavioral objective for each task
3. Procedure for completing each objective in steps
4. Procedure for data collection
5. Schedule of Reinforcement/Type of reinforcers
6. Materials (games, word lists, manipulates, tasks)

Two copies of these weekly lessons must be submitted to the clinical supervisor on Thursday or Friday prior to the following week's scheduled session (Appendix A). They will be returned with revision and suggestions by the clinical supervisors. Pick them up from your mailboxes in time to go over any changes with your supervisor. It is the student's responsibility to seek clarification prior to the treatment session. DO NOT attempt a treatment session without a lesson plan approved by your supervisor. Failure to comply may result in dismissal from the session and/or the clinical assignment and will be reflected in the student clinician's clinical practicum grade.

5. SOAP Notes. Soap Notes document each treatment session (Appendix A). The SOAP notes are to be written in accordance with the clinic format and model. SOAP notes are to be submitted the day following the preceding day's session. One copy should be submitted for review and approval by the Clinical Educator/Supervisor. Once the SOAP note is approved and signed by the Clinical Educator/Supervisor, the clinician will make a copy of the original to place immediately in the client's working file; the original SOAP will be placed in the client's legal file.

6. Client Working File – Each Student Clinician will be required to maintain a working file for each client they serve in the clinic throughout the semester. The working file will contain materials for two previous semesters; at the end of each semester, the oldest semester will be discarded and the most recent two semesters will be retained. Each semester will be separate from each other. The client working file will contain the following:

- Diagnostic/Treatment Plan/Progress Report
- Attendance Sheets
- Background Information
    - Case Staffing Summary
    - Summary of Intervention to Date
    - DX Evaluation Plan (if applicable)
- Lesson Plans
- SOAP Notes
- Data Sheets

7. Student Clinician Clinical Notebook - Each student clinician will keep a clinical notebook containing the following clinical documentation for each client assigned:

- Attendance sheet
- Case Staffing Summary
- Summary of Intervention to Date

- Diagnostic Evaluation Plan (if applicable)
- Treatment Plan
- Lesson Plans
- Supervisory Feedback forms
- SOAP notes

These materials in notebooks should not contain any client personal health information identification data but they will contain client confidential information, which must be kept secure and private at all times by student clinicians. Clinical supervisors will review clinical notebooks including all documentation and data summaries on a regular basis with student clinicians. Student clinicians should bring their clinical notebooks for each client to their supervisory conferences.

SLP Diagnostic Testing Materials

What do I need to know about assessment materials?

Location

All tests are located on the shelves of the sidewall in the Speech Materials Room, in Suite N. Tests are organized by subject i.e. fluency, articulation, language etc. and alphabetized within each subject matter.

Scoring Forms

The speech and language assessments that are available for use during diagnostic evaluations in the TSU Speech and Hearing Clinic are located in the Speech Materials Room. The tests kits contain the assessment stimuli/booklet, manuals, score sheets/record forms. Extra scoring sheets/ record forms are available in the cabinet in monitoring room.

Test Sign-out Procedure

Graduate assistants regularly monitor the Speech Materials Room. Students may reserve the assessments needed for a diagnostics in the clinic on the sign-up sheet in the Speech Materials Room. Students must sign-out the assessment manual and materials on the sign-out log at the time the instrument is needed. The materials must be returned to the Speech Materials Room immediately after the diagnostic session is completed. Tests MUST remain in the department at all times. Supervisors will receive a memo informing them of the students who do not follow these guidelines.

Portable audiometers and the tympanometer are located in the Clinical Educators' area. Students are required to inform the Clinical Educator/Supervisor when either item is being used during a session.

Therapy Materials

Where can I find therapy materials?

Students can get therapy materials from the following places:

Speech Materials Room

A wide variety of therapeutic materials including complete treatment programs, therapy resource manuals and therapy supplies are located in the cabinets in the Speech Materials Room. Additional items, such as pictures, cards, and objects, which may be used for a variety of therapy activities, are also available. Items taken from the Speech Materials Room MUST be signed out. The sign-up sheet is located on wall of the Speech Materials Room. Students may NOT take items from the Speech Materials Room to use outside of the clinic or assigned TSU clinical practicum sites. Materials should also not be taken out overnight. Students can find a variety of craft materials, therapy manuals and various educational and very functional toys to use with their clients. Students should respect their fellow graduate clinicians and return materials to their original place as soon as the session is completed.

Supervisors

The clinical supervisors are willing and eager to share therapy manuals and various other materials. Once again, these materials should be returned promptly. Each supervisor has their own system of checking materials out.

Student Work Room

The best way to get ideas for therapy is to share ideas and materials with fellow student clinicians. Students often bring their own materials to use and keep them in the Student Work Room. These materials include craft items, games, and toys. Please be respectful to other student clinicians and return any borrowed items.

Universal Precautions for Infection Control
What procedures are utilized for infection control?

All student clinicians are required to complete Universal Precautions training and pas a complete Universal Precautions training and pass a competency quiz as a part of SPTH 3514 and SPTH 5510 prior to being assigned to clinical practicum.

In the TSU Clinics, the following basic universal precautions for health and safety are employed.

WASH HANDS when arriving on duty for clinical practicum activities, before leaving, before and after eating, after using the restroom, between clients, before handling clean supplies, after handling dirty items, and as needed. If you are unable to leave the room to wash your hands, you may use wipes or antibacterial hand gel to clean hands. Student clinicians are responsible for cleaning the therapy rooms following each session. Cleaning supplies are located in the cabinet in the Student Work Room. Gloves, antibacterial hand gel and wipes are located in the pocket outside each therapy room door.

Use gloves when handling blood, saliva, cerumen, and any other body fluids and/or anytime you are in contact with mucous membranes or broken skin. Wear gloves on both hands for performing oral mechanism examinations, oral motor therapy, dysphagia therapy, changing diapers, handling earmolds and cleaning surfaces or toys.

Wear a cover if any clothing is likely to be soiled.

Use face protection if spraying is possible.

Wear a mask for suspect respiratory illnesses.

Clean all surfaces with disinfectant solution after use and before use if sanitation is in question. This would include windows and doorknobs.

Disinfect tabletops, play surfaces and toys. When using equipment with microphones, disinfect microphone, table and equipment surfaces with antibacterial wipes. Headphones should be also be disinfected using nonalcoholic wipes.

Throw away all contaminated material including tissues, tongue blades, cups, q-tips, gloves, therapy materials etc. Put soiled diapers in a plastic bag. Tie bag and discard immediately.

Become familiar with standard precautions taken at various work sites and share these procedures with your clinical instructors and fellow students.

Clinical Supervisors' Evaluation of Student Clinicians
What do I need to know about the evaluation of my clinical skills?

The Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language Hearing Association has adopted standards for Speech-Language Pathology applicants for certification effective September 1, 2014. These standards incorporate specific skills outcomes, clinical competencies, which will be referenced by your clinical instructors throughout your program. These skills form the basis of the Student Self-Appraisal – Rating Form and the Student Appraisal Clinical form, which are complete each semester (see Appendix C).

Student clinicians meet with each assigned supervisor at the beginning of the semester to discuss the Student Clinical Appraisal form instrument. This instrument is a tool for evaluation of clinical competencies, including treatment, evaluation, and documentation skills, and professionalism. Each student receives a formative mid-term and final assessment of clinical skills, based on their level of clinical experience as a beginning, intermediate or advanced student clinician.

Student Evaluation of Clinical Supervisors
What do I need to know about evaluating my supervisors?

The University has a form designed specifically for supervisory evaluation. The Department, in collaboration with students and faculty has developed a Student Mid-Semester Feedback of Clinical Supervision from and a Student Evaluation of Clinical Practicum Experience form, which is filled out by student clinicians at the end of each term (see Appendix C). These confidential instruments, which are completed by each student clinician, are based on the Final Report of the ASHA Ad Hoc Committee on Supervision (2013). In addition, students evaluate each clinical practicum course each term using the University evaluation of instruction form. The results of the supervisory evaluation process are reviewed by the Department Head and are used to improve supervisory practices of the department.

Professional Development
What do I need to know about my future?

You will be expected to maintain and up-date your professional knowledge on a regular basis after graduation. Many opportunities exist within local and national professional organizations to accomplish this. Some credentials, in order to maintain continuance, require the mandatory accumulation of continuing Education Units (CEUs). It is the responsibility of the professional to be aware of the CEU requirements, if any, for each certification and/or licensing maintenance.

American Speech-Language and Hearing Association (ASHA) Continuing Education Requirements:

There are mandatory continuing education requirements needed for maintenance of the ASHA Certificate of Clinical Competence. Please see the ASHA web site: www.asha.org. ASHA has developed a plan for accumulating continuing education units to satisfy requirements for the certification renewal.

ASHA Continuing Education units may be accumulated through an ASHA approved sponsor, i.e. conferences, workshops or online offerings. Professionals may obtain prior approval from ASHA to engage in independent study as a means to accumulate ASHA CEUs.

Membership In The Tennessee Association of Audiologists and Speech-Language Pathologists (TAASLP)

As a professional working in the state of Tennessee, you should consider joining TAASLP. Through membership you will be able to keep current regarding the clinical community. Membership permits participation in activities including annual conferences. At these conferences you will have an opportunity to network with other professionals and hear outstanding persons in the fields of speech-language pathology and audiology present new information. The web site is: www.taaslp.org. Similar organizations are available in each state. See ASHA website for a complete listing.

ASHA maintains that graduate academic and practicum experiences alone are not sufficient preparation for an individual to function as an independent, competent professional providing high-quality care in speech- language pathology. Therefore, all applicants for the Certificate of Clinical Competence (CCC) are required to successfully complete a clinical fellowship (CF) in addition to the required academic and practicum experiences and the Praxis Series examination in speech-language pathology.

The clinical fellowship is an important transitional phase between supervised graduate-level practicum and the independent delivery of services. Inherent in this transition are:

- development of a total commitment to quality speech, language, and hearing services;
- integration and application of theoretical knowledge gained in academic training;
- evaluation of individual strengths and limitations; refinement of clinical skills; and
- development of clinical skills consistent with the current scope of practice in the profession.

Clinical Fellows

The speech-language pathology clinical fellowship (CF) is the transition period between being a student enrolled in a communication sciences and disorders (CSD) program and being an independent provider of speech-language pathology clinical services. The clinical fellowship is defined as a 36 weeks of full-time (35 hours per week) experience (or the equivalent part-time experience), totaling a minimum of 1260 hours. Part-time work can be completed, as long as the clinical fellow works more than 5 hours per week. Working more than 35 hours per week will not shorten the minimum requirement of 36 weeks.

Academic and clinical practicum requirements must be completed before the clinical fellowship is initiated. The clinical fellow must request mentorship from a person holding a current CCC in the area in which certification is sought. It is the responsibility of the clinical fellow to verify the certification status of the clinical fellowship supervisor before initiating the experience and to verify the supervisor's continuing certification throughout the duration of the clinical fellowship experience. Individuals may verify the certification status of their supervisor by calling

ASHA's Action Center at its toll-free number (800-498-2071) or asking to see the supervisor's ASHA membership card (note the expiration date).

State Licensure/Regulatory Requirements

Before beginning a clinical fellowship, the individual must determine what the state licensing agency requires of persons fulfilling a clinical fellowship. Some states use a different designation for the fellowship (e.g., Required Professional Employment). Many states require clinical fellows to register with the licensing agency, obtain a provisional or temporary license, and/or file a clinical fellowship plan. The addresses and phone numbers of the state regulatory agencies are included on ASHA's Web site *(www.asha.org).* This information is updated regularly. Completing the clinical fellowship without also meeting the state requirements may jeopardize one's ability to practice.

Teacher Education Certification
What do I need to know about obtaining Teacher Licensure in Speech-Language Pathology?

1. Inform your advisor that you wish to obtain state education certification through TSU's Office of Teacher Education and Student Services (TESS), in order to work in the public school settings. Make an appointment with the Coordinator of Teacher Education for the Department of Speech Pathology and Audiology to discuss your plan.

2. Take the following course:

   Methods in the Schools SPTH 5250 with the Course Portfolio documenting completion of the state educational standards, philosophy of education and self-reflection.

3. Complete a public school-based practicum externship with a minimum of 50 clinical clock hours.

4. Complete all degree requirements including passing the comprehensive examination, completion of the ePortfolio formative and summative assessment process and completion of 400 clinical clock hours of supervised practicum.

5. Applicants for educational licensure must take the Specialty Area Praxis Test and obtain a score of 162 or more on the test. This test is the same test that is required for the ASHA certification and for licensure by the state Board of Health.

6. Make an appointment the department's Coordinator of Teacher Education, to obtain the recommendation of the Department of Speech Language Pathology verifying all academic and clinical requirements have been meet. The departmental recommendation will be sent to Tennessee State University's College of Education Office of Teacher Education and Student Services (TESS).

7. Complete the initial application form for the Professional School Service Personnel License as a School Speech Language Pathologist from the State of Tennessee Department of Education. This application form can be downloaded from the State Department of Education TN Compass website. Take the completed form, your PRAXIS scores, and official copies of all undergraduate and graduate transcripts including a final graduate transcript with a posted master's degree to the TESS office, Clay Hall, College of Education for signature. The Teacher Education and Student Services (TESS) office will process your application and submit it to the State of Tennessee Department of Education on your behalf.

ORGANIZATIONS FOR PROFESSIONAL GROWTH AND DEVELOPMENT

There are several organizations students can join for professional growth and development.

NSSLHA The National Student Speech-Language Hearing Association. It was founded in 1972 and serves as the national organization for graduate and undergraduate students interested in the study of normal and disordered communication. It is an official student association recognized by ASHA. To become a member, call 800-498-2071 or send an email to nsslha@asha.org.

TAASLP
The Tennessee Association of Audiologists and Speech-Language Pathologists serves the needs of Audiologists and Speech- Language Pathologists in the state of Tennessee by providing support for professional growth, public opportunities, awareness, and advocacy of issues related to the highest quality of care for the individuals they serve. To become a member, students can contact the TAASLP website at www.taaslp.org.

AAA
The American Academy of Audiology is a professional organization of individuals dedicated to providing quality hearing care to the public. AAA's mission is to enhance the ability of its members to achieve career and practice objectives through professional development, education, research, and increased awareness of hearing disorders and audiologic services. Students can find out more about AAA at its web site at www.audiology.org.

ASHA
The American Speech-Language Hearing Association is the professional and scientific association for ``speech-language pathologists, audiologists, speech, language and hearing scientists in the United States and internationally. ASHA's mission is to promote the interests of and provide services for professionals and to advocate for people with communication disabilities. Students can become members by contacting the ASHA website at www.asha.org or by calling (800) 498-2071 for a membership form following graduation.

Appendix A

INITIAL CLIENT CONFERENCE CHECKLIST

SUPERVISOR_____

STUDENT_____

DATE_____

All Forms Reviewed and Provided	**Student Initials**	**Supervisor Initials**
Dress Code Policy	_____	_____
Documentation and Clinical Management	_____	_____
Case Staffing Summary Form	_____	_____
Intervention To Date	_____	_____
Diagnostic Evaluation Plan Form	_____	_____
Attendance Sheet	_____	_____
Hearing Screening Form	_____	_____
Oral Peripheral Form	_____	_____
Weekly Lesson Plan Form	_____	_____
Treatment Plan/Progress Report	_____	_____
CPT Codes	_____	_____
ICD-10 Codes	_____	_____

Documentation Needed for the Initial Visit with Your Client
Updated Child/Adult Personal History Form
Consent for Protected Health Information (Put in client permanent file)
Notice of Privacy Practices (Give to client)
Authorization to release information (Put in client permanent file)
Consent to Treat Form Diagnostic/Therapy (Put in client permanent file)
Audio/video and Photograph Release Form (Put in client permanent file)
Treatment Outcomes Research Form (Put in client permanent file)
Client Satisfactory Research Form (Put in client permanent file)
Agreement and Consent for Email and Phone (Put in client permanent file)
Client /Family Responsibilities Form (One to client and one in client permanent file)
Client/Family Introduction Letter (Give to client)
Billing Form

Clinician Forms
Goals for Today Form (Place in TX door pocket for **every** TX session)
Client folder Table of Contents
Student Clinician Absence Form (Completed in advance if possible)

Clinician Forms
Weekly meeting times
Universal Precaution/Cleaning Procedures

Revised 01/2011

Clinician
Supervisor
Approved by _____
Date/Term

DIAGNOSTIC EVALUATION PLAN

CLIENT DOB: AGE:

I. Pertinent Intake Data:

II. Suspected Area(s) of Disability:

III. Diagnostic Instruments/Procedures to be used:

1. Hearing Screening
2. Peripheral Oral-Mechanism Examination
3.
4.
5.
6.

IV. Session Plan Outline and Rationale:

(TSU LETTERHEAD)
DIAGNOSTIC EVALUATION REPORT

CLIENT'S NAME: FILE #:
PARENT'S NAME: DOB:
ADDRESS: AGE:
PHONE #: (H) DOE:
(W)

REFERRED BY:

I. STATEMENT OF THE PROBLEM:
This is a brief summary of why the client is being evaluated. Can use direct quotes from the client/parent.

II. BACKGROUND INFORMATION:
Include pertinent medical history (for children, state the status of developmental milestones and any problems that occurred during pregnancy), educational history, current educational information, significant social/family history, and history of previous SLP services.

III. EVALUATION RESULTS:

PERFORMANCE OBSERVATIONS
NON-MEDICAL ORAL PERIPHERAL EVALUATION
HEARING SCREENING
Remember-all children under the age of 3 are assessed in the audiology clinic.
ARTICULATION
LANGUAGE
FLUENCY
VOICE

When reporting formal tests, state what the tests assess and be sure to interpret the results-don't just list scores

IV. SUMMARY OF FINDINGS:
List degree of severity for all deficit areas (mild, moderate, severe).

V. RECOMMENDATIONS:
State that the findings and recommendations were discussed with the parent/client, and that *s/he* was in agreement. If treating the client for therapy, include long-term and short-term goals for the semester.

_____ _____

YOUR NAME, B.S.
(TITLE) STUDENT CLINICIAN

SUPERVISOR'S NAME, CCC/SLP
(TITLE) CLINICAL SUPERVISOR

Cc: parent/client

Tennessee State University
Department of Speech Pathology and Audiology
330 10th Avenue North, Suite N200
Nashville, TN 615- 963-7317

HEARING SCREENING

Name: _____ **Date:** _____

PURE TONE RESULTS:

FREQUENCY	1000 @ _20_ dB	2000 @ _20_ dB	4000 @ _20_ dB
RIGHT EAR			
LEFT EAR			

TYMPANOMETRY RESULTS:

CCC-SLP/A's Initials ___	Tympanogram Type	Physical Volume
RIGHT EAR		
LEFT EAR		

RECOMMENDATIONS:

_____ **Passed** screening at each test frequency in each ear.

_____ Did **not pass** screening. Re-screening recommended in two weeks.

_____ Did **not pass** screening. Complete hearing evaluation is recommended.

_____ Could not be conditioned to task. Complete hearing evaluation is recommended.

_____ Tympanometry testing is consistent with **possible** middle ear pathology. Referral to the child's physician is recommended.

_____ Excessive ear wax or debris noted during ear inspection. Medical management recommended.

_____ Other comments: _____

_____ /_____
Graduate Student, BS /Supervisor, CCC-A/CCC-SLP

Tennessee State University

Department of Speech Pathology and Audiology
Speech and Language Clinic

330 10th Avenue North
Nashville, TN 37203

Phone: 615-963-7010
Fax: 615-963-7119

Treatment Plan

Client:
File #:
Graduate Clinician:
ICD-9#:
DOB:
Speech Language Pathologist:
Sp-Lang CPT Code:
Projected Duration of Service:
Prognosis & Indicators:
Annual Re-Evaluation Date:

Long Term Goals	Short Term Goals	Baseline	Procedures	

Functional Categories to be Addressed:		
Treatment Rationale:		
Treatment Techniques/Strategies/Approaches:		
Client/Caregiver Education Plan:		

Speech-Language Pathologist's Signature/Date:

Tennessee State University

Department of Speech Pathology and Audiology
Speech and Language Clinic
330 10th Avenue South, Suite N
Nashville, TN 37203
615/963-7010

Treatment Plan /Progress Report

Client: **File #:** **Graduate Clinician:**
ICD-9#: **DOB:** **Speech Language Pathologist:**
Sp-Lang CPT Code: **Projected Duration of Service:**
Prognosis & Indicators: **Annual Re-Evaluation Date:**

Functional Outcome Treatment Goals	**Initial Status: Baseline**	**Date:**	**Final Report On Progress:**	**Date:**
Long Term Goal:	Status: (Assessment Scores)		Status:	
Short Term Goal A:	Status:		Status:	
Short Term Goal B:	Status:		Status:	

Functional Categories to be Addressed:		
Treatment Rationale:		
Treatment Techniques/Strategies/Approaches:		
Client/Caregiver Education Plan:		
SUMMARY/COMMENTS:		
RECOMMENDATIONS **Service Type:** **Frequency: 2x's per week Ind.** **Projected duration:** **Re-Evaluation Date:** **Prognosis:** **Indicators: Family participation**	**Continue Current Goals:** **New Goals: (see comments)** **Functional Outcome Goal Met:** **Discontinue Services:** **Refer to:**	Speech-Language Pathologist Date/Signed Graduate Clinician

Speech-Language Pathologist's Signature/Date:

Functional Outcome Goal(s)	Baseline Data	Date:	Final Progress	Date:

Tennessee State University

Department of Speech Pathology and Audiology
Speech and Language Clinic

330 10th Avenue North
Nashville, TN 37203

615/963-7010
615/963-7119 (fax)

Progress Report

Client:

File #:

Address:

Graduate Clinician:

Speech-Language Pathologist:

Projected Duration of Service:

ICD-9#:

Sp-Lang CPT Code:

Prognosis & Indicators:

Report Period Goals	Initial Status as of:	Ending Status as of:

Treatment Rationale:

Treatment Techniques/Strategies/Approaches:

Client/Caregiver Education Plan:

SUMMARY/COMMENTS:

RECOMMENDATIONS

Service Type:

Frequency:

Projected Re-enrollment:

Prognosis:

Indicators

Continue Current Goals:
Functional Outcome Goal Met:
Discontinue Services:

Speech-Language Pathologist Date/Signed

Graduate Clinician

WEEKLY LESSON PLANS

Course: SPTH 4514____5510____ 5710____
(check one)
Semester/year_____

CLIENT'S INITIALS _____ AGE_____ DISORDER_____
CLINICIAN _____

SUPERVISOR'S SIGNATURE_____

Rationale and Evidence Based References	Date/ Time	1. Write LTG and STG for each task 2. Behavioral objective for each task 3. Procedure for completing each objective in steps 4. Procedure for data collection 5. Schedule of Reinforcement/Type of reinforcers 6. Materials (games, word lists, manipulates, tasks)

TENNESSEE STATE UNIVERSITY SPEECH AND LANGUAGE CLINIC

SEMESTER ATTENDANCE SHEET

CLIENT'S NAME ____________________________ CLIENT'S DOB _______________ CA____________ FILE # _____________

CLINICIAN'S NAME__________________________ CPT__________ ICD 9 ___________ START/END DATES___________________

Treatment	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**
month																															
Diagnostic																															
Therapy																															
Absence																															
month																															
Diagnostic																															
Therapy																															
Absence																															
month																															
Diagnostic																															
Therapy																															
Absence																															
month																															
Diagnostic																															
Therapy																															
Absence																															

KEY: I=Individual **1 unit=15 minutes** ___________________# of 1.5 hour visits x 6 units___________ **TOTAL # DX__________units**

G=Group **2 units=30 minutes** ___________________# of 1.25 visits x 5 units _____________

A=Absent **3 units=45 minutes** ___________________# of 1 visits x 4 units________________ **#of Ind __________ units**

C=Clinic closed **4 units=1 hour** ___________________# of .75 visits x 3 units_______________ **# of Grp_____________units**

___________________# of .5 visits x 2 units________________ **TOTAL # TX___________units**

___________________# of .25 visits x 1 unit________________

Total # of units_____________

Total # of visits scheduled _______________
Total # of absences ____________________
Total # of visits attended ___________________

Revised 2/26/15

INDIVIDUAL CLIENT FILE AUDIT FORM

Client Initials _____ **File No._____**

Left Cover Side Contents Chronological Order (Top to Bottom Organization)									**Inside Left (Top to Bottom)**	**Right Cover Side Contents Chronological Order (Top to Bottom Organization)**				
Per Semester									**Per semester**	**Per Semester**				
Date/ Semester/Reviewed By	Access Log	Comm Log	Billing Form	Intake Form	Consents Releases Signed	Official Corresp	History Initial & Update	Medical	SOAP notes	Progress Report	Attend .Sheet	Diagnostic Report	Original Protocols Only	Outside Reports

Legend: + Present
0 Absent
N/A
Revised 2017

TENNESSEE STATE UNIVERSITY
SPEECH AND LANGUAGE CLINIC CLIENT FILE ACCESS LOG

Date	Name	Title	Reason for Access

1._____

2._____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10._____

11._____

12. _____

13. _____

14. _____

15_____

16. _____

17._____

CLIENT WORKING FOLDER
TABLE OF CONTENTS

1. **DIAGNOSTIC/TREATMENT PLAN/PROGRESS REPORT**

2. **ATTENDANCE SHEETS**
3. **BACKGROUND INFORMATION**
   a. **CASE STAFFING SUMMARY**
   b. **SUMMARY OF INTERVENTION TO DATE**
   c. **DX EVALUATION PLAN (IF APPLICABLE)**

4. **LESSON PLANS**
5. **SOAP NOTES**
6. **DATA SHEETS**

Client Communication Log

Client Name: _____ File #_____ Clinic: _____

Rev. 2/05

DATE	SUMMARY

Appendix B

Tennessee State University

Speech and Language Clinic

And

Audiology Testing and Research Clinic

Procedures Manual

Clinic Procedures

I. PREPARING CLIENT FILES

A. THE ACTIVE CLIENT FILES – SPEECH-LANGUAGE

1. Assign a client number to each new client entering the Speech and Language Clinic. Unused numbered file folders are kept in the Clinic File room.
2. File numbers are recorded in the client logbook which is kept in the Clinic File Room in the SPTH Suite. This logbook, the client file and the client working folders contain identifiers for clients' personal health information (PHI) and are subject to HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Standards, FERPA (Family Educational Rights and Privacy Act) and ASHA Confidentiality guidelines.
3. Log the client's last name or surname first; then first name in client log book. Include date (month/year) of the initial visit and identify whether the initial visit was a diagnostic session (dx) or therapy session (tx).
4. Left Side Contents- should be organized from top to bottom as follows:
    a. Access Log
    b. Client Intake Form
    c. Official Correspondence
    d. Client Consent/Release forms (i.e. authorization to treat; authorization to release information, authorization for student observation, training and research, and audio/video and photography release).
    e. Notice of Privacy Practices, (HIPAA)
    f. Client consent for use and Disclosure of Protected Health Information
    g. Personal History Form
    h. Medical history forms from outside agencies on the left side.
5. Middle Section Contents
    a. Soap Notes with the older notes adjacent to the left side and the most recent/current notes adjacent to the right side.
6. Right Side Contents – should be organized from top to bottom as follows:
    a. Progress reports with supporting documents (i.e. test protocol).
    b. Attendance sheets
    c. Diagnostic reports with supporting documents (i.e. test protocol).
    d. Outside agency information relating to associated services (i.e. IEPs, IFSPs, dx/tx, psychological assessments).

7. All active client files are housed in the Clinic File Room in the SPTH Suite. Client files contain personal health information (PHI) and are subject to HIPAA privacy standards and must be kept confidential and secure. Only authorized personnel may have access to client files. All authorized personnel should sign the Client File Access Log when reviewing files.
8. All forms are available in the Clinic office area. Information in the file must be in reverse chronological order with the most recent information on top for both the right and left sides (see sample client file)

B. THE ACTIVE CLIENT FILES - AUDIOLOGY

1. When a new client arrives a chart is created.
    a. Client completes 2 forms.
        i. Authorization for Release of Information
        ii. Audio/Video and photography Release
    b. New chart number is assigned on side tab
    c. Name and Chart number are added to Audiology Clinic Sign-In List.
        i. Surname and first name entered.
        ii. Chart number and first date seen in clinic typed on same line as name.
        iii. Information saved on computer disc drive according to chart number.
        iv. List of clients printed in alphabetical order and stored in top left locked drawer of front desk.
2. When a client returns, the Audiology Sign-In list is reviewed for the chart number.
    1. Chart is pulled and reviewed for release forms and current information.
    Current client address, phone number and school information (if applicable) are verified and changed as needed.
3. Testing and Evaluation Forms
    a. As required, forms are copied or mailed to persons or agencies based on signed release of information.
    b. Forms are put in chart and filed with other records in large clinic file cabinet.
        a. Information in the file is in reverse chronological order.
        b. Release and Authorization forms are attached to the left side of the chart.
        c. Evaluations, testing results and correspondence are attached to the right side of the chart.
        d. Files are checked out by signing the “OUT” file.

C. FILE LOCATIONS

1. Speech-Language Pathology client files are housed in the Client File Room located within the Speech and Language Clinic suite. Files ten (10) years or older are kept in the Archive file area in a locked storage area.
2. Audiology files are housed in the clinic area room 279. Files ten (10) years or older are kept in the Archive file area in a locked storage area.

D. REVIEW OF CLIENT FILES

1. Files may **only** be checked out by authorized personnel. In accordance with HIPAA privacy standards personnel must sign the access log provided in each client file. Authorized personnel may review client files for the purposes of treatment, payment and health care operations. Client files contain personal health information (PHI) which is confidential and must be kept secure. The Speech Clinic Client Files may be taken only to clinical staff offices, or to a therapy/diagnostic room in the Speech Clinic. The orange checkout card should be complete and inserted into the file drawer whenever a file is removed. The orange care should be removed when the file is returned to its original location in the file drawer and the name and date marked out. Audiology Clinic Files must not be taken out of the Audiology Clinic area. **Under NO circumstances** may a client file or any of its contents be taken out the clinic area.
2. Client Files should not be left in open view of other students, faculty, staff, or general public. Please use discretion as to where files are reviewed and where clients are discussed to maintain clients' privacy and reduce the likelihood of incidental disclosure of PHI. Records are thoroughly checked on a regular basis to ensure that all files are present.
3. The client file room in the SPTH Suite provides a location for student clinicians to review client file and client working folders and to finalize client reports in a secure area in order to keep clients' PHI private.
4. Clinical Faculty and student clinicians are reminded that client privacy as specified by the HIPAA Standards and the ASHA Code of Ethics requires that PHI be safeguarded and secured; therefore, personal identifying information (client name, address, SSN, birth date, telephone, etc.) should not be used on any routine clinical education, forms or lesson plans. Client diagnostic and progress reports should not contain identifiers during the drafting stage.
5. Client files are audited each semester and the file audit forms are kept in a Audit Form Notebook in the Clinic File Room in the SPTH Suite.

II. CLIENT INTAKE/ASSIGNMENT

A. Speech-Language Appointments

a. Student Clinical Placement forms are developed and placed in the Student mailboxes by Clinical Educators (with client confidential information deleted) at the beginning of each academic semester.

2. Speech-Language Clinic Treatment and Evaluation Appointment Check-in
   a. All initial client file folder information is completed on the initial visit. Clients are provided with the HIPAA Notice of Privacy Rights and sign appropriate consent and authorization forms.
   b. Billing forms are signed by the assigned educator and given to the Clinical Secretary. The Clinic Secretary collects payment of fees.
3. Evaluation/Treatment – Speech and Language Clinic Intake Appointment
   a. Student Clinician reviews personal history form, HIPAA Notice of Privacy Rights, the HIPAA consent form, release of information, and consents for research, student training and observation, and audio and videotaping with client and/or parent. The student clinician verifies that information is current and that appropriate consents and authorization forms are completed.
   b. Client/Client responsibility form is discussed.

B. Audiology Appointments

1. Clinic Coordinator
   a. Makes appointments (if another clinical educator, staff, or faculty member receives a call, appropriate information is given promptly to the Clinic Coordinator).
   b. Requests documentation of previous services.
   c. Parking permits and directions are mailed to the clients/parents.
   d. Daily schedules are kept in the Coordinator's office.
2. Audiology Clinic Treatment and Evaluation Appointment Check-in
   a. All initial file folder information is completed on the initial visit. Clients are provided with the HIPAA Notice of Privacy Rights and appropriate consent and authorization forms.
3. Evaluation/Treatment – Audiology
   a. Audiologist reviews personal history from with client and verifies that all appropriate forms are completed.

III. Speech-Language Clinic Diagnostic Protocol

The following procedures are considered for each diagnostic

evaluation. Individual diagnostic plans are developed based on client intake information and personal history. Procedures may include, but not limited to:

i. Hearing screening
ii. Non-medical oral mechanism examination
iii. Articulation assessment
iv. Language assessment
v. Neurological assessments for adult clients (linguistic-cognitive or aphasia evaluations)
vi. Client/parent counselling

IV. Speech-Language Therapy Protocol

Treatment protocols are based on the results of diagnostic information and recommendations. Treatment plans are completed for each client prior to the initiation of therapy sessions. General guidelines for treatment included the following:

i. Clients are generally seen twice per week for 50-minute sessions (i.e. Monday/Wednesday or Tuesday/Thursday).
ii. Clients will generally be seen for the entire semester. However, ethically, the Clinic does reserve the right to discharge a client should all therapy goals be met (see Client Responsibility Form for additional discharge criteria).
iii. On-going client/parent counselling regarding plan of care and progress is conducted.

V. **Audiology Diagnostic Protocols**

The following procedures are considered for each diagnostic evaluation. Individual diagnostic plans are developed based on client intake information and personal history. Procedures may include, but not limited to:

i. Hearing evaluations – Preschool Children to Adults
    a. Immittance audiometry
    b. Speech audiometry
    c. Pure tone air and bone audiometry
    d. Otoacousic emissions testing (optional)
ii. Pediatric evaluation
    a. Auditory brainstem response measure
    b. Behavioral testing (i.e. Visual Reinforcement Audiometry)
    c. Otoacoustic Emissions
iii. Client/parent counselling
iv. Central Auditory Processing Evaluation (clients 8 years and older with normal cognitive function
    a. Hearing evaluation

b. SCAN-C or SCAN-A (used as screening tool. If abnormal results are obtained, the following battery will be administered during another scheduled visit.)
c. Binaural Processing Assessment
d. Auditory Figure Ground Assessment
e. Temporal Processing Assessment
f. Auditory Memory
g. Localization
h. Otoacoustic Emissions
i. Auditory Evoked Potential Testing (optional)
j. Client/parent counselling

VI. Appointment Cancellations

1. Speech-Clinic – When there is a cancellation for a clinical session, the Clinic Secretary notifies the student and educator. A written notice is placed in the Student mailbox.
2. Speech-Language and Audiology Clinic – Attempts are made to reschedule missed appointments based on availability of student clinician and educators.

VII. Client Follow-Up

1. Clients who are seen for a diagnostic evaluation at Tennessee State University Speech-Language Clinic shall receive a follow-up contact regarding the availability of treatment services if intervention was indicated. Clients who failed appointments for diagnostic services shall receive one follow-up contact.
2. Many Audiology clients are recommended to return to Tennessee State University Audiology Testing and Research Clinic for re-evaluations or follow-up visits. Written notices are sent out during the preceding month for upcoming appointments.
3. Client satisfaction surveys are completed each semester in the Speech-Language Clinic for clients receiving on-going treatment.

VIII. Student Clinical Notebooks and Client Working Folders in the Speech/Language Clinic

1. Each Student Clinician may keep a clinical notebook containing the following clinical documentations for each assigned client without any PHI:
    a. Case Staffing Summary
    b. Summary of Intervention to Date
    c. Diagnostic Evaluation Plan (if applicable)
    d. Lesson Plans
    e. SOAP notes

f. Data sheets
g. Supervisory feedback and Conference notes

2. Each Student Clinician may develop a Client Working Folder with the assistance of the supervising Clinical Educator which contains the following clinical documentations for each assigned client:
    a. Diagnostic/Treatment Plan/Progress Report
    b. Attendance Sheets
    c. Background Information
        a. Case Staffing Summary
        b. Summary of Intervention to Date
        c. DX Evaluation Plan (if applicable)
    d. Lesson Plans
    e. SOAP notes
    f. Data Sheets

Materials in the student clinicians' Clinical Notebook and the Client Working File should not contain any client personal health information (PHI) identification data. Client identification will be denoted by the client's initials on each document. Any materials containing client confidential information must be kept secure and private at all times by the student clinicians. Clinical Educators will review both the client legal files and the Client Working folder including all documentation and data summaries with the student clinicians at the end of the semester for auditing purposes.

IX. Client Diagnostic and Progress Reports

1. Diagnostic and/or Progress Reports are completed for each client. Personal identifiers are added to these reports only as the final **report is** prepared by the student clinician. Once the report is signed by the student clinician and clinical educator it is bound in the client's legal file and placed in the locked file cabinet in the Client File Room
2. Audiology Clinic Reports are completed by the audiologist after each audiological evaluation.
3. Reports are released only upon valid written authorization of the client
or client's parent or legal guardian.

X. Reduced Fees

Reduced fees are based on a sliding scale. Client accounts are established and maintained according to established guidelines.

Effective Date: 04/14/03
Reviewed 6/12/2017

TENNESSEE STATE UNIVERSITY
Speech and Language Clinic

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Clinic Director, 615-963-7057.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of the Speech and Language Clinic and Audiology Clinic and that of:

- Any speech-language pathologist or audiologist authorized to enter information in your clinic file.
- All sections of the Clinic.
- All students, both graduate and undergraduate, majoring in Speech Pathology and Audiology or Speech and Hearing Science at Tennessee State University.

- Any observers with prior approval of the Clinic Director.

- All employees, staff, and other clinic personnel.

- *Speech and Language Clinic, Audiology Clinic and Testing and Research Clinic.* All these listed entities, sites, and locations follow the terms of this notice. In addition, these entities may share personal health information with each other for treatment, payment, or clinic operations purposes described in this notice.

OUR PLEDGE REGARDING PERSONAL HEALTH INFORMATION

We understand that personal health information about you and your communication disorder is personal. We are committed to protecting personal health information about you. We create a record of the care and services you receive at the Audiology Clinic and Testing and Research Clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the clinic.

This notice will tell you about the ways in which we may use and disclose personal health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of personal health information.

We are required by law to:

- make sure that personal health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to personal health information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose personal health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- For treatment. We may use personal health information about you to provide you with treatment or services. We may disclose personal health information about you to speech-language pathologists,

audiologists, graduate and undergraduate students, and other clinic personnel who are involved in your care. For example, a speech-language pathologist treating you for a language problem may need to know if you have a hearing loss because a hearing loss may affect language development. In addition, the speech-language pathologist may need to communicate with a graduate student who will assist in your treatment. We also may disclose information about you to people outside the clinic who may be involved in your care, such as family members and others. In most instances, we will get your signed authorization to release this information.

- For payment. We may use and disclose personal health information about you so that treatment and services you receive at the clinic may be billed and payment may be collected from you, an insurance company, or any other third party. For example, we may need to disclose information about the hearing test you receive at the clinic so your health plan will pay us or reimburse you for the test. We also may tell your health plan about a treatment you are going to receive to determine whether your plan will cover the treatment.

- For health care operations. We may use and disclose personal health information about you for clinic operations. These uses and disclosures are necessary to run the clinic and make sure that all of our clients receive quality care. For example, we may use personal health information to review our treatment outcomes and services and to evaluate the performance of our staff in caring for you. We also may combine personal health information about many clients to decide what additional clinical services should be offered, what services are not needed, and whether new treatments are effective. We may disclose information to the professionals, staff, and students for review and learning purposes. We may combine the information with information from other clinical programs to compare how we are doing and to see where we can make improvements in treatment outcomes, the care and services we offer. We may remove information that identifies you from this set of personal health information so others may use it to study health care and health care delivery without learning who the specific clients are.

- Appointment reminders. We may use and disclose personal health information to contact you as a reminder that you have an appointment at the clinic. For example, a graduate student may phone you the day before your appointment as a reminder. A message may be left on your answer machine or sent by e-mail.

- Treatment alternatives. We may use and disclose personal health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- Health-related benefits and services. We may use or disclose personal health information to tell you about health related benefits or services that may be of interest to you.

- Clinic schedule. We may include certain limited information about you on a clinic schedule which may be shared with clinic personnel and students involved in the clinic. This information may be sent to the staff in the form of email or discretely posted in the clinic.

- Individuals involved in your care or payment for your care. We may release information about you to a friend or family member who is involved in your care following your written consent. We may also give information to someone who helps pay for your care.

- Observation of services. The clinic is an educational facility for graduate and undergraduate students majoring in speech pathology and audiology and speech and hearing sciences. We may allow students to observe services. In addition, personnel from other agencies involved with your care may be allowed to observe services.

- Audio-recording and videotaping. As an educational facility, we may audio record or videotape your therapy sessions for use in training graduate and undergraduate students majoring in speech pathology and audiology and speech and hearing sciences

- Classroom disclosures. As an educational facility, we may disclose certain information in classes taught at the university. We may remove information that identifies you from this set of personal health information so students may use it to study health care and health care delivery without learning who the specific clients are.

- Research. Under certain circumstances, we may use and disclose personal health information about you for research purposes. For example, a research project may involve comparing two treatment techniques. All research projects are subject to the university approval process. This process evaluates a proposed research project and its use of personal health information, trying to balance the research needs with the client's need for privacy of their personal health information. Before we disclose or use the personal health information for research, the project will have been approved through this research approval process, but we may disclose information about you to people preparing to conduct a research project. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the clinic.

- As required by law. We will disclose personal health information about you when required to do so by federal, state, or local law.

- To avert serious threat to health or safety. We may use and disclose personal health information about you when necessary to prevent a serious threat to your health and safety, and to the safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

- Workers' compensation. We may release personal health information about you for worker's compensation or similar programs. These programs provide benefits for work related injuries or illness.

- Public health risks. We may disclose personal health information about you for public health activities. These activities generally include the following:

    - To prevent or control disease, injury or disability
    - To report child abuse or neglect
    - To report problems with products
    - To notify people of recalls of products they may be using
    - To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when we are required or authorized by law to do so.

- Health oversight activities. We may disclose personal health information to an oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government programs, and compliance with civil rights laws.

- Lawsuits and disputes. If you are involved in a lawsuit or a dispute, we may disclose personal health information about you in response to a court or administrative order. We may disclose personal health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- Law enforcement. We may release personal health information if asked to do so by a law enforcement official:

    - In response to a court order, subpoena, warrant, summons, or similar process;
    - To identify or locate a suspect, fugitive, material witness, or missing person;
    - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
    - About criminal conduct at the clinic.

- National security and intelligence activities. We may release personal health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release personal health information about you to the correctional institution or law enforcement official. This release would be necessary 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING PERSONAL HEALTH INFORMATION ABOUT YOU

You have the following rights regarding personal health information we maintain about you.

- Right to inspect and copy. You have the right to inspect and copy personal health information that may be used to make decisions about your care. To inspect and copy personal health information that may be used to make decisions about you, you must submit your request in writing to the clinic office. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

  We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to personal health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the clinic will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- Right to amend. If you think that personal health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the clinic.

  To request an amendment, your request must be made in writing and submitted to the clinic director. In addition, you must provide a reason that supports your request.

  We may deny your request for an amendment if it is not in writing and does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not a part of the information kept by or for the clinic;
- Is not a part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

➢ Right to an accounting of disclosures. You have a right to request an "accounting of disclosures." This is a list of the disclosures we made of personal health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the clinic coordinator. Your request must state a time period, which may not be longer than seven years and may not include dates before April 15, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request in a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

➢ Right to request restrictions. You have the right to request a restriction or limitation on the personal health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the personal health information we disclose about you to someone who is involved in your care, like a family member or friend. For example you could ask that we not use or disclose information about a procedure you had.

We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the clinic director. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure, or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

➢ Right to request confidential communications. You have the right to request that we communicate with you about personal health matters in a certain way or at a certain location. For example, you can request that we contact you at work or by mail.

To request confidential communications, you must make your request in writing to the clinic director. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- Right to a paper copy of this notice. You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

  To obtain a paper copy of this notice, call the clinic office at 615-963-7092.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for personal health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the clinic. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you begin a new treatment at the clinic, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with the clinic, contact Dr. Tina T. Smith, Clinic Director, 615-963-7057. All complaints must be submitted in writing.

OTHER USES OF PERSONAL HEALTH INFORMATION

Other uses and disclosures of personal health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose personal health information about you, you may revoke this permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provide to you.

New and Revised CPT Codes For 2017

Speech-Language Pathology

The following are changes and additions to speech-language pathology related Current Procedural Terminology (CPT) codes,place of service (POS) codes, and modifiers effective January 1, 2017.

New CPT Codes

No new speech-language pathology codes have been added for 2017.

Revised CPT Codes

31575, Laryngoscopy, flexible; diagnostic (2016 version: Laryngoscopy, flexible fiberoptic; diagnostic)

31579, Laryngoscopy, flexible or rigid telescopic, with stroboscopy (2016 version: Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy

ASHA Note: These changes were made to reflect current technology and do not change how the codes are used.

Deleted CPT Codes

No speech-language pathology codes have been deleted for 2017.

Other Changes

New CPT Code Modifier

95, Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system

ASHA Note: This new modifier was created by the American Medical Association through the CPT system and does not replace the existing **GQ** (Telehealth service rendered via asynchronous telecommunications system) and **GT** (Telehealth service rendered via interactive audio and video telecommunications system) modifiers that were created through the Health Care Common Procedure Coding System (HCPCS). **Speech-language pathologists should check with payers regarding implementation and use of telepractice related modifiers on the claim form.**

New Place of Service (POS) Code

02, The location where health services and health related services are provided or received, through a telecommunication system

ASHA Note: This new POS code was created by the Centers for Medicare and Medicaid Services (CMS). **Speech-language pathologists should check with payers regarding implementation and use in conjunction with telepractice related claims.** More information on POS codes is available on the CMS website.
See also:

New Speech-Language Pathology Evaluation Codes FAQs

- Model Superbill for Speech-Language Pathology Services [DOC]
- Medicare Fee Schedule for Speech-Language Pathologists
- New and Revised CPT Codes: Audiology

Speech-Language Pathology Most Commonly Used Codes

CPT Procedure Codes

Speech and Language

92521 Evaluation of speech fluency (e.g., stuttering, cluttering)

92522 Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)

92523 with evaluation of language comprehension and expression (e.g., receptive/expressive language)

92524 Behavioral and qualitative analysis of voice and resonance

92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder, individual

92508 group, two or more individuals

97532 Development of cognitive skills to improve attention, memory, problem solving, direct one-on-one patient contact by the provider; each 15 minutes

96105 Assessment of aphasia

96125 Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour

Swallowing Function

92526 Treatment of swallowing dysfunction and/or oral function for feeding

92610 Evaluation of oral & pharyngeal swallowing function

92611 Motion fluoroscopic evaluation of swallowing function by cine or video recording

Augmentative and Alternative Communication

92597 Evaluation for use/fitting of voice prosthetic device to supplement oral speech

92607 Evaluation for prescription for speech-generating augmentative and alternative communication device; face-to-face with the patient; first hour

92608 each additional 30 minutes

92609 Therapeutic services for the use of speech-generating device, including programming and modification

ICD-9-CM Diagnostic Codes

299.00 Autistic disorder

299.80 Other specified pervasive developmental disorders; Asperger's disorder

315.31 Expressive language disorder

315.32 Mixed receptive-expressive language disorder
Central auditory processing disorder

315.34 Speech and language developmental delay due to hearing loss

315.35 Childhood onset fluency disorder

315.39 Developmental articulation disorder

438.11 Aphasia, per CVA

438.12 Dysphasia, per CVA

438.13 Dysarthria, per CVA

438.81 Apraxia, per CVA

438.82 Dysphagia, per CVA
Use additional code to identify the type of dysphagia, if known (787.20-787.29)

783.42 Delayed milestones; Late talker; Late walker

784.3 Aphasia, not related to CVA

784.41 Aphonia; Loss of voice

784.42 Dysphonia; Hoarseness

784.43 Hypernasality

784.44 Hyponasality

784.49 Other voice and resonance disorders

784.51 Dysarthria

784.59 Other speech disturbance

784.60 Symbolic dysfunction, unspecified

784.61 Alexia and dyslexia

784.69 Other symbolic dysfunction; agnosia, agraphia, apraxia

787.20 Dysphagia, unspecified

787.21 Dysphagia, oral phase

787.22 Dysphagia, oropharyngeal phase

787.23 Dysphagia, pharyngeal phase

787.24 Dysphagia, pharyngoesophageal phase

799.51 Attention or concentration deficit

799.52 Cognitive communication deficit

799.53 Visuospatial deficit

799.55 Frontal lobe and executive function deficit

ICD-10-CM Diagnostic Codes (Effective 10-1-2014)

F80.0 Phonological disorder

F80.1 Expressive language disorder

F80.2 Mixed receptive-expressive language disorder

F80.4 Speech and language development delay due to hearing loss

F80.81 Childhood onset fluency disorder

F84.0 Autistic disorder

F84.5 Asperger's syndrome

F84.8 Other pervasive developmental disorders

I69.020 Aphasia following nontraumatic subarachnoid hemorrhage

I69.120 Aphasia following nontraumatic intracerebral hemorrhage

I69.220 Aphasia following other nontraumatic intracranial hemorrhage

I69.320 Aphasia following cerebral infarction

I69.820 Aphasia following other cerebrovascular disease
(See entire I69 series, sequelae of cerebrovascular disease)

Q38.3 Other congenital malformations of tongue

R13.10 Dysphagia, unspecified

R13.11 Dysphagia, oral phase

R13.12 Dysphagia, oropharyngeal phase

R13.13 Dysphagia, pharyngeal phase

R13.14 Dysphagia, pharyngoesophageal phase

R13.19 Other dysphagia

R41.840 Attention and concentration deficit

R41.841 Cognitive communication deficit

R41.842 Visuospatial deficit

R41.844 Frontal lobe and executive function deficit

R47.01 Aphasia (not related to CVA)

R47.02 Dysphasia

R47.1 Dysarthria and anarthria

R47.81 Slurred speech

R47.82 Fluency disorder in conditions classified elsewhere

R47.89 Other speech disturbances

R48.0 Dyslexia and alexia

R48.1 Agnosia

R48.2 Apraxia

R48.8 Other symbolic dysfunctions; acalculia; agraphia

R49.0 Dysphonia; Hoarseness

R49.1 Aphonia; Loss of voice

R49.21 Hypernasality

R49.22 Hyponasality

R49.8 Other voice and resonance disorders

R49.9 Unspecified voice and resonance disorder

R62.0 Delayed milestone in childhood; Late talker; Late walker

Audiology Most Commonly Used Codes

CPT Procedure Codes

Audiological Assessment Procedures

92550 Tympanometry and reflex threshold measurements

92551 Screening test, pure tone, air only

92552 Pure tone audiometry (threshold); air only

92553 Pure tone audiometry (threshold); air and bone

92555 Speech audiometry threshold

92556 Speech audiometry threshold; w/speech recognition

92557 Comprehensive audiometry threshold evaluation and speech recognition

92567 Tympanometry (impedance testing)

92568 Acoustic reflex testing, threshold

92570 Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing

92579 Visual reinforcement audiometry (VRA)

92582 Conditioning play audiometry

92585 Auditory evoked potentials, comprehensive

92586 Auditory evoked potentials, limited

92558 Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis

92587 Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report

92588 Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report

92620 Evaluation of central auditory function, with report; initial 60 minutes

92621 each additional 15 minutes

92625 Assessment of tinnitus (includes pitch, loudness matching, and masking)

Hearing Aid Assessment and Fitting Procedures

92590 Hearing aid exam and selection; monaural

92591 Hearing aid exam and selection; binaural

Habilitative and Rehabilitative Services

92626 Evaluation of auditory rehabilitation status, 1st hour

92627 each additional 15 minutes

92630 Auditory rehabilitation; pre-lingual hearing loss

92633 Auditory rehabilitation; post-lingual hearing loss

Cochlear Implant

92601 Diagnostic analysis of cochlear implant, patient younger than 7 years of age, with programming

92602 subsequent reprogramming

92603 Diagnostic analysis of cochlear implant, age 7 years or older, with programming

92604 subsequent reprogramming

92640 Diagnostic analysis with programming of auditory brainstem implant, per hour

ICD-9-CM Diagnostic Codes

386.10 Peripheral vertigo, unspecified

386.11 Benign paroxysmal positional vertigo

388.01 Presbyacusis

388.10 Noise effects on inner ear, unspecified

388.11 Acoustic trauma (explosive) to ear

388.12 Noise-induced hearing loss

388.2 Sudden hearing loss, unspecified

388.30 Tinnitus, unspecified

388.31 Subjective tinnitus

388.32 Objective tinnitus

388.40 Abnormal auditory perception, unspecified

388.43 Impairment of auditory discrimination

388.44 Recruitment

388.45 Acquired auditory processing disorder

389.00 Conductive hearing loss, unspecified

389.01 Conductive hearing loss, external ear

389.02 Conductive hearing loss, tympanic membrane

389.03 Conductive hearing loss, middle ear

389.04 Conductive hearing loss, inner ear

389.05 Conductive hearing loss, unilateral

389.06 Conductive hearing loss, bilateral

389.08 Conductive hearing loss of combined types

389.10 Sensorineural hearing loss, unspecified

389.11 Sensory hearing loss, bilateral

389.12 Neural hearing loss, bilateral

389.13 Neural hearing loss, unilateral

389.14 Central hearing loss

389.15 Sensorineural hearing loss, unilateral

389.16 Sensorineural hearing loss, asymmetrical

389.17 Sensory hearing loss, unilateral

389.18 Sensorineural hearing loss, bilateral

389.20 Mixed hearing loss, unspecified

389.21 Mixed hearing loss, unilateral

389.22 Mixed hearing loss, bilateral

780.4 Dizziness and giddiness

ICD-10-CM Diagnostic Codes (Effective 10-1-2014)

H81.10 Benign paroxysmal vertigo, unspecified ear

H81.11 Benign paroxysmal vertigo, right ear

H81.12 Benign paroxysmal vertigo, left ear

H81.13 Benign paroxysmal vertigo, bilateral

H83.3X1 Noise effects on right inner ear

H83.3X2 Noise effects on left inner ear

H83.3X3 Noise effects on inner ear, bilateral

H83.3X9 Noise effects on inner ear, unspecified ear

H90.0 Conductive hearing loss, bilateral

H90.11 Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side

H90.12 Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side

H90.2 Conductive hearing loss, unspecified

H90.3 Sensorineural hearing loss, bilateral

H90.41 Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side

H90.42 Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side

H90.5 Unspecified sensorineural hearing loss

H90.6 Mixed conductive and sensorineural hearing loss, bilateral

H90.71 Mixed conductive and sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side

H90.72 Mixed conductive and sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side

H90.8 Mixed conductive and sensorineural hearing loss, unspecified

H91.10 Presbycusis, unspecified ear

H91.11 Presbycusis, right ear

H91.12 Presbycusis, left ear

H91.13 Presbycusis, bilateral

H93.11 Tinnitus, right ear

H93.12 Tinnitus, left ear

H93.13 Tinnitus, bilateral

H93.19 Tinnitus, unspecified ear

H93.211 Auditory recruitment, right ear

H93.212 Auditory recruitment, left ear

H93.213 Auditory recruitment, bilateral

H93.219 Auditory recruitment, unspecified ear

H93.25 Central auditory processing disorder

R42 Dizziness and giddiness

R94.120 Abnormal auditory function study

R94.121 Abnormal vestibular function study

R94.128 Abnormal results of other function studies of ear and other special senses

New and Revised Speech-Language Pathology ICD-10-CM Codes for 2017

The following new and revised ICD-10-CM (International Classification of Diseases, 10th Revision, Clinical Modification) codes are effective **October 1, 2016**. ICD-10-CM codes are updated annually.

New ICD-10-CM Codes

Other Developmental Disorders of Speech and Language

F80.82 Social pragmatic communication disorder (Excludes1: Asperger's syndrome [F84.5], autistic disorder [F84.0])

ASHA Note: The "Excludes1" note means that F80.82 may not be reported in conjunction with F84.5 or F84.0.

Sequelae of Cerebrovascular Disease

Cognitive Deficits Following Nontraumatic Subarachnoid Hemorrhage

I69.010 Attention and concentration deficit following nontraumatic subarachnoid hemorrhage

I69.011 Memory deficit following nontraumatic subarachnoid hemorrhage

I69.012 Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage

I69.013 Psychomotor deficit following nontraumatic subarachnoid hemorrhage

I69.014 Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage

I69.015 Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage

I69.018 Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage

I69.019 Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage

Cognitive Deficits Following Nontraumatic Intracerebral hemorrhage

I69.110 Attention and concentration deficit following nontraumatic intracerebral hemorrhage

I69.111 Memory deficit following nontraumatic intracerebral hemorrhage

I69.112 Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage

I69.113 Psychomotor deficit following nontraumatic intracerebral hemorrhage

I69.114 Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage

I69.115 Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage

I69.118 Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage

I69.119 Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage

Cognitive Deficits Following Other Nontraumatic Intracranial Hemorrhage

I69.210 Attention and concentration deficit following other nontraumatic intracranial hemorrhage

I69.211 Memory deficit following other nontraumatic intracranial hemorrhage

I69.212 Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage

I69.213 Psychomotor deficit following other nontraumatic intracranial hemorrhage

I69.214 Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage

I69.215 Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage

I69.218 Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage

I69.219 Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage

Cognitive Deficits Following Cerebral Infarction

I69.310 Attention and concentration deficit following cerebral infarction

I69.311 Memory deficit following cerebral infarction

I69.312 Visuospatial deficit and spatial neglect following cerebral infarction

I69.313 Psychomotor deficit following cerebral infarction

I69.314 Frontal lobe and executive function deficit following cerebral infarction

I69.315 Cognitive social or emotional deficit following cerebral infarction

I69.318 Other symptoms and signs involving cognitive functions following cerebral infarction

I69.319 Unspecified symptoms and signs involving cognitive functions following cerebral infarction

Cognitive Deficits Following Other Cerebrovascular Disease

I69.810 Attention and concentration deficit following other cerebrovascular disease

I69.811 Memory deficit following other cerebrovascular disease

I69.812 Visuospatial deficit and spatial neglect following other cerebrovascular disease

I69.813 Psychomotor deficit following other cerebrovascular disease

I69.814 Frontal lobe and executive function deficit following other cerebrovascular disease

I69.815 Cognitive social or emotional deficit following other cerebrovascular disease

I69.818 Other symptoms and signs involving cognitive functions following other cerebrovascular disease

I69.819 Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease

Cognitive Deficits Following Unspecified Cerebrovascular Disease

I69.910 Attention and concentration deficit following unspecified cerebrovascular disease

I69.911 Memory deficit following unspecified cerebrovascular disease

I69.912 Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease

I69.913 Psychomotor deficit following unspecified cerebrovascular disease

I69.914 Frontal lobe and executive function deficit following unspecified cerebrovascular disease

I69.915 Cognitive social or emotional deficit following unspecified cerebrovascular disease

I69.918 Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease

I69.919 Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease

Revised ICD-10-CM Codes

Specific Developmental Disorders of Speech and Language

No change	**F80.0**	Phonological disorder
Add		Speech-sound disorder

Pervasive Developmental Disorders

No change	**F84.0**	Autistic disorder
Add		Autism spectrum disorder

No change	**F88**	Other disorders of psychological development
No change		Developmental agnosia
Add		Global developmental delay
Add		Other specified neurodevelopmental disorder

No change **F89** Unspecified disorder of psychological development
Add Neurodevelopmental disorder NOS

ASHA Note: These revisions do not change the intent of the codes, but add new language to include descriptive information or examples related to disorders captured under each code.

Client / Family Responsibilities

1. The client must be on time and should be prepared to participate.
2. If a client is greater than 25 minutes late for a session, the session will be cancelled. Excessive tardiness can result in dismissal from therapy.
3. If a client or parent cancels a session due to illness or other conflicts, please contact your primary clinical supervisor before 8:30 a.m., the day of the session, at 615-963-_____ or the clinic secretary at 615-963-7072.
4. You have the right to request a meeting with the clinical supervisor or the clinician. However, we do request that you allow at least 48 hours advance notice.
5. You have the right to review your chart and or your child's chart. However, we request a 48 hour notice.
6. If the client misses 3 consecutive sessions or a total of 5 absences without notification during one semester, the client may be dismissed from therapy.
7. We reserve the right to discharge and refer a client to other service providers for valid reasons.
8. You have the right to observe your child through the observation window at any time.
9. We reserve the right to request that parent(s) observe through the observation window, and not be in the therapy room during the session.
10. Parent/client is responsible for all payment arrangements on initial visit (see clinic secretary).
11. Parents **must** remain within the speech therapy suite during the entire session. No minor child shall be left without parental supervision while in this clinic. No minor child shall be allowed to exit the suite without parental/adult supervision.
12. Our clinic is part of a University training program; student clinicians and clinical supervisors are changed based on academic and practicum requirements each semester.

_____ _____

Signature (If under 18 years of age parent/guardian) Date

_____ _____

Student Clinician Clinical Supervisor

ORIGINAL TO FILE AND COPY TO PARENT/CLIENT

Tennessee State University **Speech and Language Clinic** 330 10th Avenue North, PO 131 Nashville, TN 37203			Name _____ File # _____ Date: _____ Address _____ _____
	Yes	No	Phone _____ DOB _____ Male/Female Referring Professional: _____
Is this visit accident related?			
Employment related?			
Covered by contractual agency			Insurance Company _____

Diagnosis:			
Primary (Speech Language Pathology):			ICD - ___ Code:
Secondary (Medical):			ICD - ___ Code:
√	**Procedure**	**CPT Code**	**Date/Semester**
	Evaluation of speech fluency	92521	
	Evaluation of speech sound production	92522	
	Evaluation of speech sound production with evaluation of language comprehension and expression	92523	
	Behavioral and qualitative analysis of voice and resonance	92524	
	Individual Speech/Language Therapy	92507	
	Group Speech/Language Therapy	92508	
	Other:		
	Client Schedule: M T W R F	Referred to:	

Billing Information

Previous Balance: $_____
Today's Charges: $_____
Total Due: $_____
Paid Today: $_____
Balance: $_____

_____
AUTHORIZED PERSON'S SIGNATURE

_____ /_____
Student Clinician — Speech-Language Pathologist Clinical Educator

37448

AVAZA Language Services Corp.

How to Connect to AVAZA Language Services

In the event that you need an interpreter, we have created a simple process to contact us. However before beginning, here are the ground rules:

- Interpreting is the conversion of language orally.
- Translating is the conversion of language on documents.
- LEP (Limited English Proficiency) is a person described as being unable to communicate effectively, in this case, English.

Here is how you can access our services. This can be done in many ways:

1. When the LEP person is present at your location.
   a. If the LEP person is present with at your location, dial the assigned AVAZA number.
   b. Be ready to provide your access code, your name, and the language that you are requesting.
   c. Provide the information above and you will be connected to an interpreter.
2. When the LEP person is on the telephone with you.
   a. If the LEP is on the telephone with you, place them on hold and dial the assigned AVAZA number.
   b. Be ready to provide your access code, your name, and the language that you are requesting.
   c. Provide the information above and you will be connected to an interpreter.
   d. Once you have the interpreter on the line, conference in the LEP, yourself and the interpreter. If you do not know how to use your conferencing feature on your telephone, please contact your telephony administrator.
3. When you need to contact the LEP and conference in the interpreter.
   a. If you need to contact the LEP person at home, dial the assigned AVAZA number.
   b. Be ready to provide your access code, your name, and the language that you are requesting.
   c. Indicate that you need to perform a "call out" (understand that you must have the LEP person's contact number).
   d. Provide the LEP person's contact number and our agents will call that number and conference in all parties.

Here are your corresponding numbers for AVAZA Language Services for the various regions in the state of Tennessee:

NUMBERS TO DIAL TO ACCESS AN AVAZA INTERPRETER

(615) 534-3405 – Nashville
(901) 257-3190 – Memphis
(865) 342-7768 – Knoxville area
(731) 410-2911 – Jackson area
(931) 472-0446 – Clarksville area
(423) 424-0950 – Chattanooga area

If you have any questions or concerns, please feel free to contact me:

Timothy Capra, Senior State Manager
t.capra@avaza.co
(615) 534- 3403

5209 Linbar Drive, Suite 603
Nashville, TN · 37211
Phone: 615.534.3400
Fax: 615.810.8506
www.avaza.co

AVAZA Language Services Corp.

LANGUAGE IDENTIFICATION GUIDE

Do you speak English?	Point here and an interpreter will be assigned to you, at no cost.	English
¿Habla Español?	Señale aquí y se le asignará un intérprete sin costo.	Spanish
هل تتكلم العربية ؟	أشر هنا والمترجم سيكون موجوداً مجاناً .	Arabic
تە کوردی دەئاخڤی ؟	ئیشارەت ڤێرێ بکە تەرجومان بۆ تەحازر دکەین ، بە خورای.	Kurdish (Behdini)
ئایا کوردی قسە دەکەیت ؟	ئیشارەت لێرە بکە موتەرجیمت بۆئامادە دەکەین ، بە خۆڕای.	Kurdish (Sorani)
آیا شما فارسی صحبت میکنید ؟	تروصب مجرتم كي ،دينك هراشا اجنيا هب رگا رایگان در اختیار شما قرار میگیرد.	Farsi
Bạn nói tiếng Việt phải không?	Chỉ vào đây và sẽ có người thông dịch viên giúp đỡ Bạn, Bạn không phải trả gì hết.	Vietnamese
Maku hadashaa afka somaaliga?	Halkaan farta ku-fiiq turjubaan lacag la-an ayaad heleysaa.	Somali
Da li govorite Bosanski?	Pokažite ovdje i prevodilac će vam biti obezbijeđen, besplatno.	Bosnian
Parlez-vous français?	Ici, un interpreteur sera assigné pour vous, sans avoir payé.	French
ທ່ານເວົ້າພາສາລາວແມ່ນບໍ່?	ກະລຸນາບອກເຈົ້າໜ້າທີ່ຕາມນີ້ຈະມີນາຍພາສາມາແປໃຫ້ທ່ານໂດຍບໍ່ໄດ້ເສັຽເງິນ.	Laotian
你會講中文嗎?	請點在這裡我們爲你免費提供翻譯服務 .	Chinese (Mandarin)
日本語を話せますか ?	ここを指して下さい。 無料の通訳者を指定します。	Japanese
Je-una azungumza kiswahili?	Nyosha kidola hapa na utatafsiriwa bila kulipa chochote.	Kiswahili
Voce fala Português?	Aperte aqui e um intérprete lhe será fornercido sem custo algum.	Portuguese
क्या आप हिंदी बोल सकते है ?	इशारा यहाँ पर किजिये, भाषांतर करनेवाले विनामुल्य मिल जायेंगे।	Hindi
한국어를 하십니까?	이곳을 지적해주시면 통역자가 무료로 호출됩니다.	Korean
Вы говорите по-русски?	Укажите сюда, и совершенно бесплатно Вам будет предоставлен переводчик.	Russian
አማርኛ ይናገራሉን?	በጣትዎ ወደዚህ ያመልክቱ ያለምንም ክፍያ አስተርጓሚ ይመደብሎታል!	Amharic
Eske ou pale kreyòl	Pwen isit la e yon entèprèt ap vin ede'w gratis.	Haitian Creole
Jin kueni Thuok nuera?	Wane eme deri thuok nuera jek ke kuic du a thil kok.	Nuer
તમે ગુજરાતી બોલી શકો છો?	અહિંયા ઇશારો કરો, ભાષાંતર કરનાર વિનામુલ્યે મળી જશે.	Gujarati
Turkçe biliyormusunuz?	Burayi gösterirseniz, ücretsiz tercuman size yardim edecektir.	Turkish
คุณพูดภาษาไทยหรือเปล่า?	กรุณาบอกให้ทราบด้วยถ้าคุณต้องการคนแปล	Thai
Afaan Oromoo nidubata	Harkake asiti baasi gargasa Afaan hikaa malaqa duwa argaata.	Oromo

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Nashville, TN 37211
www.avaza.co

tel: 615.534.3400
fax: 615.810.8506
800.482.8292

Appendix C

TSU CLINICAL PRACTICUM CONTRACT

The following policies and contract have been adopted by the Department to insure non-interruption of services to clients/patients during a clinical term. It also insures that professional liability coverage will be maintained throughout the clinical experience. Clinical clock hour accumulation may not be initiated until the contract has been thoroughly read and signed by the student each semester. When this form has been signed, in duplicate, the student will retain a copy and the other copy will be placed in the student's clinical record file.

A. POLICIES

1. Students enrolled in clinical practicum courses are required to maintain management of all clinical assignments for an entire clinical term, even if such management results in the accumulation of more than the required number of clock hours needed to meet program graduation requirements for the CCC in Speech-Language Pathology.

2. Students who choose to withdraw from a practicum course or site during the clinical term, for other than a verified medical reason or extenuating circumstance will by this action void ALL clinical clock hours obtained during the semester of the withdrawal.

3. The Department of Speech Pathology and Audiology, in conjunction with the Office of Disabled Student Services, makes reasonable accommodations for qualified students with medically documented disabilities. If you need an accommodation, please contact TSU's Disabled Student Services Office at (615) 963-7400 or by fax (615) 963-5051.

Supervisor signatures on practicum logs are tentative and can be nullified. The Academic Standards Committee (ASC) will review clinical clock hours in question.

4. Professional liability insurance and TB skin test results are mandatory prior to the accumulation of clinical clock hours. Liability coverage must be maintained throughout matriculation in the program. The students are responsible for verifying with the Clinic Coordinator that copies of the insurance memorandum and TB skin test results are present in their file at the beginning of each practicum assignment.

5. Client records and files contain private protected health information (PHI) which is confidential. Students are responsible for keeping patient information secure and confidential under the ASHA Code of Ethics, the HIPAA Privacy Standards, and state requirements.

6. Students will adhere to ASHA Code of Ethics and professional standards of conduct in all clinical sites. Failure to adhere to the Code of Ethics or professional standards of conduct may result in removal from the clinical site and voiding of clinical clock hours obtained during the semester.

7. Students must immediately notify the Coordinator of Clinical Externships or the Coordinator of Clinical Education, the instructor in SPTH 5510 and their immediate clinical supervision for each absence from practicum assignments. Off-site practicum clinical sites do not adhere to the TSU academic calendar, and student clinicians are expected to be present in the site during the fall and spring semester break and other University holidays.

B. CONTRACT: I _____ (printed name) hereby indicate, by my signature below, that I have read and agree to adhere to the above policies. Contract effective for the _____Semester.

_____ _____

Student Signature Date

_____ Witness Clinical Educator CCC-SLP

TSU CLINICAL GUIDELINES

Beginning graduate students are required to complete two graduate semesters and the first 50 hours of graduate-level supervised clinical practicum under the direct supervision of members of the TSU program's instructional staff. Upon completion of the observation requirement, two graduate semester practica with a minimum 50 supervised graduate clinical practicum hours, and solid ratings of 3 (Capable) or better on clinical appraisals of skills in evaluation, intervention and interactional and personal qualities, the clinical faculty will determine the appropriateness of an off-campus practicum placement for each student dependent on availability.

A final copy of the student's class schedule and clinical availability for the semester must be submitted to the clinical instructor **immediately** following registration. Student clinicians will be scheduled following registration. Only the Coordinator of Clinical Externs will contact Outside affiliate practicum sites for assignments. Student clinicians will be scheduled for clinical assignments based upon:

a. the preferred time(s) clinical affiliate has indicated for the practicum experience; and
b. the time when the student is not scheduled for an academic course.

The student must maintain a record of all clock hours earned in clinic practicum on a weekly basis. In completing the clock hour form, the student must record the amount of time spent in providing direct service to the client for that week. Hours are to be recorded in no less than quarter hour increments (i.e. 15 in = 0.25, 30 min. = 0.50 hrs, 45 min. = 0.75 hrs, 60 mins = 1.0 hrs). Clinical clock hours are awarded only for direct client services and do not include clinical documentation, staffing, or other preparation.

At the end of each week of clinic practicum, each supervisor must review the weekly clock record. Prior to signing the clock record, each supervisor should be certain that: a) the hour recorded accurately reflect the client diagnostic category, the services provided and the clock hours earned during that week, b) the student has recorded practicum hours in increments no smaller than a quarter of an hour, and c) the student has accurately tallied the total number of hours earned for that week at the bottom of the clock hour form. The student must make and retain a copy of the clock hour records and give the **original** of the completed forms to the Coordinator of Clinical Externships at the end of the semester. The Coordinator of Clinical Externships will file clock hour records in the student's ASHA Clock Hours folder.

At the end of each semester, the student will complete the Clock Hour Summary form. The student must make and retain a copy of the ASHA Clock Hour Summary and give the original of the completed form to the Coordinator of Clinical Externships. The Coordinator will file the Summary in the student's ASHA Clock Hours folder and complete an electronic summary of the student's total clock hours.

TSU Off-Campus Clinical Observation and Practicum Guidelines

Tennessee State University is under legal contract with off-campus practicum sites to provide student training. Students are not allowed to independently seek their own off-campus observation or practicum venues. Nor are they allowed to enter into any personal verbal or written agreement with a person or organization to provide practicum and related clock hours needed to satisfy degree requirements at TSU. TSU is not obligated legally, or otherwise, to any such personal arrangements or agreements. TSU clinical Faculty will assign students to contract practicum venues based upon several factors, including the need for clock hours in a particular specialty area by the student, availability of sites, or other circumstances related to the individual student. All paid-practicum arrangements must be arranged and approved through the departmental contracting officials, the Department Head and the Coordinator of Externships.

As students enrolled in SPTH coursework and clinical training, every semester students are responsible to Tennessee State University only; not the practicum site or supervisor at that site.

As students enrolled in SPTH coursework and clinical training, each student must abide by the organizational rules, regulations and policies governing the practicum site, i.e. insurance, TB tests, name badges, etc.

As students enrolled in SPTH coursework and clinical training, each student must abide by the work schedule (times, days, lunch break, etc.) determined by the TSU Coordinator of Externships in consultation with the practicum site supervisor. The TSU academic calendar does not apply to off-campus practicum schedule, i.e. fall or spring breaks, holidays, etc. In general second year practicum externships are considered full-time placements for five days per week and 30-40 hours per week on-site. In some circumstances, practicum sites and the TSU Externship Coordinator may make adjustments to the weekly schedule based on site needs and client populations. Students are expected to follow the work schedule developed by the Coordinator of Externships and the practicum site supervisor as it appears on their Notification of Clinical Placement forms. Students and site supervisors never to modify the assigned work schedule without contacting the Coordinator of Externships first.

If a TSU practicum student must be absent from the practicum site due to illness or emergency, the student must first contact and inform the TSU clinical professor in SPTH 5510 or the Coordinator of Externships —not the practicum site or the site supervisor. In emergency students may contact the Coordinator of Clinical Education or Departmental Head as a last resort. The TSU faculty will discuss with the student the reason for the student not being able to attend to the practicum responsibilities. The TSU professor or coordinator will decide with the student who will call the practicum site supervisor. Students should never call and leave a voice message for the TSU professor or site coordinator or a message with another person to deliver to the TSU professor or

coordinator. Students should continue calling until they can talk directly to the TSU faculty member. Do not send an email. If contacting the off-site supervisor, the same rule applies—always talk directly to the supervisor.

If students are planning to be away from the practicum site for a planned event (personal obligation, conference, any reason), they must FIRST notify either the TSU clinical faculty member or Coordinator of Externships and receive approval. If approved, then the site practicum supervisor will be notified.

Students are expected to dress appropriately and professionally at all times when at the practicum site. If in doubt, cover up street clothes. Be sure to receive approval from the site supervisor BEFORE wearing scrubs or other uniforms in SPTH 5510.

Final practicum grades are determined by the TSU professor teaching the SPTH 5510 practicum course for that semester; not the off-campus practicum site supervisor. Class participation and requirements are also factored into the final grade.

Students must keep the TSU practicum course professor and/or Coordinator of Externships informed of any practicum site difficulties as soon as the issue arises. Do not put off discussions until it is too late to resolve them. The Clinical Professor and Coordinator are prepared to work with site supervisors on behalf of the TSU students if there are problems.

At no time, under any circumstances or for any reason, are students to remove any records or copies of records pertaining to students or patients from the practicum site. Such removal of records is against federal and state law and students can be held legally and ethically accountable for violation of client confidentiality.

STUDENT CLINICIAN AVAILABILITY SCHEDULE

Name _____Semester_____
Email: _____Telephone # (h/w)_____ Pager/Cell_____
Address (city, county, zip):_____
25 Required Observation hours completed? Yes_____ No_____
Classification: UG____ G 1st year____ G 2nd Year_ G Part-time ___ 8 semester ___12 semester___
Current Liability Insurance? Yes____ No __ Name of Insurer_____Expiration: _____
Current Negative TB Test? Yes _____ No _____TSU Background check? Yes____ No____ Date:_____

All clinical assignments will be made based on the following information. Directions for the completion of this form are as follows:
1. Please indicate with an **"'X"** the times that you **are not** available for any clinical assignment recalling that your ability to accumulate 400 clinical clock hours required for graduation is directly related to the amount of time you are available for clinical assignments:
2. Within that unavailable time period please indicate:

- Whether you are in class (indicate the course number, i.e., **SPTH 5750**)
- Whether you are working (indicate with a capital **"W")**
- Or whether you have a personal responsibility (indicate with a **"P")** and explain at the bottom of the page (i.e., transportation, child care)

Times	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 AM - 9:00 AM					
9:00 AM - 10:00 AM					
10:00 AM - 11 :00 AM					
11 :00 AM - 12:00 PM					
12:00PM- 1:00 PM					
1:00 PM - 2:00 PM					
2:00 PM - 3:00 PM					
3:00 PM - 4:00 PM					
4:00 PM - 5:00 PM					
5:00 PM – 6:00 PM	SPTH ____	SPTH ____	SPTH _____	SPTH 5510 SPTH ____	SPTH _____

Explanation: _____

_____

Practicum preferences for next semester:

1. _____ 2._____3. _____

I verify that all information given is accurate. I understand it is my responsibility to renew my liability insurance and TB skin test yearly and to ensure that it does not lapse during my clinical placement. I understand that if there is a lapse, I can be pulled from my site and/or lose clinic hours. This information will be used to determine my clinical placement(s) for this semester and my availability is directly related to the acquisition of clinical clock hours.

_____ _____

Student's Signature Date

Tennessee State University
College of Health Sciences
Department of Speech Pathology and Audiology

Sequence of Graduate Courses for the Completion of the
M.S. Degree in Speech and Hearing Science

Name_____ Semester completed _____

FALL I

SPTH 5570 Anatomy & Physiology of Speech _____
SPTH 6550 Seminar in Language Development _____
SPTH 5520 Studies in Articulation _____
SPTH 5510a Practicum in Speech-Language Pathology _____
SPTH 5701 Practicum in Audiology _____

SPRING I

SPTH 5530 Neuroanatomy & Neurophysiology _____
SPTH 6560 Studies in Language Disorders _____
SPTH 6540 Studies in Organic Speech Disorders _____
SPTH 5250 Methods in the Public Schools * _____
SPTH 5510b Practicum in Speech-Language Pathology _____

SUMMER I

SPTH 6420 Multicultural & Cultural Diversity _____
SPTH 5630 Adult Aphasia _____
SPTH 6530 Seminar in Stuttering _____
SPTH 5510c Practicum in Speech-Language Pathology _____

FALL II

SPTH 5740 Advanced Audiology _____
SPTH 5580 Voice Disorders _____
SPTH 6400 Neurogenic (Motor Speech) Disorders _____
SPTH 5510d Practicum in Speech-Language Pathology _____

SPRING II

SPTH 5510e Practicum in Speech-Language Pathology _____
SPTH 5750 Aural Rehabilitation _____
SPTH 5110 Methods of Research _____
SPTH 5800 Speech Science & Instrumentation ** _____
SPTH 5120 Thesis (optional)** _____

+*Required for the State of Tennessee Education Credential
** Elective
Number graduate TSU clinical clock hours completed to date _____
Number undergraduate TSU clinical clock hours completed _____
Number of ASHA observation hours completed _____

TSU DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY
STUDENT SELF-APPRAISAL - FORMATIVE ASSESSMENT

Student's Name _____ Date _____

The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes:

RATING SCALE DESCRIPTORS

1 = **Novice clinical skills** –presence of competency/skills not evident; requires constant supervisory modeling/intervention

2 = **Beginning clinical skills** – competency/skill emerging; requires frequent supervisory instruction.

3 = **Capable clinical skills** – competency/skill present but needs further development; requires frequent supervisory monitoring

4 = **Proficient clinical skills** – competency/skill developed but needs refinement and/or consistency; requires infrequent supervisory monitoring

5 = **CF ready clinical skills** – competency/skill well-developed and consistent; requires supervisory guidance/consultation only

Evaluation:	**Self-Appraisal**
1. conduct screening and prevention procedures (including prevention activities)	_____
2. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	_____
3. select an administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures	_____
4. adapt evaluation procedures to meet client/patients needs	_____
5. interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations or intervention	_____
6. complete administration and reporting functions necessary to support evaluation	_____
7. refer clients/patients for appropriate services	_____
Intervention:	
8. develop setting-appropriate intervention plans with measurable and achievable	_____
9. implement intervention plans. Involve clients/patients and relevant others in the intervention process	_____
10. select or develop and use appropriate materials and instrumentation for prevention and intervention	_____
11. measure and evaluate clients'/patients' performance and progress	_____
12. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patient	_____
13. complete administrative and reporting functions necessary to support intervention	_____
14. identify and refer clients/patients for services as appropriate	_____
Interaction and Personal Qualities:	
15. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family caregivers, and relevant others	_____
16. collaborate with other professionals incase management	_____
17. provide counseling regarding communication and swallowing disorders	_____
18. adhere to the ASHA Code of Ethics and behave professionally	_____

Initial Student Clinician Supervisory Conference
Formative Assessment Checklist

	Supervisor's Initials	Student's Initials	Comments
1. _____Student Self-Appraisal Rating	_____	_____	
2. _____ Student Video Review	_____	_____	
3. _____ Student Needs Assessment	_____	_____	
4. _____ Student Work Style Characteristics	_____	_____	
5. _____ Universal Precautions	_____	_____	
6. _____ General Review of Goals/Expectations for the Term			
a. Student Appraisal Form Baseline/Goals*_____		_____	
b. Conference Times/Team Meetings *	_____	_____	
c. Clinical Contract**	_____	_____	
d. Clock Hours Forms	_____	_____	
e. ASHA Code of Ethics	_____	_____	
f. ASHA Scope of Practice	_____	_____	
g. HIPAA/FERPA Confidentiality**	_____	_____	
h. Essential Functions**	_____	_____	
7._____TSU Clinic Handbook**	yes	no	
a. Dress Code	_____	_____	
b. Due dates for documentation	_____	_____	
c. Student Absences Procedures	_____	_____	

_____ _____

Signature of Student/Date Signature of Supervisor/Date

* To be set with clinical supervisor or team **To be covered in SPTH 5510 Orientation

STUDENT CLINICAL APPRAISAL
DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY
Tennessee State University
Speech-Language Pathology Clinical Practicum

Name: Click here to enter text. **Academic:** Choose an item. **Year** Click here to enter text.
Supervisor Name: Click here to enter text. **Site** Click here to enter text.
Supervisor ASHA Certification Number Click here to enter text.

Case Load Description

Population:

Preschool ☐ School-age ☐ Adult ☐ Geriatric ☐

Disorder Classification:

Dysphagia☐ Articulation☐ Language☐ Voice☐ Fluency☐ Cognition☐ AAC☐

Social☐ Hearing☐ CLD ☐

Service: Diagnostic ☐ Therapy ☐ IPP ☐

General Interpretation: Essentially, the higher ratings reflect more independence and self-direction on the part of the student while lower ratings indicate the need for more guidance from the supervisor. For students just beginning practicum, we would expect the need for more supervisory input so a final rating in the 2-3 range would be perfectly acceptable and reflective of normal clinical skills for the level of practicum experience. Students in later semesters of on-campus placements and in off-campus placements are expected to achieve final ratings in the 4-5 range.

Supervision Continuum with Rating Scale and Descriptors

Student Continuum

Novice	**Beginning**	**Capable**	**Proficient**	**CF Ready**
Even with extensive guidance from supervisor, the clinician is unable to demonstrate competency even on an inconsistent basis.	The clinician demonstrates only vague awareness of competency and requires extensive direction from supervisor to demonstrate competency; exhibits competency only inconsistently	The clinician is aware of the competency but requires some direction from the supervisor to successfully demonstrate the skill. Once discussed, however, the clinician usually demonstrates competency on a fairly consistent basis.	The clinician exhibits some level of independence, is generally self-directed and requires only monitoring and guidance from the supervisor to demonstrate competency.	The clinician exhibits a high level of independence; is self-directed and requires little specific guidance from the supervisor to demonstrate competency. Needs mentoring or collaborative consultation
1	**2**	**3**	**4**	**5**

Supervisor Continuum

Modeling/ Intervention	**Frequent Instruction**	**Frequent Monitoring**	**Infrequent Monitoring**	**Guidance Mentoring**

Supervisors: Using the following key, indicate the appropriate descriptor (starting on page 2) in the first column to indicate the student's initial goal for the end of the term for each competency statement being reviewed. Then, indicate midterm status and final level of competency/skill development, respectively, by placing the number that represents the corresponding descriptors in the second and third columns.

Revised 4/21/2017

STUDENT CLINICAL APPRAISAL
DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY
Tennessee State University
Speech-Language Pathology Clinical Practicum

Evaluation	ASHA 2014 Standard V-A, V-B TN **State Standard 2.4**	Goal or Adjusted Goal	Midterm	Final
1.	**Conduct screening and prevention procedures (including prevention activities)**	Choose an item.	Choose an item.	Choose an item.
2.	**Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals**	Choose an item.	Choose an item.	Choose an item.
3.	**Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures**	Choose an item.	Choose an item.	Choose an item.
4.	**Adapt evaluation procedures to meet client/patients' needs**	Choose an item.	Choose an item.	Choose an item.
5.	**Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations or intervention**	Choose an item.	Choose an item.	Choose an item.
6.	**Complete administration and reporting functions necessary to support evaluation**	Choose an item.	Choose an item.	Choose an item.
7.	**Refer clients/patients for appropriate services**	Choose an item.	Choose an item.	Choose an item.

Comments:
Click here to enter text.

STUDENT CLINICAL APPRAISAL
DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY
Tennessee State University
Speech-Language Pathology Clinical Practicum

Intervention ASHA 2014 Standard V-A, V-B TN State Standard 2.5	Goal or Adjusted Goal	Midterm	Final
8. Develop setting-appropriate intervention plans with measurable and achievable goals.	Choose an item.	Choose an item.	Choose an item.
9. Implement intervention plans. Involve clients/patients and relevant others in the intervention process.	Choose an item.	Choose an item.	Choose an item.
10. Select or develop and use appropriate materials and instrumentation for prevention and intervention.	Choose an item.	Choose an item.	Choose an item.
11. Measure and evaluate clients'/patients' performance and progress.	Choose an item.	Choose an item.	Choose an item.
12. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.	Choose an item.	Choose an item.	Choose an item.
13. Complete administrative and reporting functions necessary to support intervention.	Choose an item.	Choose an item.	Choose an item.
14. Identify and refer clients/patients for services as appropriate.	Choose an item.	Choose an item.	Choose an item.

Comments:
Click here to enter text.

Interaction and Personal Qualities ASHA 2014 Standard V-A , V-B, V-F TN State Standard 2.4, 2.1	Goal or Adjusted Goal	Midterm	Final
15. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family caregivers, and relevant others.	Choose an item.	Choose an item.	Choose an item.
16. Collaborate with other professionals in case management.	Choose an item.	Choose an item.	Choose an item.
17. Provide counseling regarding communication and swallowing disorders.	Choose an item.	Choose an item.	Choose an item.
18. Adhere to the ASHA Code of Ethics and behave professionally.	Choose an item.	Choose an item.	Choose an item.

Comments:
Click here to enter text.

Revised 4/21/2017

STUDENT CLINICAL APPRAISAL
DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY
Tennessee State University
Speech-Language Pathology Clinical Practicum

Off-Campus Specified Competencies **ASHA 2014 Standard V-A , V-B, V-F** TN **State Standard 2.1 – 2.7**	**Goal or Adjusted Goal**	**Midterm**	**Final**
19. Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
20. Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
21. Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
22. Click here to enter text.	Choose an item.	Choose an item.	Choose an item.

STUDENT CLINICAL APPRAISAL
DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY
Tennessee State University
Speech-Language Pathology Clinical Practicum

TO SUPERVISORS AND STUDENTS: The competencies listed in this final section are expected to be attained, to their fullest extent, by all students in all stages of clinical practicum and in every setting. Thus, there are no degrees of expected competency development (hence, no specific goal-setting); these competencies are simply present or absent. The performance determinations in this section may or may not be a factor in grade calculation, at the discretion of the supervisor.
Supervisors: In the checklists below, indicate whether a competency is present or absent. Add explanatory written comments at the end of this section.

Professionalism	**Midterm**		**Final**	
	Absent	**Present**	**Absent**	**Present**
1. Maintains professional appearance and conduct appropriate for job duties and work setting.	☐	☐	☐	☐
2. Maintains professional relationships in all aspects of clinical practice.	☐	☐	☐	☐
3. Understands and adheres to the ASHA Code of Ethics	☐	☐	☐	☐
4. Maintains confidentiality	☐	☐	☐	☐
5. Introduces self to patient/family appropriately	☐	☐	☐	☐
6. Follows department guidelines regarding file material and test checkout	☐	☐	☐	☐
Therapy Management Skills				
7. Is punctual for all client sessions and when necessary and appropriate, cancels/reschedules	☐	☐	☐	☐
8. Completes lesson plans as requested.	☐	☐	☐	☐
9. Turns in lesson plans on time	☐	☐	☐	☐
10. Prepares physical environment prior to clinical session	☐	☐	☐	☐
11. Cleans up following clinical session	☐	☐	☐	☐
12. Adheres to clinical policy regarding absences.	☐	☐	☐	☐
Clinical Meetings				
13. Is punctual for all clinical appointments and, when necessary and appropriate, cancels/reschedules	☐	☐	☐	☐
14. Brings appropriate forms/materials to supervisory sessions and therapy/diagnostic sessions.	☐	☐	☐	☐
15. Maintains own clinic records (e.g., feedback, hours)	☐	☐	☐	☐
16. Maximizes learning opportunities provided by each clinical assignment	☐	☐	☐	☐
17. Provides written information as requested (e.g. feedback, test reviews, chart reviews)	☐	☐	☐	☐
18. Reads or watches materials recommended by supervisor within time guidelines.	☐	☐	☐	☐

STUDENT CLINICAL APPRAISAL
DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY
Tennessee State University
Speech-Language Pathology Clinical Practicum

Goal Attainment/Grade Calculation

Step 1
Total # competency items scored for this student assignment Click here to enter text. Total

Step 2
Add: each criterion score for all competencies attempted Click here to enter text.

Add: each achieved score for all competencies attempted Click here to enter text.

Step 3
Divide the total of the achieved scores by the total of the criterion scores Click here to enter text.

The percentage obtained is the obtained numeric grade Click here to enter text.% = **Basic Performance %.** (Cannot exceed 100% for final grade calculation below)
Skip to Step 5 for final letter grade conversion except in unusual circumstances

Step 4 In unusual circumstances, at the supervisor's discretion, bonus and or penalty points may be used to adjust the basic performance percentage before final grade conversion.

Bonus Performance % points may be added in rare circumstances for extraordinary performance, as demonstrated in:

- Significant number of goals surpassed
- Number of Clinical Fellow Ready (5) ratings obtained
- Excellence in quality of overall performance

Add Basic performance % Click here to enter text.%
+
Bonus Performance % Click here to enter text.%

Click here to enter text.% **Adjusted Performance%**

Penalty Performance % points may be subtracted for absent professionalism skills.

Subtract Basic Performance % Click here to enter text.%
-
Penalty Performance % Click here to enter text.%

Step 5
Using the table below, convert the final performance percentage (whether Basic or Adjusted) into a letter grade. Indicate the **Final** letter grade here: **Click here to enter text.**

Grading Scale: Standard Departmental 7 point Grading Scale:

100%-93%	= A
92% -85%	= B
84%-77%	= C
76%-69%	= D
less than 69%	= F

Revised 4/21/2017

STUDENT CLINICAL APPRAISAL
DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY
Tennessee State University
Speech-Language Pathology Clinical Practicum

VERIFICATION OF AGREEMENT

Goal Setting Conference (Beginning of the Term)
Our signatures below verify that we have agreed upon clinical and supervisory goals for the designated term and that we are committed to working towards these goals. A goal-setting conference was held for this purpose.

Click here to enter text.	Click here to enter text.	Click here to enter text.
Supervisor Signature	Student Signature	Date

Progress Monitoring Conference (Mid-Term)
Our signatures below verify that we have reviewed our progress relative to the clinical and supervisory goals developed at the beginning of the designated term, noted progress towards those goals, and made plans for the remainder of the term. A progress-monitoring conference was held for this purpose and narrative comments have been provided for each competency targeted. At this midterm conference, the student is making:

☐Exceptional progress ☐ Good progress ☐Unsatisfactory Progress

towards meeting the final targeted competency level by the end of the term.

Click here to enter text.	Click here to enter text.	Click here to enter text.
Supervisor Signature	Student Signature	Date

Evaluation Conference (End-term Term or Final)
Our signatures below verify that we have discussed our progress relative to the clinical and supervisory goals for the designated term, noting final goal attainment and grade assignment, and implications for future clinical competencies and supervision. A goal-setting conference was held for this purpose.

Click here to enter text.	Click here to enter text.	Click here to enter text.
Supervisor Signature	Student Signature	Date

Overall Comments/Recommendations indicating strengths and areas for growth:
(If additional space is needed, attach pages as necessary)

Revised 4/21/2017

NOTE
This is an official copy and a permanent record of your clinical clock hours

Tennessee State University
Department of Speech Pathology and Audiology
Weekly Summary of Clinical Clock Hours

Name _____ G _____ UG _____

Course (Check one): SPTH 4514 ___ 5510 ____ 5710 _____ Semester _____

			Dysphagia		Artic		Voice		Fluency		Language		Cognitive		Aug./Alt. Communication		Hearing/AR		Social (√)	CLD (√)	Age	Obs %	Signatures/CCC-
Date	**Site**	**Prevention**	**DX**	**TX**	**DX**	**TX**	**DX**	**TX**	**DX**	**TX**	**DX**	**TX**	**DX**	**TX**	**DX**	**TX**	**DX**	**TX**					
Totals																							

Diagnostic

Dysphagia	Adult _____	Child _____
Articulation	Adult _____	Child _____
Voice	Adult _____	Child _____
Fluency	Adult _____	Child _____
Cognitive	Adult _____	Child _____
Language	Adult _____	Child _____
Hearing	Adult _____	Child _____
AAC	Adult _____	Child _____

Total Dx hours _____

Therapy

Dysphagia	Adult _____	Child _____
Articulation	Adult _____	Child _____
Voice	Adult _____	Child _____
Fluency	Adult _____	Child _____
Cognitive	Adult _____	Child _____
Language	Adult _____	Child _____
Hearing	Adult _____	Child _____
AAC	Adult _____	Child _____

Total Tx hours _____

Key

Time Increments	Age
1 = 1 hour	PS – Preschool
.75 = 45 minutes	SA – School Age
.50 = 30 minutes	A – Adult
.25 = 15 minutes	G – Geriatric (60+years)

Total Practicum hours _____

Supervisor's name: _____ (Please Print)

Supervisor's name: _____ (Please Print)

Supervisor's name: _____ (Please Print)

Revised Spring 2015

Tennessee State University
Department of Speech Pathology and Audiology
Semester Summary of Clinical Clock Hours

NOTE
This is an official copy and a permanent record of your clinical clock hours

Name _____ G _____ UG _____

Course (Check one): SPTH 4514 ___ 5510 ____ 5710 _____ Semester _____

			Dysphagia		Articulation		Voice		Fluency		Language		Cognitive		Aug./Alt. Communication		Hearing/Aural Rehabilitation		Prevent-ion (√)	Social (√)	CLD (√)
Semester	Client	Site	DX	TX	DX	TX	DX	TX	DX	TX	DX	TX	DX	TX	DX	TX	DX	TX			
	Child																				
	Adult																				
	Child																				
	Adult																				
	Child																				
	Adult																				
	Child																				
	Adult																				
Totals																					

Diagnostic

Dysphagia	Adult _____	Child _____
Articulation	Adult _____	Child _____
Voice	Adult _____	Child _____
Fluency	Adult _____	Child _____
Cognitive	Adult _____	Child _____
Language	Adult _____	Child _____
Hearing	Adult _____	Child _____
AAC	Adult _____	Child _____

Total Dx hours _____

Therapy

Dysphagia	Adult _____	Child _____
Articulation	Adult _____	Child _____
Voice	Adult _____	Child _____
Fluency	Adult _____	Child _____
Cognitive	Adult _____	Child _____
Language	Adult _____	Child _____
Hearing	Adult _____	Child _____
AAC	Adult _____	Child _____

Total Tx hours _____

Official Use Only

Verification	**Initials**
Social Practicum	_____
Prevention	_____
CLD	_____

Fifty Hour Site:

_____

= **Total Semester Practicum hours** _____

Approved by: _____ _____
Coordinator of Student Externs **Date**

Revised 2/5/2015

TENNESSEE STATE UNIVERSITY DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY
AUDIOLOGY CLINICAL PRACTICUM STUDENT EVALUATION

Name: Click here to enter text. **Academic:** Choose an item.
Year Click here to enter text.
Supervisor Name: Click here to enter text. **Site** Click here to enter text.
Supervisor ASHA Certification Number Click here to enter text.

Population:

Preschool ☐ School-age ☐ Adult ☐ Geriatric ☐ CLD ☐

General Interpretation: Essentially, the higher ratings reflect more independence and self-direction on the part of the student while lower ratings indicate the need for more guidance from the supervisor. For students just beginning practicum, we would expect the need for more supervisory input so a final rating in the 2-3 range would be perfectly acceptable and reflective of normal clinical skills for the level of practicum experience. Students in later semesters of on-campus placements and in off-campus placements are expected to achieve final ratings in the 4-5 range.

Supervision Continuum with Rating Scale and Descriptors

Student Continuum

Novice	**Beginning**	**Capable**	**Proficient**	**CF Ready**
Even with extensive guidance from supervisor, the clinician is unable to demonstrate competency even on an inconsistent basis.	The clinician demonstrates only vague awareness of competency and requires extensive direction from supervisor to demonstrate competency; exhibits competency only inconsistently	The clinician is aware of the competency but requires some direction from the supervisor to successfully demonstrate the skill. Once discussed, however, the clinician usually demonstrates competency on a fairly consistent basis.	The clinician exhibits some level of independence, is generally self-directed and requires only monitoring and guidance from the supervisor to demonstrate competency.	The clinician exhibits a high level of independence; is self-directed and requires little specific guidance from the supervisor to demonstrate competency. Needs mentoring or collaborative consultation
1	**2**	**3**	**4**	**5**

Supervisor Continuum

Modeling/ Intervention	**Frequent Instruction**	**Frequent Monitoring**	**Infrequent Monitoring**	**Guidance Mentoring**

Supervisors: Using the following key, indicate the appropriate descriptor (starting on page 2) in the first column to indicate the student's initial goal for the end of the term for each competency statement being reviewed. Then, indicate midterm status and final level of competency/skill development, respectively, by placing the number that represents the corresponding descriptors in the second and third columns.

Preparation	**Final Score**
1. Physical environment, equipment set-up, and listening checks performed before testing.	Choose an item.
2. Establishes rapport with patient/family	Choose an item.
3. Ask pertinent questions to obtain	Choose an item.
4. Uses terminology appropriate to patient's and /or family's level of understanding.	Choose an item.
5. Records information accurately	Choose an item.
Testing	
6. Provides appropriate test instructions prior to administering audiometric test.	Choose an item.
7. Administers pure tone screenings correctly based ASHA's recommended protocol (1996).	Choose an item.
8. Records results accurately.	Choose an item.
9. Interprets audiometric results correctly	Choose an item.
10. Administers Tympanometry correctly.	Choose an item.
11. Interprets tympanometry results correctly.	Choose an item.
12. Upon completion of daily practicum assignment, cleans test area and appropriate equipment.	Choose an item.
Counseling	
13. Reports appropriate information to client/family/teacher.	Choose an item.
14. Presents information understandably to the client, using appropriate voice loudness and language level.	Choose an item.
15. Maintains rapport with client/family and shows empathy.	Choose an item.
16. Answers patient questions effectively.	Choose an item.
17. Knows when to make appropriate referrals	Choose an item.

Comments: Click here to enter text.

Grade Determination

Earned score/ Maximum

Maximum score is the # of scored items times (x) 4 (proficient rating) - _____/_____

Click here to enter text.

Final: Click here to enter text. Performance % Click here to enter text.

Supervisor's signature Click here to enter text.

Student's signature Click here to enter text.

Date: Click here to enter a date.

Tennessee State University
Criminal Background Check Form

Procedures

1. Submit to a fingerprint scan at one of Tennessee Bureau of Investigation's (TBI) scan locations.

a. In order to be fingerprinted, candidates must register with IdentoGo by Morpho Trust USA. Candidates must pre-register online at http://www.identogo.com.

- Click on Tennessee
- Click on Online Scheduling
- Enter your name - Click GO
- Select Non-DCS Child Care / Adoption Providers - Click GO
- Select Child - Related Worker (Private) - Click GO
- Enter ORI # **TNCC19138** - Click GO
- TSU TESS ----Select- **YES**
- Enter Zip Code
- Select site/ date/time
- Complete Applicant Information – Follow prompts

b. Candidates will be fingerprinted at their own expense. The total cost for the criminal background check is $48.00. Print payment receipt.

c. Proceed, with receipt, to one of the fingerprint scan sites (list attached).

2. After completing the process and reading this form in its entirety, sign below. Attach this form and your registration receipt (that you printed after registering online) to your Admission to Teacher Education application

NOTE: Access to public and/or private schools (before, during, or after hours) as part of a Professional Education Unit field experience class or activity will not be granted until documentation of a clear criminal background check is on file in the Teacher Education Office.

Incidents

Subsequent to my completed background check and going forward, it is my responsibility to report any arrest or criminal citation to the TSU Director of Teacher Education within 48 hours of the incident. Failure to do so may result in dismissal from the program. I understand that my admission to and continuation in the Teacher Education or other PEU programs are contingent upon satisfactory results of the fingerprinting and background checks. ***Background checks are valid for the duration of completing a program. If there is a break in service or you're completing another degree, you must go through the process again.***

NOTE: This process must be completed no later than the 14th day of the semester.

Student: _____
Print Name

Student's Signature: _____ ***Date:*** _____

Official Clearance:

Date Cleared and Approved: _____ by: _____
Date Denial: _____ by: _____

Rev: 5/2017

BACKGROUND CHECK LOCATIONS

http://www.identogo.com.

- Click on Tennessee
- Click on Online Scheduling
- Enter your name - Click GO
- Select Non-DCS Child Care / Adoption Providers - Click GO
- Select Child - Related Worker (Private) - Click GO
- Enter ORI # **TNCC19138** - Click GO
- TSU TESS ----Select- **YES**
- Enter Zip Code
- Select site/ date/time
- Complete Applicant Information – Follow prompts

Candidates will be fingerprinted at their own expense. The total cost for the criminal background check is $48.00. Print payment receipt.

Proceed, with receipt to one of the fingerprint scan sites.

Location	Address	Dates & Times
Mid-Cumberland		
Clarksville- Integrity International Security Services	Clarksville, TN. (211 University Avenue)	M - F 8:30 - 4:30
Dickson Express Personnel Services	Dickson, TN. (313 East College St, Suite 1)	T & Th 8:30 - 11, 1 - 3
Lebanon E&A Solutions	Lebanon , TN. (1037 West Main St, Suite A)	M - F 8:30 - 4:15
Mt. Juliet The Mail Box Store	Mt. Juliet, TN. (11205 Lebanon Road)	M, T, Th & F 10 - 5 ; W 10 - 7 ; Sa 10 - 1
Nashville - MNPS Board of Education	Nashville, TN. (2601 Bransford Avenue)	M - F 8 - 12:30, 1 - 4
Nashville - Academy of Personal Protection	Nashville, TN. (1645 Murfreesboro Pike)	M - F 8:30 - 12:30, 1 - 5
Murfreesboro - Rutherford County Board of Education	Murfreesboro, TN. (2240b Southpark Dr)	M - F 8 - 12, 12:30 - 4
Gallatin Ups Store	Gallatin , TN. (695 Nashville Pike)	T - F 9:30 - 5:30 ; Sa 10:30 - 3
Hendersonville Guns & Leather	Hendersonville, TN. (600 West Main St)	M, T, Th & F 10 - 12, 1 - 6 ; Sa 9 - 12
Franklin - Guns and Leather	Franklin, TN. (9050 Carothers Pkwy. Suite 104)	M-F 10:00-5:00
Murfreesboro - Rutherford County Board of Education	Murfreesboro, TN. (2240b Southpark Dr)	M - F 8 - 12, 12:30 - 4

Rev: 5/2017

Tennessee State University Off-site Clinical Educator Agreement

I, _____ (Clinical Supervisor) agree to provide clinical supervision/education to _____(Student) at _____(Site name/County) during the _____semester 2017 in accordance with the ASHA 2014 standards for clinical competence.

Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the scope of practice of speech-language pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area. Such supervision may occur simultaneously with the student's observation or afterwards through review and approval of written reports or summaries submitted by the student. Students may use video recordings of client services for observation purposes.

In order to count clinical clock hours toward meeting certification and/or licensure requirements, only direct contact with the client or the client's family in assessment, intervention, and/or counseling can be counted toward practicum. Active involvement includes, but is not limited to, the following:

- Actual service delivery (therapy or diagnostics). Recording data during the session; and
- Time spent with either the client or a family member engaging in information seeking, information giving, counseling, or training for a home program may be counted as clinical clock hours, provided the activity is directly related to evaluation or treatment.

If a client presents communication disorders in two or more of the disorder categories, accumulated clock hours should be distributed among these categories according to the amount of treatment time spent on each.

Typically, only one student should be working with a given client at a time in order to count the practicum hours. In rare circumstances, it is possible for several students working as a team to receive credit for the same session. For example, in a diagnostic session, if one student evaluates the client and other interviews the parents, both students may receive credit for the time each spent in providing the service. However, if student A works with the client for 30 minutes and student B works with the client for the next 45 minutes, each student receives credit for only the time he/she actually provided services—that is, 30 minutes for student A and 45 minutes for student B.

Report writing, planning sessions, learning to administer tests *or* procedures, *or* passively observing without active involvement with the client/family **CANNOT** be counted as legitimate clinical clock hours.

ASHA **does not** allow practica hours for participation in multidisciplinary staffing, educational appraisal, and review or in meeting with professional persons regarding diagnosis and treatment of a given client. ***Conference time with Clinical Instructors/Supervisors may NOT be counted.***

Direct supervision must be in real time and must never be less than **25%** of the student's total contact with each client/patient and must take place periodically throughout the practicum. These are minimum requirements that should be adjusted upward if the student's level of knowledge, experience, and competence warrants. A supervisor must be available to consult as appropriate for the client's/patient's disorder with a student providing clinical services as part of the student's clinical education. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence.

_____ _____ _____

Supervisor's signature ASHA # Date

_____

Address

_____

Work Number

Tennessee State University
Department of Speech Pathology and Audiology

Student Clinician Absence from Clinical Assignment

Student Clinician _____

Date _____ Clinical Term: Spring/Fall/Summer 20 ____

SPTH 4514 □ SPTH 5514 □ SPTH 5714 □

Total number of practica hours lost per this absence: _____

Was clinical supervisor or Coordinator of Student Externships (if off-campus assignment) advised of absence in advance?: _____; if yes, date: _____

Reason for Absence (to be completed by student clinician):

_____
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I understand that my absence on the date(s) indicated above may result in delayed completion of practica requirements which may result in the delay of my proposed graduation date.

_____ _____
Student Clinician Date

Clinical Supervisor(s) initials: _____ _____ _____
Form must be initialed by each clinical supervisor affected by the student's absence.

Clinical Placement Notification

To:

CC: Student Clinical File

From: , CCC/SLP

Date:

Re: Clinical Assignment

SITE: TSU SPEECH CLINIC

SUPERVISOR:

DAY/TIME:

STARTING DATE:

ENDING DATE:

CLIENT:

FILE#

COMMENTS: **SCHEDULE A ONE-HOUR MEETING WITH YOUR SUPERVISOR PRIOR TO THE CLIENT'S INITIAL VISIT.**

Please contact the Coordinator of Clinical Externships or your clinical educator immediately if you have any concerns about the appropriateness of this clinical assignment based on your previous or concurrent academic coursework and/or clinical experiences.

URGENT

Therapy Supervisory Log

Clinician _____ Level _____ Site_____ Date_____
Client Name _____ C.A. _____ Case Type: _____

Supervisor _____ Cert: CCC-SLP CCC-A Session type: Individual Group

Begin Time _____: _____ Supervision time _____min
End Time _____:_____ Percentage of Supervision time _____%
Session Time _____

Clinical Skills: P=PRESENT NP=NOT PRESENT I=INCONSISITENT E=EMERGING

Uses appropriate conferencing skills	_____	Logically sequences activities	_____
Takes data appropriately during session	_____	Modifies activities when needed	_____
Uses appropriate reinforcement	_____	Uses suggestions by supervisor	_____
Time management of session	_____	Instructs at client's level	_____
Adjusts tx to meet client's needs	_____	Follows lesson plan	_____
Models good artic. and language	_____	Establishes rapport c client/family	_____
Good auditory discrimination	_____	Observes significant behaviors	_____
Uses appropriate materials	_____	Maintains safe/clean environment	_____
Uses appropriate techniques	_____	Prepares room prior to therapy	_____
Uses novel therapy activities	_____	Adheres to dress code	_____
Turns lesson plans in prior to session	_____	Practices Universal Precautions	_____

Additional Comments:

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_____ _____ _____ _____
Student Clinician **Date** **Clinical Supervisor** **Date**

8/2012

Supervisory Log for Conferences

Clinician _____ Level _____ Site_____ Date_____
Client Name _____ C.A. _____ Case Type: _____

Supervisor _____ Cert: CCC-SLP CCC-A Session type: Individual Group

Begin Time _____: _____ Supervision time _____min
End Time _____:_____ Percentage of Supervision time _____%
Session Time _____

Clinical Skills: P=PRESENT NP=NOT PRESENT I=INCONSISITENT E=EMERGING

Is punctual	_____	Requests assistance when needed	_____
Meets deadlines	_____	Receives/gives feedback	_____
Respects confidentiality	_____	Open to new ideas/methods	_____
Is prepared for sessions	_____	Able to explain rational for proposed tasks/procedures	_____
Follows through on assigned tasks	_____	Applied academic information	_____
Respects organizational structure	_____	Identifies strengths and weaknesses of self and/or sessions	_____
Balance concern/objectivity re: clients	_____	Generates ideas for change	_____
Assumes responsibility	_____		

Additional Comments:

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_____ _____ _____ _____
Student Clinician **Date** **Clinical Supervisor** **Date**

8/2012

Supervisory Log for Diagnostics (Dx)

Clinician _____ Level _____ Site_____ Date_____
Client Name _____ C.A. _____ Case Type: _____

Supervisor _____ Cert: CCC-SLP CCC-A Session type: Individual Group

Begin Time _____: _____ Supervision time _____min
End Time _____:_____ Percentage of Supervision time _____%
Session Time _____

Clinical Skills: P=PRESENT NP=NOT PRESENT I=INCONSISITENT E=EMERGING

Background information – obtains/comprehends.	_____	Develops hypotheses while testing	_____
Test selection – appropriate and sufficient	_____	Achieves appropriate closure to session	_____
Protocol, procedures, and materials-known/available	_____	Scores tests accurately/rapidly	_____
On time, professional dress grammar, articulation	_____	Interprets score correctly	_____
Establishes rapport with client/family/caregiver	_____	Uses categories rather than lists to describe deficiencies	_____
Test administration – appropriate and efficient	_____	Recommendations/referrals appropriate	_____
Records responses accurately	_____	Oral report-accurate and comprehensible to both lay and professional	_____
On-tasks behaviors maintained via reinforcement	_____	Written report-accurate, grammatical, readable, and on time	_____

Additional Comments:

_____
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_____ _____ _____ _____
Student Clinician **Date** **Clinical Supervisor** **Date**

8/2012

Student Evaluation of Practicum Experience

Name of Supervisor evaluated: _____

Date: _____ Semester: _____ , 20 _____

Assignment Site: TSU Clinic ( ) Grace Eaton ( ) Goodwill ( ) Other: ( ): Specify

_____

Population:
Preschool ( ) School-Age ( ) Adult ( ) Geriatric ( )

Service:
Dx ( ) Tx ( )

Disorder Classification:
Dysphagia ( ) Artic ( ) Language ( ) Voice ( ) Fluency ( ) Cognitive ( ) AAC ( ) Social ( ) Hearing ( )

Section I

Using the rating scale below, rate your practicum experience. Write the application descriptor (code) in the lines provided.

5 = Strongly Agree *3 = Neutral* *2 = Disagree*
4 = Agree *NA = Not Applicable* *1 = Strongly Disagree*

_____ 1. Establishes and maintains effective interpersonal communication and relationship with the supervisee

_____ 2. Assists the supervisee in developing critical thinking and problem-solving in planning clinical goals and objectives

_____ 3. Assists the supervisee in developing and refining assessment skills

_____ 4. Demonstrates for and participates with the supervisee in the clinical service delivery process

_____ 5. Assists the supervisee in observing and analyzing assessment and intervention data

_____ 6. Assists the supervisee in the development and maintenance of clinical documentation and supervisory records

_____ 7. Interacts with the supervisee in planning, executing, and analyzing supervisory conferences

_____ 8. Assists the supervisee in self-assessment of clinical performance

_____ 9. Assists the supervisee in developing skills in oral and written communication appropriate for diverse clients

_____ 10. Shares information, regarding ethical, legal, regulatory, and reimbursement aspects of professional practice

_____ 11. Models and facilitates professional and ethical conduct

_____ 12. Demonstrates EBP skills in the clinical and supervisory process

COMMENTS or SUGGESTIONS:

Section II

1. Did the supervisor present current information and treatment strategies for managing communication disorders and swallowing?

2. List the strengths and weaknesses of the clinical supervisor.

3. List suggestions or recommendations you have which could have helped facilitate this clinical supervisory process.

4. Were your expectations and goals met as a result of the clinical supervisory experience? If not, please explain.

Section III

1. What other comments do you have concerning your practicum experience with this supervisor? (Please try to be specific and constructive)

2. What other comments do you have concerning your case assignment?

College of Health Sciences
Tennessee State University
Speech and Language Clinic/ Audiology Testing and Research Clinic

Clinical Practicum Observation Log

Student _____ Enrolled in SPTH 3514/4514/5514 Semester/Year _____

Please note: Clock hours may only include <u>time spent</u> in observation of direct patient-contact experience or viewing of a clinical session on video (diagnostic and /or therapy).

1	2	3	4	5	6	7	8
Date	**Clinic Division**	**Clinical Site**	**Type of case**	**Age Group**	**Type of Experience**	**Clock hours**	**Supervisor's Verification of Experience: Signature/CCC-**

Total _____

1 – Date (month/day/year)
2 – Clinical Division: Speech Pathology (SPTH) or Audiology (Aud)
3 – Clinical site: TSU clinics, *video*, public school, etc
4 – Type of Case: Articulation (Artic), Language (Lang), Voice, etc.
5 – Age Group: preschool (PS), school-age (SA), adult (A)
6 – Type of experience: Diagnostic (DX), Therapy (TX), or Staffing
7 – Clock hours: 15 min = .25; 30 min = .50; 45 min = .75; 1 hour = 1.0

CLINICAL OBSERVATION REPORT

(one report per client/group)

Observer's Name _____ Date _____

Location:
Client's initials:
Clinical classification of client:
Student clinician's name:

Video Title:
Observation day: M T W R F
Time: from _____ to _____
Total time: _____
(15 min = .25; 30 min = .5; 45 min = .75; 60 min = 1.0)

Please complete all sections:

1. **Describe what was observed.**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

(May continue on back)

2. **What type of session was this?** Check one: _____ Dx _____ Tx

3. **What were the goals and objectives for this session?** ***(See Goal for Today Sheet)***

_____
_____
_____
_____

4. **What materials were used? (please list tests, program, word lists, games, etc.)**

_____
_____
_____

5. **Describe materials used and explain their purpose(s).**

_____
_____
_____

6. **Was reinforcement of the client's response provided?** _____ Yes _____ No
If yes, was it: ____ Verbal ____ Tangible; ____ 100% ____ Intermittent

7. **Write any questions or comments that you have pertaining to the session:**

CLINICAL OBSERVATION REPORT
Audiology

Observer's Name _____ Date _____

Location: _____
Client's Initials _____
Time: _____ to _____
Total time _____

Please complete all sections:

1. Describe the procedures implemented: Diagnostic Aural rehabilitation/habilitation

_____
_____
_____
_____
_____
_____
_____

2. What test materials were used for behavioral testing (i.e. speech audiometry, APD testing)?

_____
_____
_____
_____
_____

3. Was reinforcement of the client's responses provided, if appropriate? ___Yes ___No

4. Describe the results of the session:

_____
_____
_____
_____
_____
_____
_____

5. Describe the counseling session and recommendations, referrals, etc.

_____
_____
_____
_____
_____
_____

6. Write any questions or comments that you have pertaining to the session.

ESSENTIAL FUNCTIONS STATEMENT

Below are the essential functions that someone who enters the Speech-Language Pathology program must meet. The ability to perform, either independently or with reasonable accommodation, the following essential functions for clinical practicum in Speech/Language Pathology and Audiology:

1. Critical thinking skills sufficient for clinical judgment;
2. Interpersonal skills sufficient for effective interaction with individuals and families from a variety of cultural backgrounds;
3. Communication skills with proficiency in English and/or other languages of service delivery sufficient for effective written and spoken interaction with others;
4. Able to comprehend and read professional literature/reports and write university level papers and clinical reports in English
5. Physical mobility sufficient to move from room to room and maneuver in small spaces
6. Able to participate in classroom or clinical activities for 2-4 hour blocks of time with 1 or 2 breaks
7. Able to move independently to, from and in academic/clinical facilities
8. Gross and fine motor abilities sufficient for manipulation of evaluation and treatment instruments and materials;
9. Able to respond quickly enough to provide a safe environment for clients in emergency situations, including fire, choking, etc. and in application of universal precautions (standardized approach to infection control).
10. Visual acuity, hearing sensitivity and auditory discrimination sufficient for client evaluation and treatment;
11. Able to implement speech, language diagnostic and hearing screening procedures; administer and score instruments, interpret results and make appropriate recommendations and decisions, including the ability to evaluate and generalize appropriately without immediate supervision
12. Able to select, develop and implement comprehensive intervention strategies for treatment of communication and related disorders
13. Able to maintain attention and concentration for sufficient time to complete academic/clinical activities, typically 2-4 hours with 1-2 breaks.
14. Able to maintain appropriate work place behavior, including understanding and respect for supervisory authority, punctuality and regular attendance.

I certify that I have read and understand these essential functions and can perform them as a part of my clinical practicum experiences at Tennessee State University.

_____ _____

Student Printed Name Date

_____ _____

Student Signature Witness

Department Speech Pathology & Audiology
College of Health Sciences
Tennessee State University
330 Tenth Avenue North
Nashville, Tennessee 37203

UNIVERSAL PRECAUTIONS/HIPAA/FERPA TRAINING

I, _____, have completed Universal Precautions, HIPAA and FERPA training on _____. This training was provided to as a part of the clinical practicum experience at Tennessee State University.

Student Clinician

Clinical Instructor

HIPAA AND FERPA CONFIDIENTIALITY STATEMENT

The following policies and contract have been adopted by the Department of Speech Pathology and Audiology to insure the confidentiality of client/patient records during a clinical term. Clinical clock hour accumulation may not be initiated until the contract has been thoroughly read and signed by the student each semester. When this form has been signed, in duplicate, the student will retain a copy and the other copy will be placed in the student's clinical record file.

A. POLICIES

1. Client records and files contain private protected health information (PHI) which is confidential. Students are responsible for keeping patient information secure and confidential under the ASHA Code of Ethics, the HIPAA Privacy Standards, FERPA standards and state requirements.

2. Clinical staff members and students will use the secured fax machine and secure copy machine within the speech pathology suite **only** to make single copies of client documents containing protected health information (PHI) with individually identifiable health information data.

3. Students will use the secure computers located in the student work area in the speech pathology suite for all clinical documentation containing protected health information (PHI) with individually identifiable health information data

4. In order to protect the confidentiality of our clients, students are reminded that lesson plans, treatment plans, and SOAP notes should contain the student clinician's full name and only the minimum client identifier of initials and age (do not use client names, date of birth, file numbers, parent names, addresses, phone numbers etc. on these weekly documents). Initial drafts of diagnostic reports and progress report should not contain PHI. These identifiers will be added to the final documents when they are printed on letterhead to be placed in the client file and working folder, and then distributed to authorized persons based on client written authorization to release information.

5. Only the secure password-protected Tennessee State University email system should be used for submission of weekly clinical documents such as lesson plans, treatment plans, and SOAP notes to clinical supervisors. These electronic documents should contain the student clinician's full name and only the minimum client identifier of initials and age (do not use client names, date of birth, file numbers, parent names, addresses, phone numbers etc. on these weekly documents.)

B. CONTRACT I hereby indicate, by my signature below, that I have read and agree to adhere to the above policies.

Contract effective for the _____, _____Semester.

_____ _____

Student Date

_____ _____

Witness by Title

Appendix D

2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

Questions on applying for the CCC-SLP? Consult the frequently asked questions for more information.

Effective Date: September 1, 2014

Revised Date: March 1, 2016

Introduction

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association. The charges to the CFCC are: to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and to administer the certification maintenance program.

A Practice and Curriculum Analysis of the Profession of Speech-Language Pathology was conducted in 2009 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2014 standards and implementation procedures for the Certificate of Clinical Competence in Speech-Language Pathology are now in effect as of September 1, 2014. View the SLP Standards Crosswalk [PDF] for more specific information on how the standards have changed.

Citation
cite as: Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2013). 2014 Standards for the Certificate of Clinical Competence in Speech-Language Pathology. Retrieved [date] from http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/.

2016 Revisions

Revision 1: Implementation Language to Standard V-B (new paragraphs 3 and 4) – Expanded definition of supervised clinical experiences:

These experiences should allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and

- incorporate critical thinking and decision-making skills while engaged in identification, evaluation, diagnosis, planning, implementation, and/or intervention.

Alternative clinical experiences may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).

Revision 2: Implementation Language to Standard V-C (additions to paragraph 2) – Acceptance of clinical simulation for up to 20% (75 hours) of direct client hours:

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through clinical simulation (CS) methods. Only the time spent in active engagement with the CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included.

Revision 3: Implementation Language to Standard VII (addition to paragraph 1) – Clinical Fellowship report due date:

Applicants whose Clinical Fellowship report is not reported to ASHA within 90 days after the 48-month timeframe will have their application closed.

The Standards for the Certificate of Clinical Competence in Speech-Language Pathology are shown in bold. The Council for Clinical Certification implementation procedures follow each standard.

Standard I: Degree

The applicant for certification must have a master's, doctoral, or other recognized post-baccalaureate degree.

Implementation: The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) has the authority to determine eligibility of all applicants for certification.

Standard II: Education Program

All graduate course work and graduate clinical experience required in speech-language pathology must have been initiated and completed in a speech-language pathology program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

Implementation: If the graduate program of study is initiated and completed in a CAA-accredited program or in a program that held candidacy status for CAA accreditation, and if the program director or official designee verifies that all knowledge and skills required at the time of application have been met, approval of academic course work and practicum is automatic. Applicants eligible for automatic approval must submit an official graduate transcript or a letter from the registrar that verifies the date the graduate degree was awarded. The official graduate transcript or letter from the registrar must be received by the National Office no later than 1 year from the date the application was received. Verification of the graduate degree is required of the applicant before the certificate is awarded.

Individuals educated outside the United States or its territories must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

The applicant for certification must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic course work and supervised clinical experience sufficient in depth and breadth to achieve the specified knowledge and skills outcomes stipulated in Standard IV-A through IV-G and Standard V-A through V-C.

Implementation: The minimum of 36 graduate semester credit hours must have been earned in a program that addresses the knowledge and skills pertinent to the ASHA Scope of Practice in Speech-Language Pathology.

Standard IV: Knowledge Outcomes

Standard IV-A

The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.

Implementation: Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. A course in biological and physical sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.

Academic advisors are strongly encouraged to enroll students in courses in the biological, physical, and the social/behavioral sciences in content areas that will assist students in acquiring the basic principles in social, cultural, cognitive, behavioral, physical, physiological, and anatomical areas useful to understanding the communication/linguistic sciences and disorders.

Standard IV-B

The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

Standard IV-C

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- **articulation;**
- **fluency;**
- **voice and resonance, including respiration and phonation;**
- **receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing;**
- **hearing, including the impact on speech and language;**
- **swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology);**
- **cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning);**
- **social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities);**
- **augmentative and alternative communication modalities.**

Implementation: It is expected that course work addressing the professional knowledge specified in Standard IV-C will occur primarily at the graduate level.

Standard IV-D

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

Standard IV-E

The applicant must have demonstrated knowledge of standards of ethical conduct.

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.

Standard IV-F

The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and have demonstrated the ability to relate research to clinical practice.

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues typically include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures.

Standard IV-H

The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

Standard V: Skills Outcomes

Standard V-A

The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation: Individuals are eligible to apply for certification once they have completed all graduate-level academic course work and clinical practicum and been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. For oral communication, the applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

Standard V-B

The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. **Evaluation**

a. **Conduct screening and prevention procedures (including prevention activities).**
b. **Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.**
c. **Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.**
d. **Adapt evaluation procedures to meet client/patient needs.**
e. **Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.**
f. **Complete administrative and reporting functions necessary to support evaluation.**
g. **Refer clients/patients for appropriate services.**

2. **Intervention**
    a. **Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.**
    b. **Implement intervention plans (involve clients/patients and relevant others in the intervention process).**
    c. **Select or develop and use appropriate materials and instrumentation for prevention and intervention.**
    d. **Measure and evaluate clients'/patients' performance and progress.**
    e. **Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.**
    f. **Complete administrative and reporting functions necessary to support intervention.**
    g. **Identify and refer clients/patients for services as appropriate.**
3. **Interaction and Personal Qualities**
    a. **Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.**
    b. **Collaborate with other professionals in case management.**
    c. **Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.**
    d. **Adhere to the ASHA Code of Ethics and behave professionally.**

Implementation: The applicant must have acquired the skills referred to in this standard applicable across the nine major areas listed in Standard IV-C. Skills may be developed and demonstrated by direct client/patient contact in clinical experiences, academic course work, labs, simulations, examinations, and completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. *Supervised clinical experience* is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.

These experiences should allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and
- incorporate critical thinking and decision-making skills while engaged in identification, evaluation, diagnosis, planning, implementation, and/or intervention.

Alternative clinical experiences may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).

Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology to count toward certification.

Standard V-C

The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the ASHA Scope of Practice in Speech-Language Pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area. Such supervision may occur simultaneously with the student's observation or afterwards through review and approval of written reports or summaries submitted by the student. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client's family in assessment, intervention, and/or counseling can be counted toward practicum. Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through clinical simulation (CS) methods. Only the time spent in active engagement with the CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. It is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

Standard V-D

At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Implementation: A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.

Standard V-E

Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills. **The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.**

Standard V-F

Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Implementation: The applicant must demonstrate direct client/patient clinical experiences in both assessment and intervention with both children and adults from the range of disorders and differences named in Standard IV-C.

Standard VI: Assessment

The applicant must have passed the national examination adopted by ASHA for purposes of certification in speech-language pathology.

Implementation: Results of the Praxis Examination in Speech-Language Pathology must be submitted directly to ASHA from ETS. The certification standards require that a passing exam score must be earned no earlier than 5 years prior to the submission of the application and no later than 2 years following receipt of the application. If the exam is not successfully passed and reported within the 2-year application period, the applicant's certification file will be closed. If the exam is passed or reported at a later date, the individual will be required to reapply for certification under the standards in effect at that time.

Standard VII: Speech-Language Pathology Clinical Fellowship

The applicant must successfully complete a Speech-Language Pathology Clinical Fellowship (CF).

Implementation: The Clinical Fellowship may be initiated only after completion of all academic course work and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF experience must be initiated within 24 months of the date the application is received. Once the CF has been initiated, it must be completed within 48 months. For applicants completing multiple CFs, all CF experiences related to the application must be completed within 48 months of the date the first CF was initiated. Applications will be closed for a CF/CFs that is/are not completed within the 48-month timeframe or that is/are not reported to ASHA within 90 days after the 48-month timeframe. The Clinical Fellow will be required to reapply for certification and must meet the Standards in effect at the time of re-application. CF experiences older than 5 years at the time of application will not be accepted.

The CF must have been completed under the mentorship of an individual who held the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) throughout the duration of the fellowship. It is the Clinical Fellow's responsibility to identify a mentoring speech-language pathologist (SLP) who holds an active Certificate of Clinical Competence in Speech-Language Pathology. Should the certification status of the mentoring SLP change during the CF experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It, therefore, is incumbent on the CF to verify the mentoring SLP's status periodically throughout the Clinical Fellowship experience. A family member or individual related in any way to the Clinical Fellow may not serve as a mentoring SLP.

Standard VII-A: Clinical Fellowship Experience

The Clinical Fellowship must have consisted of clinical service activities that foster the continued growth and integration of knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA's current Scope of Practice in Speech-Language Pathology. The Clinical Fellowship must have consisted of no less than 36 weeks of full-time professional experience or its part-time equivalent.

Implementation: No less than 80% of the Fellow's major responsibilities during the CF experience must have been in direct client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process for individuals who exhibit communication and/or swallowing disabilities.

Full-time professional experience is defined as 35 hours per week, culminating in a minimum of 1,260 hours. Part-time experience of less than 5 hours per week will not meet the CF requirement and may not be counted toward completion of the experience. Similarly, work in excess of the 35 hours per week cannot be used to shorten the CF to less than 36 weeks.

Standard VII-B: Clinical Fellowship Mentorship

The Clinical Fellow must have received ongoing mentoring and formal evaluations by the CF mentor.

Implementation: Mentoring must have included on-site observations and other monitoring activities. These activities may have been executed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Fellow, and evaluations by professional colleagues with whom the Fellow works. The CF mentor and Clinical Fellow must have participated in regularly scheduled formal evaluations of the Fellow's progress during the CF experience. The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF Mentor.

The mentoring SLP must engage in no fewer than 36 supervisory activities during the clinical fellowship experience. This supervision must include 18 on-site observations of direct client contact at the Clinical Fellow's work site (1 hour = 1 on-site observation; a maximum of six on-site observations may be accrued in 1 day). At least six on-site observations must be conducted during each third of the CF experience. On-site observations must consist of the Clinical Fellow engaged in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Use of real-time, interactive video and audio conferencing technology is permitted as a form of on-site observation, for which pre-approval must be obtained.

Additionally, supervision must also include 18 other monitoring activities. At least six other monitoring activities must be conducted during each third of the CF experience. Other monitoring activities are defined as evaluation of reports written by the Clinical Fellow, conferences between the mentoring SLP and the Clinical Fellow, discussions with professional colleagues of the Fellow, etc., and may be executed by correspondence, telephone, or reviewing of video and/or audio tapes.

On rare occasions, the CFCC may allow the supervisory process to be conducted in other ways. However, a request for other supervisory mechanisms must be submitted in written form to the CFCC, and co-signed by the CF mentor, before the CF is initiated. The request must include the reason for the alternative supervision and a description of the supervision that would be provided. At a minimum, such a request must outline the type, length, and frequency of the supervision that would be provided.

A CF mentor intending to supervise a Clinical Fellow located in another state may be required to also hold licensure in that state; it is up to the CF mentor and the Clinical Fellow to make this determination before proceeding with a supervision arrangement.

Standard VII-C: Clinical Fellowship Outcomes

The Clinical Fellow must have demonstrated knowledge and skills consistent with the ability to practice independently.

Implementation: At the completion of the CF experience, the applicant will have acquired and demonstrated the ability to

- integrate and apply theoretical knowledge,
- evaluate his or her strengths and identify his or her limitations,
- refine clinical skills within the Scope of Practice in Speech-Language Pathology,
- apply the ASHA Code of Ethics to independent professional practice.

In addition, upon completion of the CF, the applicant must have demonstrated the ability to perform clinical activities accurately, consistently, and independently and to seek guidance as necessary.

The CF mentor must submit the *Clinical Fellowship Report and Rating Form, which includes the Clinical Fellowship Skills Inventory (CFSI)*, as soon as the CF successfully completes the CF experience. This report must be signed by both the Clinical Fellow and mentoring SLP.

Standard VIII: Maintenance of Certification

Certificate holders must demonstrate continued professional development for maintenance of the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

Implementation: Individuals who hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) must accumulate 30 certification maintenance hours of professional development during every 3-year maintenance interval. Intervals are continuous and begin January 1 of the year following award of initial certification or reinstatement of certification. A random audit of compliance will be conducted.

Accrual of professional development hours, adherence to the ASHA Code of Ethics, submission of certification maintenance compliance documentation, and payment of annual dues and/or certification fees are required for maintenance of certification.

If renewal of certification is not accomplished within the 3-year period, certification will expire. Individuals wishing to regain certification must submit a reinstatement application and meet the standards in effect at the time the reinstatement application is submitted.

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

CODE OF ETHICS

Reference this material as: American Speech-Language-Hearing Association. (2016). Code of Ethics [Ethics]. Available from www.asha.org/policy.

PREAMBLE

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as "The Association") has been committed to a framework of common principles and standards of practice since ASHA's inception in 1925. This commitment was formalized in 1952 as the Association's first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional's role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

- a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)
- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the

professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

TERMINOLOGY

ASHA Standards and Ethics – The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

advertising – Any form of communication with the public about services, therapies, products, or publications.

conflict of interest – An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

crime – Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the "Disclosure Information" section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

diminished decision-making ability – Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

fraud – Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

impaired practitioner – An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health–related conditions.

individuals – Members and/or certificate holders, including applicants for certification.

informed consent – May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

jurisdiction – The "personal jurisdiction" and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual's geographic location.

know, known, or knowingly – Having or reflecting knowledge.

may vs. shall – May denotes an allowance for discretion; shall denotes no discretion.

misrepresentation – Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

negligence – Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s);

failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere – No contest.

plagiarism – False representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

publicly sanctioned – A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

reasonable or reasonably – Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report – A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

shall vs. may – Shall denotes no discretion; may denotes an allowance for discretion.

support personnel – Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders).

telepractice, teletherapy – Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service.

written – Encompasses both electronic and hard-copy writings or communications.

PRINCIPLE OF ETHICS I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

RULES OF ETHICS

A. Individuals shall provide all clinical services and scientific activities competently.
B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be

allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

RULES OF ETHICS

A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.

D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

RULES OF ETHICS

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

RULES OF ETHICS

A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical

harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

SCOPE OF PRACTICE IN SPEECH-LANGUAGE PATHOLOGY

AD HOC COMMITTEE ON THE SCOPE OF PRACTICE IN SPEECH-LANGUAGE PATHOLOGY

Reference this material as: American Speech-Language-Hearing Association. (2016). Scope of Practice in Speech-Language Pathology [Scope of Practice]. Available from www.asha.org/policy.

ABOUT THIS DOCUMENT

This scope of practice document is an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the profession of speech-language pathology. This document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Speech- Language Pathology. Committee members were Mark DeRuiter (chair), Michael Campbell, Craig Coleman, Charlette Green, Diane Kendall, Judith Montgomery, Bernard Rousseau, Nancy Swigert, Sandra Gillam (board liaison), and Lemmietta McNeilly (ex officio). This document was approved by the ASHA Board of Directors on February 4, 2016 (BOD 01-2016). The BOD approved a revision in the prevention of hearing section of the document on May 9, 2016 (Motion 07-2016).

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INTRODUCTION

The *Scope of Practice in Speech-Language Pathology* of the American Speech-Language-Hearing Association (ASHA) includes the following: a statement of purpose, definitions of *speech-language pathologist* and *speech-language pathology*, a framework for speech-language pathology practice, a description of the domains of speech-language pathology service delivery, delineation of speech-language pathology service delivery areas, domains of professional practice, references, and resources.

The *speech-language pathologist* (*SLP*) is defined as the professional who engages in professional practice in the areas of communication and swallowing across the life span. *Communication* and *swallowing* are broad terms encompassing many facets of function. *Communication* includes speech production and fluency, language, cognition, voice, resonance, and hearing. *Swallowing* includes all aspects of swallowing, including related feeding behaviors. Throughout this document, the terms *communication* and *swallowing* are used to reflect all areas. This document is a guide for SLPs across all clinical and educational settings to promote best practice. The term *individuals* is used throughout the document to refer to students, clients, and patients who are served by the SLP.

As part of the review process for updating the *Scope of Practice in Speech-Language Pathology*, the committee revised the previous scope of practice document to reflect recent advances in knowledge and research in the discipline. One of the biggest changes to the document includes the delineation of practice areas in the context of eight domains of speech-language pathology service delivery: collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities,

technology, and instrumentation; and population and systems. In addition, five domains of professional practice are delineated: advocacy and outreach, supervision, education, research and administration/leadership.

Service delivery areas include all aspects of communication and swallowing and related areas that impact communication and swallowing: speech production, fluency, language, cognition, voice, resonance, feeding, swallowing, and hearing. The practice of speech-language pathology continually evolves. SLPs play critical roles in health literacy; screening, diagnosis, and treatment of autism spectrum disorder; and use of the *International Classification of Functioning, Disability and Health* (ICF; World Health Organization [WHO], 2014) to develop functional goals and collaborative practice. As technology and science advance, the areas of assessment and intervention related to communication and swallowing disorders grow accordingly. Clinicians should stay current with advances in speech-language pathology practice by regularly reviewing the research literature, consulting the Practice Management section of the ASHA website, including the Practice Portal, and regularly participating in continuing education to supplement advances in the profession and information in the scope of practice.

STATEMENT OF PURPOSE

The purpose of the *Scope of Practice in Speech-Language Pathology* is to

1. delineate areas of professional practice;
2. inform others (e.g., health care providers, educators, consumers, payers, regulators, and the general public) about professional roles and responsibilities of qualified providers;
3. support SLPs in the provision of high-quality, evidence-based services to individuals with communication, feeding, and/or swallowing concerns;
4. support SLPs in the conduct and dissemination of research; and
5. guide the educational preparation and professional development of SLPs to provide safe and effective services.

The scope of practice outlines the breadth of professional services offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency in each practice area identified within this scope will vary among providers. An SLP typically does not practice in all areas of clinical service delivery across the life cycle. As the ASHA Code of Ethics specifies, professionals may practice only in areas in which they are competent, based on their education, training, and experience.

This scope of practice document describes evolving areas of practice. These include interdisciplinary work in both health care and educational settings, collaborative service delivery wherever appropriate, and telehealth/telepractice that are effective for the general public.

Speech-language pathology is a dynamic profession, and the overlapping of scopes of practice is a reality in rapidly changing health care, education, and other environments. Hence, SLPs in various settings work collaboratively with other school or health care professionals to make sound decisions for the benefit of individuals with communication and swallowing disorders. This *interprofessional collaborative practice* is defined as "members or students of two or more professions associated with health or social care, engaged in learning with, from and about each other" (Craddock, O'Halloran, Borthwick, & McPherson, 2006, p. 237. Similarly, "interprofessional education provides an ability to

share skills and knowledge between professions and allows for a better understanding, shared values, and respect for the roles of other healthcare professionals" (Bridges et al., 2011, para. 5).

This scope of practice does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. However, it may serve as a model for the development or modification of licensure laws. Finally, in addition to this scope of practice document, other ASHA professional resources outline practice areas and address issues related to public protection (e.g., A guide to disability rights law and the Practice Portal). The highest standards of integrity and ethical conduct are held paramount in this profession.

DEFINITIONS OF SPEECH-LANGUAGE PATHOLOGIST AND SPEECH-LANGUAGE PATHOLOGY

Speech-language pathologists, as defined by ASHA, are professionals who hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), which requires a master's, doctoral, or other recognized postbaccalaureate degree. ASHA-certified SLPs complete a supervised postgraduate professional experience and pass a national examination as described in the ASHA certification standards, (2014). Demonstration of continued professional development is mandated for the maintenance of the CCC-SLP. SLPs hold other required credentials where applicable (e.g., state licensure, teaching certification, specialty certification).

Each practitioner evaluates his or her own experiences with preservice education, practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. The SLP should engage in only those aspects of the profession that are within her or his professional competence.

SLPs are autonomous professionals who are the primary care providers of speech-language pathology services. Speech-language pathology services are not prescribed or supervised by another professional. Additional requirements may dictate that speech-language pathology services are prescribed and required to meet specific eligibility criteria in certain work settings, or as required by certain payers. SLPs use professional judgment to determine if additional requirements are indicated. Individuals with communication and/or swallowing disorders benefit from services that include collaboration by SLPs with other professionals.

The profession of speech-language pathology contains a broad area of speech-language pathology practice that includes both speech-language pathology service delivery and professional practice domains. These domains are defined in subsequent sections of this document and are represented schematically in **Figure 1**.

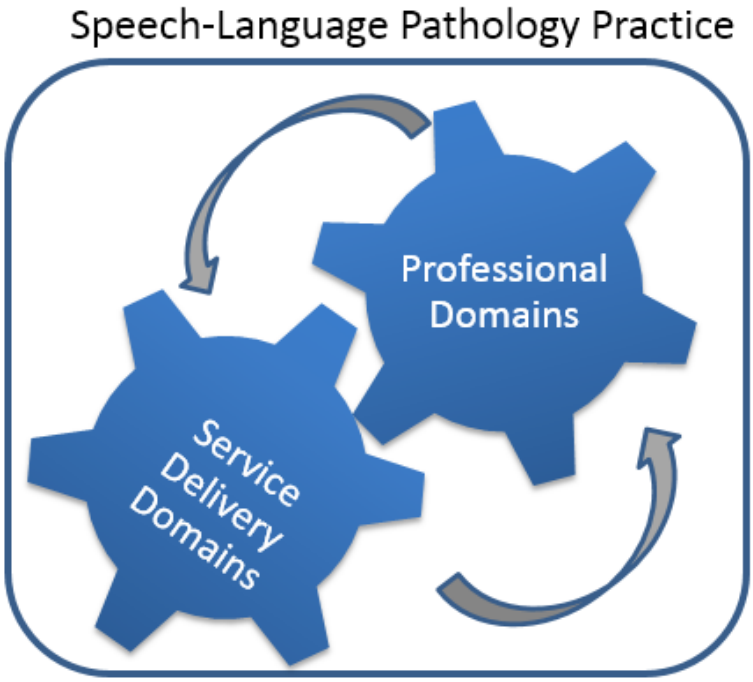

Figure 1. Schematic representation of speech-language pathology practice, including both service delivery and professional domains.

FRAMEWORK FOR SPEECH-LANGUAGE PATHOLOGY PRACTICE

The overall objective of speech-language pathology services is to optimize individuals' abilities to communicate and to swallow, thereby improving quality of life. As the population of the United States continues to become increasingly diverse, SLPs are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing.

An important characteristic of the practice of speech-language pathology is that, to the extent possible, decisions are based on best available evidence. ASHA defines evidence-based practice in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise, along with the client's values and preferences (ASHA, 2005). A high-quality basic and applied research base in communication sciences and disorders and related disciplines is essential to providing evidence-based practice and high-quality services. Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders is a means to strengthen research collaboration and improve services. ASHA has provided a resource for evidence-based research via the Practice Portal.

The scope of practice in speech-language pathology comprises five domains of professional practice and eight domains of service delivery.

Professional practice domains:

- advocacy and outreach
- supervision

- education
- administration/leadership
- research

Service delivery domains

- Collaboration
- Counseling
- Prevention and Wellness
- Screening
- Assessment
- Treatment
- Modalities, Technology, and Instrumentation
- Population and Systems

SLPs provide services to individuals with a wide variety of speech, language, and swallowing differences and disorders within the above-mentioned domains that range in function from completely intact to completely compromised. The diagnostic categories in the speech-language pathology scope of practice are consistent with relevant diagnostic categories under the WHO's (2014) *ICF*, the American Psychiatric Association's (2013) *Diagnostic and Statistical Manual of Mental Disorders*, the categories of disability under the Individuals with Disabilities Education Act of 2004 (see also U.S. Department of Education, 2004), and those defined by two semiautonomous bodies of ASHA: the Council on Academic Accreditation in Audiology and Speech-Language Pathology and the Council for Clinical Certification in Audiology and Speech-Language Pathology.

The domains of speech-language pathology service delivery complement the *ICF*, the WHO's multipurpose health classification system (WHO, 2014). The classification system provides a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of the SLP in the prevention, assessment, and habilitation/rehabilitation of communication and swallowing disorders and the enhancement and scientific investigation of those functions. The framework consists of two components: health conditions and contextual factors.

HEALTH CONDITIONS

Body Functions and Structures: These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.

Activity and Participation: *Activity* refers to the execution of a task or action. Participation is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.

CONTEXTUAL FACTORS

Environmental Factors: These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role

of the communication partner in augmentative and alternative communication (AAC), the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.

Personal Factors: These are the internal influences on an individual's functioning and disability and are not part of the health condition. Personal factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include an individual's background or culture, if one or both influence his or her reaction to communication or swallowing.

The framework in speech-language pathology encompasses these health conditions and contextual factors across individuals and populations. **Figure 2** illustrates the interaction of the various components of the ICF. The health condition component is expressed on a continuum of functioning. On one end of the continuum is intact functioning; at the opposite end of the continuum is completely compromised function. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. SLPs influence contextual factors through education and advocacy efforts at local, state, and national levels.

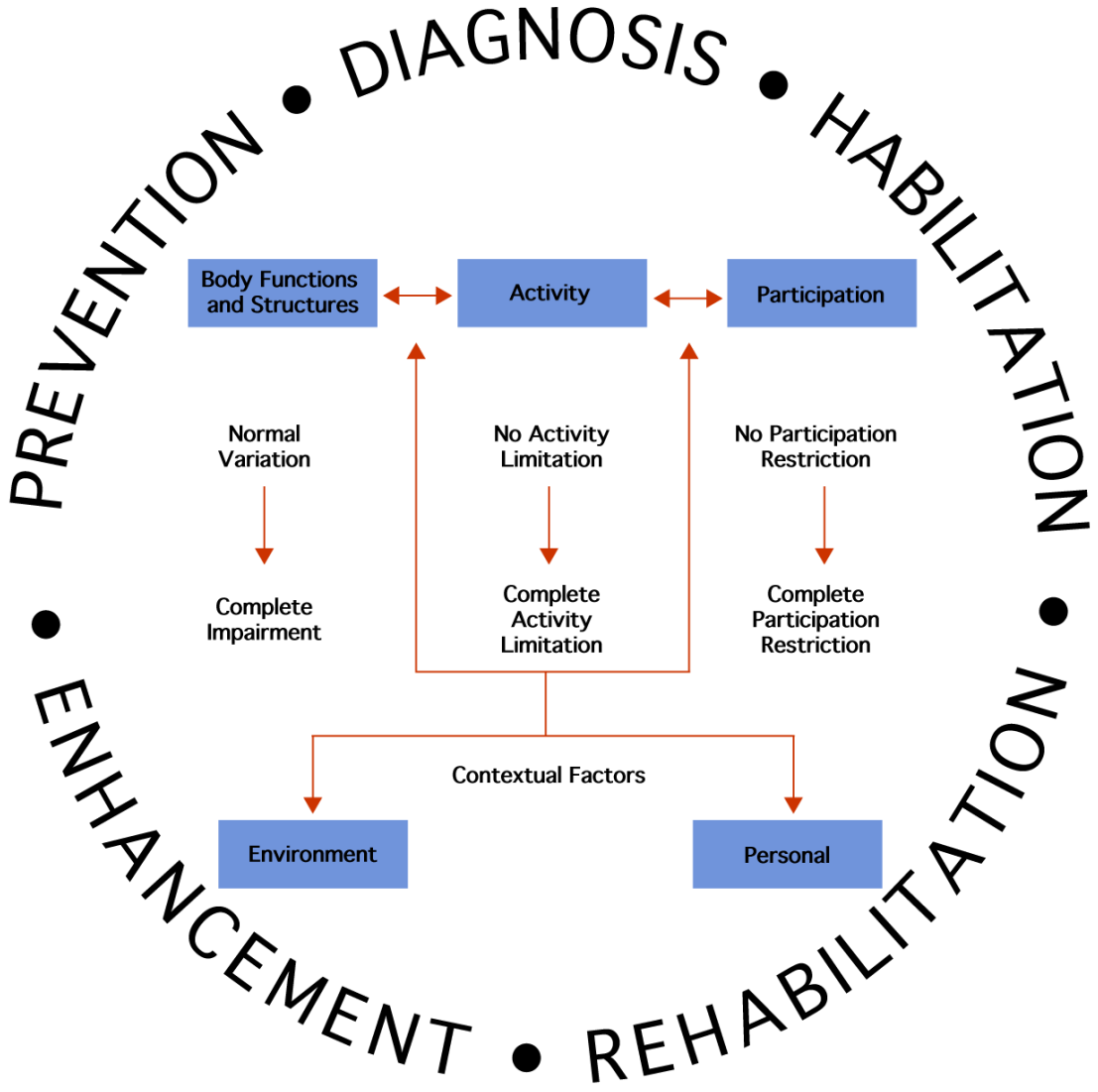

Figure 2. Interaction of the various components of the ICF model. This model applies to individuals or groups.

DOMAINS OF SPEECH-LANGUAGE PATHOLOGY SERVICE DELIVERY

The eight domains of speech-language pathology service delivery are collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems.

COLLABORATION

SLPs share responsibility with other professionals for creating a collaborative culture. Collaboration requires joint communication and shared decision making among all members of the team, including the individual and family, to accomplish improved service delivery and functional outcomes for the individuals served. When discussing specific roles of team members, professionals are ethically and

legally obligated to determine whether they have the knowledge and skills necessary to perform such services. Collaboration occurs across all speech-language pathology practice domains.

As our global society is becoming more connected, integrated, and interdependent, SLPs have access to a variety of resources, information technology, diverse perspectives and influences (see, e.g., Lipinsky, Lombardo, Dominy, & Feeney, 1997). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders is a means to strengthen research collaboration and improve services. SLPs

- educate stakeholders regarding interprofessional education (IPE) and interprofessional practice (IPP) (ASHA, 2014) principles and competencies;
- partner with other professions/organizations to enhance the value of speech-language pathology services;
- share responsibilities to achieve functional outcomes;
- consult with other professionals to meet the needs of individuals with communication and swallowing disorders;
- serve as case managers, service delivery coordinators, members of collaborative and patient care conference teams; and
- serve on early intervention and school pre-referral and intervention teams to assist with the development and implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs).

COUNSELING

SLPs counsel by providing education, guidance, and support. Individuals, their families and their caregivers are counseled regarding acceptance, adaptation, and decision making about communication, feeding and swallowing, and related disorders. The role of the SLP in the counseling process includes interactions related to emotional reactions, thoughts, feelings, and behaviors that result from living with the communication disorder, feeding and swallowing disorder, or related disorders.

SLPs engage in the following activities in counseling persons with communication and feeding and swallowing disorders and their families:

- empower the individual and family to make informed decisions related to communication or feeding and swallowing issues.
- educate the individual, family, and related community members about communication or feeding and swallowing disorders.
- provide support and/or peer-to-peer groups for individuals with disorders and their families.
- provide individuals and families with skills that enable them to become self-advocates.
- discuss, evaluate, and address negative emotions and thoughts related to communication or feeding and swallowing disorders.
- refer individuals with disorders to other professionals when counseling needs fall outside of those related to (a) communication and (b) feeding and swallowing.

PREVENTION AND WELLNESS

SLPs are involved in prevention and wellness activities that are geared toward reducing the incidence of a new disorder or disease, identifying disorders at an early stage, and decreasing the severity or impact of a disability associated with an existing disorder or disease. Involvement is directed toward individuals who are vulnerable or at risk for limited participation in communication, hearing, feeding and swallowing, and related abilities. Activities are directed toward enhancing or improving general well-being and quality of life. Education efforts focus on identifying and increasing awareness of risk behaviors that lead to communication disorders and feeding and swallowing problems. SLPs promote programs to increase public awareness, which are aimed at positively changing behaviors or attitudes.

Effective prevention programs are often community based and enable the SLP to help reduce the incidence of spoken and written communication and swallowing disorders as a public health and public education concern.

Examples of prevention and wellness programs include, but are not limited to, the following:

- **Language impairment:** Educate parents, teachers and other school-based professionals about the clinical markers of language impairment and the ways in which these impairments can impact a student's reading and writing skills to facilitate early referral for evaluation and assessment services.
- **Language-based literacy disorders:** Educate parents, school personnel, and health care providers about the SLP's role in addressing the semantic, syntactic, morphological, and phonological aspects of literacy disorders across the lifespan.
- **Feeding:** Educate parents of infants at risk for feeding problems about techniques to minimize long-term feeding challenges.
- **Stroke prevention:** Educate individuals about risk factors associated with stroke
- **Serve on teams:** Participate on multitiered systems of support (MTSS)/response to intervention (RTI) teams to help students successfully communicate within academic, classroom, and social settings.
- **Fluency:** Educate parents about risk factors associated with early stuttering.
- **Early childhood:** Encourage parents to participate in early screening and to collaborate with physicians, educators, child care providers, and others to recognize warning signs of developmental disorders during routine wellness checks and to promote healthy communication development practices.
- **Prenatal care:** Educate parents to decrease the incidence of speech, hearing, feeding and swallowing, and related disorders due to problems during pregnancy.
- **Genetic counseling:** Refer individuals to appropriate professionals and professional services if there is a concern or need for genetic counseling.
- **Environmental change:** Modify environments to decrease the risk of occurrence (e.g., decrease noise exposure).
- **Vocal hygiene:** Target prevention of voice disorders (e.g., encourage activities that minimize phonotrauma and the development of benign vocal fold pathology and that curb the use of smoking and smokeless tobacco products).
- **Hearing:** Educate individuals about risk factors associated with noise-induced hearing loss and preventive measures that may help to decrease the risk.
- **Concussion/traumatic brain injury awareness:** Educate parents of children involved in contact sports about the risk of concussion.

- **Accent/dialect modification:** Address sound pronunciation, stress, rhythm, and intonation of speech to enhance effective communication.
- **Transgender (TG) and transsexual (TS) voice and communication:** Educate and treat individuals about appropriate verbal, nonverbal, and voice characteristics (feminization or masculinization) that are congruent with their targeted gender identity.
- **Business communication:** Educate individuals about the importance of effective business communication, including oral, written, and interpersonal communication.
- **Swallowing:** Educate individuals who are at risk for aspiration about oral hygiene techniques.

SCREENING

SLPs are experts at screening individuals for possible communication, hearing, and/or feeding and swallowing disorders. SLPs have the knowledge of—and skills to treat—these disorders; they can design and implement effective screening programs and make appropriate referrals. These screenings facilitate referral for appropriate follow-up in a timely and cost-effective manner. SLPs

- select and use appropriate screening instrumentation;
- develop screening procedures and tools based on existing evidence;
- coordinate and conduct screening programs in a wide variety of educational, community, and health care settings;
- participate in public school MTSS/RTI team meetings to review data and recommend interventions to satisfy federal and state requirements (e.g., Individuals with Disabilities Education Improvement Act of 2004 [IDEIA] and Section 504 of the Rehabilitation Act of 1973);
- review and analyze records (e.g., educational, medical);
- review, analyze, and make appropriate referrals based on results of screenings;
- consult with others about the results of screenings conducted by other professionals; and
- utilize data to inform decisions about the health of populations.

ASSESSMENT

Speech-language pathologists have expertise in the differential diagnosis of disorders of communication and swallowing. Communication, speech, language, and swallowing disorders can occur developmentally, as part of a medical condition, or in isolation, without an apparent underlying medical condition. Competent SLPs can diagnose communication and swallowing disorders but do not differentially diagnose medical conditions. The assessment process utilizes the ICF framework, which includes evaluation of body function, structure, activity and participation, within the context of environmental and personal factors. The assessment process can include, but is not limited to, culturally and linguistically appropriate behavioral observation and standardized and/or criterion-referenced tools; use of instrumentation; review of records, case history, and prior test results; and interview of the individual and/or family to guide decision making. The assessment process can be carried out in collaboration with other professionals. SLPs

- administer standardized and/or criterion-referenced tools to compare individuals with their peers;

- review medical records to determine relevant health, medical, and pharmacological information;
- interview individuals and/or family to obtain case history to determine specific concerns;
- utilize culturally and linguistically appropriate assessment protocols;
- engage in behavioral observation to determine the individual's skills in a naturalistic setting/context;
- diagnose communication and swallowing disorders;
- use endoscopy, videofluoroscopy, and other instrumentation to assess aspects of voice, resonance, velopharyngeal function and swallowing;
- document assessment and trial results for selecting AAC interventions and technology, including speech-generating devices (SGDs);
- participate in meetings adhering to required federal and state laws and regulations (e.g., IDEIA [2004] and Section 504 of the Rehabilitation Act of 1973).
- document assessment results, including discharge planning;
- formulate impressions to develop a plan of treatment and recommendations; and
- discuss eligibility and criteria for dismissal from early intervention and school-based services.

TREATMENT

Speech-language services are designed to optimize individuals' ability to communicate and swallow, thereby improving quality of life. SLPs develop and implement treatment to address the presenting symptoms or concerns of a communication or swallowing problem or related functional issue. Treatment establishes a new skill or ability or remediates or restores an impaired skill or ability. The ultimate goal of therapy is to improve an individual's functional outcomes. To this end, SLPs

- design, implement, and document delivery of service in accordance with best available practice appropriate to the practice setting;
- provide culturally and linguistically appropriate services;
- integrate the highest quality available research evidence with practitioner expertise and individual preferences and values in establishing treatment goals;
- utilize treatment data to guide decisions and determine effectiveness of services;
- integrate academic materials and goals into treatment;
- deliver the appropriate frequency and intensity of treatment utilizing best available practice;
- engage in treatment activities that are within the scope of the professional's competence;
- utilize AAC performance data to guide clinical decisions and determine the effectiveness of treatment; and
- collaborate with other professionals in the delivery of services.

MODALITIES, TECHNOLOGY, AND INSTRUMENTATION

SLPs use advanced instrumentation and technologies in the evaluation, management, and care of individuals with communication, feeding and swallowing, and related disorders. SLPs are also involved in the research and development of emerging technologies and apply their knowledge in the use of advanced instrumentation and technologies to enhance the quality of the services provided. Some examples of services that SLPs offer in this domain include, but are not limited to, the use of

- the full range of AAC technologies to help individuals who have impaired ability to communicate verbally on a consistent basis—AAC devices make it possible for many individuals to successfully communicate within their environment and community;
- endoscopy, videofluoroscopy, fiber-optic evaluation of swallowing (voice, velopharyngeal function, swallowing) and other instrumentation to assess aspects of voice, resonance, and swallowing;
- telehealth/telepractice to provide individuals with access to services or to provide access to a specialist;
- ultrasound and other biofeedback systems for individuals with speech sound production, voice, or swallowing disorders; and
- other modalities (e.g., American Sign Language), where appropriate.

POPULATION AND SYSTEMS

In addition to direct care responsibilities, SLPs have a role in (a) managing populations to improve overall health and education, (b) improving the experience of the individuals served, and, in some circumstances, (c) reducing the cost of care. SLPs also have a role in improving the efficiency and effectiveness of service delivery. SLPs serve in roles designed to meet the demands and expectations of a changing work environment. SLPs

- use plain language to facilitate clear communication for improved health and educationally relevant outcomes;
- collaborate with other professionals about improving communication with individuals who have communication challenges;
- improve the experience of care by analyzing and improving communication environments;
- reduce the cost of care by designing and implementing case management strategies that focus on function and by helping individuals reach their goals through a combination of direct intervention, supervision of and collaboration with other service providers, and engagement of the individual and family in self-management strategies;
- serve in roles designed to meet the demands and expectations of a changing work environment;
- contribute to the management of specific populations by enhancing communication between professionals and individuals served;
- coach families and early intervention providers about strategies and supports for facilitating prelinguistic and linguistic communication skills of infants and toddlers; and
- support and collaborate with classroom teachers to implement strategies for supporting student access to the curriculum.

SPEECH-LANGUAGE PATHOLOGY SERVICE DELIVERY AREAS

This list of practice areas and the bulleted examples are not comprehensive. Current areas of practice, such as literacy, have continued to evolve, whereas other new areas of practice are emerging. Please refer to the ASHA Practice Portal for a more extensive list of practice areas.

1. **Fluency**
   - Stuttering
   - Cluttering

2. **Speech Production**
    - Motor planning and execution
    - Articulation
    - Phonological
3. **Language**—Spoken and written language (listening, processing, speaking, reading, writing, pragmatics)
    - Phonology
    - Morphology
    - Syntax
    - Semantics
    - Pragmatics (language use and social aspects of communication)
    - Prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
    - Paralinguistic communication (e.g., gestures, signs, body language)
    - Literacy (reading, writing, spelling)
4. **Cognition**
    - Attention
    - Memory
    - Problem solving
    - Executive functioning
5. **Voice**
    - Phonation quality
    - Pitch
    - Loudness
    - Alaryngeal voice
6. **Resonance**
    - Hypernasality
    - Hyponasality
    - Cul-de-sac resonance
    - Forward focus
7. **Feeding and Swallowing**
    - Oral phase
    - Pharyngeal phase
    - Esophageal phase
    - Atypical eating (e.g., food selectivity/refusal, negative physiologic response)
8. **Auditory Habilitation/Rehabilitation**
    - Speech, language, communication, and listening skills impacted by hearing loss, deafness
    - Auditory processing

Potential etiologies of communication and swallowing disorders include

- neonatal problems (e.g., prematurity, low birth weight, substance exposure);
- developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention-deficit disorder, intellectual disabilities, unspecified neurodevelopmental disorders);
- disorders of aerodigestive tract function (e.g., irritable larynx, chronic cough, abnormal respiratory patterns or airway protection, paradoxical vocal fold motion, tracheostomy);

- oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral motor dysfunction);
- respiratory patterns and compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
- pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
- laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis);
- neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebrovascular accident, dementia, Parkinson's disease, and amyotrophic lateral sclerosis);
- psychiatric disorder (e.g., psychosis, schizophrenia);
- genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome); and
- Orofacial myofunctional disorders (e.g., habitual open-mouth posture/nasal breathing, orofacial habits, tethered oral tissues, chewing and chewing muscles, lips and tongue resting position).

This list of etiologies is not comprehensive.

Elective services include

- Transgender communication (e.g., voice, verbal and nonverbal communication);
- Preventive vocal hygiene;
- Business communication;
- Accent/dialect modification; and
- Professional voice use.

This list of elective services is not comprehensive.

DOMAINS OF PROFESSIONAL PRACTICE

This section delineates the domains of professional practice—that is, a set of skills and knowledge that goes beyond clinical practice. The domains of professional practice include advocacy and outreach, supervision, education, research, and administration and leadership.

ADVOCACY AND OUTREACH

SLPs advocate for the discipline and for individuals through a variety of mechanisms, including community awareness, prevention activities, health literacy, academic literacy, education, political action, and training programs. Advocacy promotes and facilitates access to communication, including the reduction of societal, cultural, and linguistic barriers. SLPs perform a variety of activities, including the following:

- Advise regulatory and legislative agencies about the continuum of care. Examples of service delivery options across the continuum of care include telehealth/telepractice, the use of technology, the use of support personnel, and practicing at the top of the license.
- Engage decision makers at the local, state, and national levels for improved administrative and governmental policies affecting access to services and funding for communication and swallowing issues.

- Advocate at the local, state, and national levels for funding for services, education, and research.
- Participate in associations and organizations to advance the speech-language pathology profession.
- Promote and market professional services.
- Help to recruit and retain SLPs with diverse backgrounds and interests.
- Collaborate on advocacy objectives with other professionals/colleagues regarding mutual goals.
- Serve as expert witnesses, when appropriate.
- Educate consumers about communication disorders and speech-language pathology services.
- Advocate for fair and equitable services for all individuals, especially the most vulnerable.
- Inform state education agencies and local school districts about the various roles and responsibilities of school-based SLPs, including direct service, IEP development, Medicaid billing, planning and delivery of assessment and therapy, consultation with other team members, and attendance at required meetings.

SUPERVISION

Supervision is a distinct area of practice; is the responsibility of SLPs; and crosses clinical, administrative, and technical spheres. SLPs are responsible for supervising Clinical Fellows, graduate externs, trainees, speech-language pathology assistants, and other personnel (e.g., clerical, technical, and other administrative support staff). SLPs may also supervise colleagues and peers. SLPs acknowledge that supervision is integral in the delivery of communication and swallowing services and advances the discipline. Supervision involves education, mentorship, encouragement, counseling, and support across all supervisory roles. SLPs

- possess service delivery and professional practice skills necessary to guide the supervisee;
- apply the art and science of supervision to all stakeholders (i.e., those supervising and being supervised), recognizing that supervision contributes to efficiency in the workplace;
- seek advanced knowledge in the practice of effective supervision;
- establish supervisory relationships that are collegial in nature;
- support supervisees as they learn to handle emotional reactions that may affect the therapeutic process; and
- establish a supervisory relationship that promotes growth and independence while providing support and guidance.

EDUCATION

SLPs serve as educators, teaching students in academic institutions and teaching professionals through continuing education in professional development formats. This more formal teaching is in addition to the education that SLPs provide to individuals, families, caregivers, decision makers, and policy makers, which is described in other domains. SLPs

- serve as faculty at institutions of higher education, teaching courses at the undergraduate, graduate, and postgraduate levels;
- mentor students who are completing academic programs at all levels;

- provide academic training to students in related disciplines and students who are training to become speech-language pathology assistants; and
- provide continuing professional education to SLPs and to professionals in related disciplines.

RESEARCH

SLPs conduct and participate in basic and applied/translational research related to cognition, verbal and nonverbal communication, pragmatics, literacy (reading, writing and spelling), and feeding and swallowing. This research may be undertaken as a facility-specific effort or may be coordinated across multiple settings. SLPs engage in activities to ensure compliance with Institutional Review Boards and international laws pertaining to research. SLPs also collaborate with other researchers and may pursue research funding through grants.

ADMINISTRATION AND LEADERSHIP

SLPs administer programs in education, higher education, schools, health care, private practice, and other settings. In this capacity, they are responsible for making administrative decisions related to fiscal and personnel management; leadership; program design; program growth and innovation; professional development; compliance with laws and regulations; and cooperation with outside agencies in education and healthcare. Their administrative roles are not limited to speech-language pathology, as they may administer programs across departments and at different levels within an institution. In addition, SLPs promote effective and manageable workloads in school settings, provide appropriate services under IDEIA (2004), and engage in program design and development.

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AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Scope of Practice in Audiology

Ad Hoc Committee on Scope of Practice in Audiology

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About This Document

This scope of practice in audiology statement is an official policy of the American Speech-Language-Hearing Association (ASHA). The document was developed by the Coordinating Committee for the ASHA vice president for professional practices in audiology and approved in 2003 by the Legislative Council (11-03). Members of the coordinating committee include Donna Fisher Smiley (chair), Michael Bergen, and Jean-Pierre Gagné with Vic S. Gladstone and Tina R. Mullins (ex officios). Susan Brannen, ASHA vice president for professional practices in audiology (2001–2003), served as monitoring vice president. This statement supersedes the Scope of Practice in Audiology statement (LC 08-95), (ASHA, 1996).

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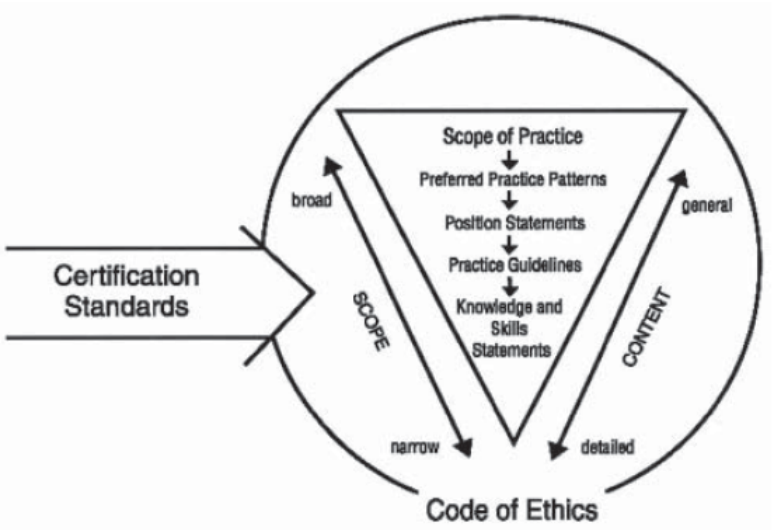
Statement of Purpose

The purpose of this document is to define the scope of practice in audiology in order to (a) describe the services offered by qualified audiologists as primary service providers, case managers, and/or members of multidisciplinary and interdisciplinary teams; (b) serve as a reference for health care, education, and other professionals, and for consumers, members of the general public, and policy makers concerned with legislation, regulation, licensure, and third party reimbursement; and (c) inform members of ASHA, certificate holders, and students of the activities for which certification in audiology is required in accordance with the ASHA Code of Ethics.

Audiologists provide comprehensive diagnostic and treatment/rehabilitative services for auditory, vestibular, and related impairments. These services are provided to individuals across the entire age span from birth through adulthood; to individuals from diverse language, ethnic, cultural, and socioeconomic backgrounds; and to individuals who have multiple disabilities. This position statement is not intended to be exhaustive; however, the activities described reflect current practice within the profession. Practice activities related to emerging clinical, technological, and scientific developments are not precluded from consideration as part of the scope of practice of an audiologist. Such innovations and advances will result in the periodic revision and updating of this document. It is also recognized that specialty areas identified within the scope of practice will vary among the individual providers. ASHA also recognizes that credentialed professionals in related fields may have knowledge, skills, and experience that could be applied to some areas within the scope of audiology practice. Defining the scope of practice of audiologists is not meant to exclude other appropriately credentialed postgraduate professionals from rendering services in common practice areas.

Audiologists serve diverse populations. The patient/client population includes persons of different race, age, gender, religion, national origin, and sexual orientation. Audiologists' caseloads include individuals from diverse ethnic, cultural, or linguistic backgrounds, and persons with disabilities. Although audiologists are prohibited from discriminating in the provision of professional services based on these factors, in some cases such factors may be relevant to the development of an appropriate treatment plan. These factors may be considered in treatment plans only when firmly grounded in scientific and professional knowledge.

Figure 1. Conceptual Framework of ASHA Standards and Policy Statements



This scope of practice does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.

The schema in Figure 1 depicts the relationship of the scope of practice to ASHA's policy documents that address current and emerging audiology practice areas; that is, preferred practice patterns, guidelines, and position statements. ASHA members and ASHA-certified professionals are bound by the ASHA Code of Ethics to provide services that are consistent with the scope of their competence, education, and experience (ASHA, 2003). There are other existing legislative and regulatory bodies that govern the practice of audiology.

Framework for Practice

The practice of audiology includes both the prevention of and assessment of auditory, vestibular, and related impairments as well as the habilitation/rehabilitation and maintenance of persons with these impairments. The overall goal of the provision of audiology services should be to optimize and enhance the ability of an individual to hear, as well as to communicate in his/her everyday or natural environment. In addition, audiologists provide comprehensive services to individuals with normal hearing who interact with persons with a hearing impairment. The overall goal of audiologic services is to improve the quality of life for all of these individuals.

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability, and Health (ICF) (WHO, 2001). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the role of

audiologists in the prevention, assessment, and habilitation/rehabilitation of auditory, vestibular, and other related impairments and restrictions or limitations of functioning.

The ICF is organized into two parts. The first part deals with Functioning and Disability while the second part deals with Contextual Factors. Each part has two components. The components of Functioning and Disability are:

- **Body Functions and Structures:** Body Functions are the physiological functions of body systems and Body Structures are the anatomical parts of the body and their components. Impairments are limitations or variations in Body Function or Structure such as a deviation or loss. An example of a Body Function that might be evaluated by an audiologist would be hearing sensitivity. The use of typanometry to access the mobility of the tympanic membrane is an example of a Body Structure that might be evaluated by an audiologist.
- **Activity/Participation:** In the ICF, Activity and Participation are realized as one list. Activity refers to the execution of a task or action by an individual. Participation is the involvement in a life situation. Activity limitations are difficulties an individual may experience while executing a given activity. Participation restrictions are difficulties that may limit an individual's involvement in life situations. The Activity/Participation construct thus represents the effects that hearing, vestibular, and related impairments could have on the life of an individual. These effects could include the ability to hold conversations, participate in sports, attend religious services, understand a teacher in a classroom, and walk up and down stairs.

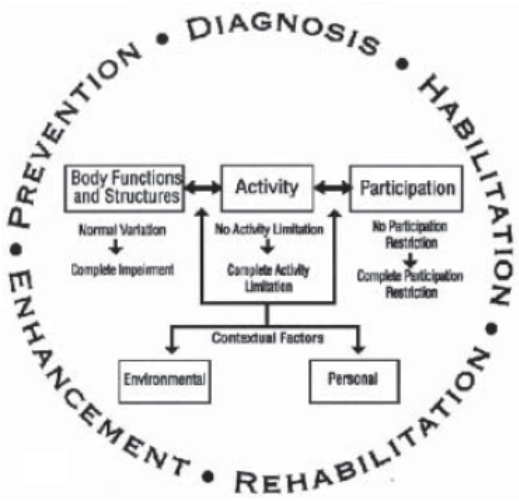
The components of Contextual Factors are:

- **Environmental Factors:** Environmental Factors make up the physical, social, and attitudinal environment in which people live and conduct their lives. Examples of Environmental Factors, as they relate to audiology, include the acoustical properties of a given space and any type of hearing assistive technology.
- **Personal Factors**: Personal Factors are the internal influences on an individual's functioning and disability and are not a part of the health condition. These factors may include but are not limited to age, gender, social background, and profession.

Functioning and Disability are interactive and evolutionary processes. Figure 2 illustrates the interaction of the various components of the ICF. Each component of the ICF can be expressed on a continuum of function. On one end of the continuum is intact functioning. At the opposite end of the continuum is completely compromised functioning. Contextual Factors (Environmental and Personal Factors) may interact with any of the components of functioning and disability. Environmental and Personal Factors may act as facilitators or barriers to functioning.

The scope of practice in audiology encompasses all of the components of the ICF. During the assessment phase, audiologists perform tests of Body Function and Structure. Examples of these types of tests include otoscopic examination, pure-tone audiometry, tympanometry, otoacoustic emissions measurements, and speech audiometry. Activity/Participation limitations and restrictions are sometimes

Figure 2. Application of WHO (2001) Framework to the Practice of Audiology



addressed by audiologists through case history, interview, questionnaire, and counseling. For example, a question such as "Do you have trouble understanding while on the telephone?" or "Can you describe the difficulties you experience when you participate in a conversation with someone who is not familiar to you?" would be considered an assessment of Activity/Participation limitation or restriction. Questionnaires that require clients to report the magnitude of difficulty that they experience in certain specified settings can sometimes be used to measure aspects of Activity/Participation. For example: "Because of my hearing problems, I have difficulty conversing with others in a restaurant." In addition, Environmental and Personal Factors also need to be taken into consideration by audiologists as they treat individuals with auditory, vestibular, and other related impairments. In the above question regarding conversation in a restaurant, if the factor of "noise" (i.e., a noisy restaurant) is added to the question, this represents an Environmental Factor. Examples of Personal Factors might include a person's background or culture that influences his or her reaction to the use of a hearing aid or cochlear implant. The use of the ICF framework (WHO, 2001) may help audiologists broaden their perspective concerning their role in evaluating a client's needs or when designing and providing comprehensive services to their clients. Overall, audiologists work to improve quality of life by reducing impairments of body functions and structures, Activity limitations/Participation restrictions and Environmental barriers of the individuals they serve.

Definition of an Audiologist

Audiologists are professionals engaged in autonomous practice to promote healthy hearing, communication competency, and quality of life for persons of all ages through the prevention, identification, assessment, and rehabilitation of hearing, auditory function, balance, and other related systems. They facilitate prevention through the fitting of hearing protective devices, education programs for industry and the public, hearing screening/conservation programs, and research. The audiologist is the professional responsible for the identification of impairments and dysfunction of the auditory, balance, and other related systems. Their unique

education and training provides them with the skills to assess and diagnose dysfunction in hearing, auditory function, balance, and related disorders. The delivery of audiologic (re)habilitation services includes not only the selecting, fitting, and dispensing of hearing aids and other hearing assistive devices, but also the assessment and follow-up services for persons with cochlear implants. The audiologist providing audiologic (re)habilitation does so through a comprehensive program of therapeutic services, devices, counseling, and other management strategies. Functional diagnosis of vestibular disorders and management of balance rehabilitation is another aspect of the professional responsibilities of the audiologist. Audiologists engage in research pertinent to all of these domains.

Audiologists currently hold a master's or doctoral degree in audiology from a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association. ASHA-certified audiologists complete a supervised postgraduate professional experience or a similar supervised professional experience during the completion of the doctoral degree as described in the ASHA certification standards. Beginning January 1, 2012, all applicants for the Certificate of Clinical Competence in Audiology must have a doctoral degree from a CAA-accredited university program. Demonstration of continued professional development is mandated for the maintenance of the Certificate of Clinical Competence in Audiology. Where required, audiologists are licensed or registered by the state in which they practice.

Professional Roles and Activities

Audiologists serve a diverse population and may function in one or more of a variety of activities. The practice of audiology includes:

A. Prevention
   1. Promotion of hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating occupational, school, and community hearing conservation and identification programs;
   2. Participation in noise measurements of the acoustic environment to improve accessibility and to promote hearing wellness.

B. Identification
   1. Activities that identify dysfunction in hearing, balance, and other auditory-related systems;
   2. Supervision, implementation, and follow-up of newborn and school hearing screening programs;
   3. Screening for speech, orofacial myofunctional disorders, language, cognitive communication disorders, and/or preferred communication modalities that may affect education, health, development or communication and may result in recommendations for rescreening or comprehensive speech-language pathology assessment or in referral for other examinations or services;

4. Identification of populations and individuals with or at risk for hearing loss and other auditory dysfunction, balance impairments, tinnitus, and associated communication impairments as well as of those with normal hearing;
5. In collaboration with speech-language pathologists, identification of populations and individuals at risk for developing speech-language impairments.

C. Assessment

1. The conduct and interpretation of behavioral, electroacoustic, and/or electrophysiologic methods to assess hearing, auditory function, balance, and related systems;
2. Measurement and interpretation of sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment;
3. Evaluation and management of children and adults with auditory-related processing disorders;
4. Performance of otoscopy for appropriate audiological management or to provide a basis for medical referral;
5. Cerumen management to prevent obstruction of the external ear canal and of amplification devices;
6. Preparation of a report including interpreting data, summarizing findings, generating recommendations and developing an audiologic treatment/ management plan;
7. Referrals to other professions, agencies, and/ or consumer organizations.

D. Rehabilitation

1. As part of the comprehensive audiologic (re)habilitation program, evaluates, selects, fits and dispenses hearing assistive technology devices to include hearing aids;
2. Assessment of candidacy of persons with hearing loss for cochlear implants and provision of fitting, mapping, and audiologic rehabilitation to optimize device use;
3. Development of a culturally appropriate, audiologic rehabilitative management plan including, when appropriate:
    a. Recommendations for fitting and dispensing, and educating the consumer and family/caregivers in the use of and adjustment to sensory aids, hearing assistive devices, alerting systems, and captioning devices;
    b. Availability of counseling relating to psycho social aspects of hearing loss, and other auditory dysfunction, and processes to enhance communication competence;
    c. Skills training and consultation concerning environmental modifications to facilitate development of receptive and expressive communication;
    d. Evaluation and modification of the audiologic management plan.
4. Provision of comprehensive audiologic rehabilitation services, including management procedures for speech and language habilitation and/or rehabilitation for persons with hearing loss or other auditory dysfunction, including but not exclusive to speechreading, auditory training,

communication strategies, manual communication and counseling for psychosocial adjustment for persons with hearing loss or other auditory dysfunction and their families/caregivers;
5. Consultation and provision of vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments;
6. Assessment and non-medical management of tinnitus using biofeedback, behavioral management, masking, hearing aids, education, and counseling;
7. Provision of training for professionals of related and/or allied services when needed;
8. Participation in the development of an Individual Education Program (IEP) for school-age children or an Individual Family Service Plan (IFSP) for children from birth to 36 months old;
9. Provision of in-service programs for school personnel, and advising school districts in planning educational programs and accessibility for students with hearing loss and other auditory dysfunction;
10. Measurement of noise levels and provision of recommendations for environmental modifications in order to reduce the noise level;
11. Management of the selection, purchase, installation, and evaluation of large-area amplification systems.

E. Advocacy/ Consultation
1. Advocacy for communication needs of all individuals that may include advocating for the rights/funding of services for those with hearing loss, auditory, or vestibular disorders;
2. Advocacy for issues (i.e., acoustic accessibility) that affect the rights of individuals with normal hearing;
3. Consultation with professionals of related and/or allied services when needed;
4. Consultation in development of an Individual Education Program (IEP) for school-age children or an Individual Family Service Plan (IFSP) for children from birth to 36 months old;
5. Consultation to educators as members of interdisciplinary teams about communication management, educational implications of hearing loss and other auditory dysfunction, educational programming, classroom acoustics, and large-area amplification systems for children with hearing loss and other auditory dysfunction;
6. Consultation about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services;
7. Consultation to individuals, public and private agencies, and governmental bodies, or as an expert witness regarding legal interpretations of audiology findings, effects of hearing loss and other auditory dysfunction, balance system impairments, and relevant noise-related considerations;
8. Case management and service as a liaison for the consumer, family, and agencies in order to monitor audiologic status and management and to make recommendations about educational and vocational programming;
9. Consultation to industry on the development of products and instrumentation related to the measurement and management of auditory or balance function.

F. Education/ Research/Administration

1. Education, supervision, and administration for audiology graduate and other professional education programs;
2. Measurement of functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services;
3. Design and conduct of basic and applied audiologic research to increase the knowledge base, to develop new methods and programs, and to determine the efficacy, effectiveness, and efficiency of assessment and treatment paradigms; disseminate research findings to other professionals and to the public;
4. Participation in the development of professional and technical standards;
5. Participation in quality improvement programs;
6. Program administration and supervision of professionals as well as support personnel.

Practice Settings

Audiologists provide services in private practice; medical settings such as hospitals and physicians' offices; community and university hearing and speech centers; managed care systems; industry; the military; various state agencies; home health, subacute rehabilitation, long-term care, and intermediate-care facilities; and school systems. Audiologists provide academic education to students and practitioners in universities, to medical and surgical students and residents, and to other related professionals. Such education pertains to the identification, functional diagnosis/ assessment, and non-medical treatment/management of auditory, vestibular, balance, and related impairments.

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Pediatric Audiology

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Vestibular

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IPEC CORE COMPETENCIES

for Interprofessional Collaborative Practice: 2016 Update

Values/Ethics

Work with individuals of other professions to maintain a climate of mutual respect and shared values.

Sub-competencies

VE1. Place interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.

VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.

VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.

VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.

VE5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.

VE6. Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).

VE7. Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.

VE8. Manage ethical dilemmas specific to interprofessional patient/population centered care situations.

VE9. Act with honesty and integrity in relationships with patients, families, communities, and other team members.

VE10. Maintain competence in one's own profession appropriate to scope of practice.

Roles/Responsibilities

Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.

Sub-competencies

RR1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.

RR2. Recognize one's limitations in skills, knowledge, and abilities.

RR3. Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.

RR4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.

RR5. Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable.

RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.

RR7. Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.

RR8. Engage in continuous professional and interprofessional development to enhance team performance and collaboration.

RR9. Use unique and complementary abilities of all members of the team to optimize health and patient care.

RR10. Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.

Interprofessional Communication

Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.

Sub-competencies

CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.

CC2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.

CC3. Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.

CC4. Listen actively, and encourage ideas and opinions of other team members.

CC5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.

CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.

CC7. Recognize how one's own uniqueness (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).

CC8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.

Teams & Teamwork

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

Sub-competencies

TT1. Describe the process of team development and the roles and practices of effective teams.

TT2. Develop consensus on the ethical principles to guide all aspects of team work.

TT3. Engage health and other professionals in shared patient-centered and population-focused problem-solving.

TT4. Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.

TT5. Apply leadership practices that support collaborative practice and team effectiveness.

TT6. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health and other professionals and with patients, families, and community members.

TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.

TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.

TT9. Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies.

TT10. Use available evidence to inform effective teamwork and team-based practices.

TT11. Perform effectively on teams and in different team roles in a variety of settings.

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2016 SPEECH-LANGUAGE PATHOLOGY

CERTIFICATION HANDBOOK OF THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Council for Clinical Certification
AUDIOLOGY • SPEECH-LANGUAGE PATHOLOGY
CFCC
American Speech-Language-Hearing Association

2016 SPEECH-LANGUAGE PATHOLOGY

CERTIFICATION HANDBOOK OF THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

TABLE OF CONTENTS

I. INTRODUCTION

Background

The *Certification Handbook of the American Speech-Language-Hearing Association: Speech-Language Pathology* describes the process by which individuals obtain and maintain the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) from the American Speech-Language-Hearing Association (ASHA). It includes the requirements and standards that must be met by all individuals to obtain CCC-SLP certification. The handbook provides detailed information about the application process and the forms needed to apply for and maintain certification.

This *Certification Handbook* is a quick reference guide, designed to provide a fluid, high level outline of the most important components of your certification. If you would like more information in a particular area, links have been provided that will take you to a webpage with greater detail.

American Speech-Language-Hearing Association (ASHA) Overview

ASHA is the national professional, scientific, and credentialing association for 186,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists identify, assess, and treat speech and language problems, including swallowing disorders.

ASHA Vision

Making effective communication, a human right, accessible and achievable for all.

ASHA Mission

Empowering and supporting audiologists, speech-language pathologists, and speech, language, and hearing scientists through:

- advancing science,
- setting standards,
- fostering excellence in professional practice, and
- advocating for members and those they serve.

ASHA Core Values

- Excellence
- Integrity
- Diversity
- Commitment
- Responsive
- Member-centric
- Research-based

Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC)

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semi-autonomous body that is charged with developing, interpreting, and applying the certification standards; formulating procedures for applications, examinations, and review; awarding certification to qualified individuals; and hearing and adjudicating appeals of certification decisions.

The CFCC consists of 15 voting members, including a chair, five audiologists, five speech-language pathologists, two board-certified specialists, and two public members. In addition, non-voting participants include liaisons from the ASHA Board of Directors, the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA), the National Student Speech Language Hearing Association (NSSLHA), and the Council of Academic Programs in Communication Sciences and Disorders, as well as National Office ex officio member.

All members, with the exception of the public members and National Office ex officio member, must hold current ASHA certification in the appropriate area(s). Individuals from the profession of audiology and individuals from the profession of speech-language pathology must hold ASHA membership as well.

Role and Value of Certification and Membership

Being “certified” means holding the Certificate of Clinical Competence (CCC), a nationally recognized professional credential that represents a level of excellence in the field of Audiology (CCC-A) or Speech-Language Pathology (CCC-SLP).

ASHA certification is voluntary. Once certified, employers, regulatory bodies, third party payers, clients, and peers know that you have gone beyond the minimum requirement of state licensure. Clients and their families have the assurance that you have the knowledge, skills, and experience to provide high-quality clinical services. Employers, clients, and related professionals know that you actively engage in ongoing professional development.

Holding ASHA Certification offers increased opportunities for employment, mobility, career advancement, professional credibility, and more, because it is recognized by nearly every state's regulatory agency.

The CCC validates and provides assurance—to consumers and clients; other health care professionals; and employers, state licensure boards, and third party payers—that, through participation in continuous professional development activities, certificate holders are keeping up with rapid changes in the professions' scopes of practice.

Certification and Membership Categories

Certified Membership is open to individuals applying for or who currently hold the CCC. To be eligible, you must meet the audiology and/or speech-language pathology standards that are in effect at the time of your application. Certified Members are afforded the full benefits of membership and certification.

Certificate Holder Only is designated for an individual who holds the CCC but does not want to become a member of the Association.

Retired Certification is available to certificate holders in good standing who are not providing or supervising the provision of clinical services. Currently, you must be retired from the professions, have held your CCC for 25

total years, or be at least 65 years of age. Retired certificate holders are not required to meet the certification maintenance professional development requirements. Retired certification is irrevocable, and if a retired certificate holder decides to return to practice after their certification status is retired, they will be subject to the procedures for reinstatement that are in effect at that time they wish to regain active certification. This may include, but is not limited to, completing professional development hours and taking the Praxis Exam. Retired certified members who are also ASHA members may be eligible for a reduction in their annual membership fees.

II. 2014 SLP STANDARDS AND IMPLEMENTATION PROCEDURES

Development and Implementation of Standards

The CFCC is charged with defining the standards for clinical certification, applying those standards in granting general and specialty certification to individuals, and having the final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information. The CFCC is also charged with administering the certification maintenance program.

A Practice and Curriculum Analysis of the Profession of Speech-Language Pathology was conducted in 2009 under the auspices of the CAA and the CFCC. The survey analysis was reviewed by the CFCC, and revised standards were developed to better fit current practice models.

The 2014 standards and implementation procedures for the CCC-SLP are in effect and are listed below. Internationally educated applicants for certification have similar requirements and must adhere to these standards.

Summary of Standards

Standard I: Degree

The applicant for certification must have a master's, doctoral, or other recognized post baccalaureate degree that meets all standards (*or* that meets standards II, III, IV).

Standard II: Education Program

All graduate course work and graduate clinical experience required in speech-language pathology must have been initiated and completed in a speech-language pathology program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

Standard III: Program of Study

The applicant for certification must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic course work and supervised clinical experience sufficient in depth and breadth to achieve the specified knowledge and skills outcomes stipulated in Standard IV-A through IV-G and Standard V-A through V-C.

Standard IV: Knowledge Outcomes

Standard IV-A
The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.

Standard IV-B
The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

Standard IV-C
The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas: articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing; hearing (including the impact on speech and language); swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology); cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning); social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities); and augmentative and alternative communication modalities.

Standard IV-D
For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

Standard IV-E
The applicant must have demonstrated knowledge of standards of ethical conduct.

Standard IV-F
The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Standard IV-G
The applicant must have demonstrated knowledge of contemporary professional issues.

Standard IV-H
The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

Standard V: Skills Outcomes

Standard V-A
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Standard V-B
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes: evaluation, intervention, and interaction and personal qualities. See http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/ for detailed criteria beneath each of the above three skills outcomes.

Standard V-C
The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Standard V-D
At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Standard V-E
Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Standard V-F
Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Standard VI: Assessment

The applicant must have passed the national examination adopted by ASHA for purposes of certification in speech-language pathology.

Standard VII: Speech-Language Pathology Clinical Fellowship

The applicant must successfully complete a Speech-Language Pathology Clinical Fellowship (CF) supervised by a mentor with a current Certificate of Clinical Competence (CCC).

Standard VII-A
The Clinical Fellowship must have consisted of clinical service activities that foster the continued growth and integration of knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA's current Scope of Practice in Speech-Language Pathology. The Clinical Fellowship must have consisted of no less than 36 weeks of full-time professional experience or its part-time equivalent to a total of 1,260 hours.

Standard VII-B
The Clinical Fellow must have received ongoing mentoring and formal evaluations by the CF mentor.

Standard VII-C
The Clinical Fellow must have demonstrated knowledge and skills consistent with the ability to practice independently.

Standard VIII: Maintenance of Certification

Certificate holders must demonstrate continued professional development for maintenance of the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

III. INITIAL CERTIFICATION PROCESS FOR SPEECH-LANGUAGE PATHOLOGY

Basic Requirements for Certification

To obtain ASHA certification, individuals must submit a completed application, supporting documents, and the appropriate dues and fees. All applicants for certification must meet the currently published speech-language pathology standards and follow all of the published policies and procedures. Individuals who are in the certification process must abide by ASHA's Code of Ethics.

Summary of Steps to Certification

- An *Application* may be submitted any time *after* the necessary academic course work and practicum have been completed and the required graduate degree has been awarded from a CAA-accredited academic program or a program admitted to CAA candidacy. For internationally educated applicants, please visit http://www.asha.org/Certification/Certification-Information-For-International-Applicants/
- The *Program Director Verification Form* must be completed, signed, and dated by the program director or official designee and submitted with the application.
- *The Official graduate transcript* must include the date the degree was awarded and the name of the degree conferred.
- A passing score on the *Praxis Examination* must be reported directly from the Educational Testing Service (ETS).
- *Payment for dues and fees* must be submitted with the application.
- The *Clinical Fellowship Report* is submitted at the completion of the Clinical Fellowship.

Application Instructions

An application will be accepted after all the necessary academic course work and clinical practicum hours have been completed and after the required graduate degree has been awarded from a CAA-accredited academic program or a program admitted to CAA candidacy. An application should not be submitted if the degree has not been awarded. An application may be submitted before, during, or after the Clinical Fellowship experience. Remember that a Clinical Fellowship cannot be initiated if the academic course work and clinical practicum hours have not been completed.

Transcript Requirements

The official graduate transcript may arrive directly from the higher education institution or may be sent by the applicant with the application. The transcript must indicate when the degree was awarded and must name the

degree that was earned. In lieu of a transcript, a letter from the college/university registrar may be sent. It must indicate that the degree requirements were met, the date the degree was awarded, and the name of the degree that was earned. If a letter from the registrar is submitted for the official transcript and, for any reason, your application must be reviewed by the CFCC, an official transcript will still be required for the review. Verification of the graduate degree is required before the CCC is awarded. The official graduate transcript or letter from the registrar must be received by the ASHA National Office no later than 1 year from the date the application was received.

Disclosure Questions

You are required to answer the following disclosure questions:

1. Have you have been convicted, found guilty, or entered a plea of guilty or *nolo contendere* to any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another, or any felony?

2. Are you presently indicted on or charged with any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another, or any felony?

3. Have you been disciplined or sanctioned by any professional association, professional licensing authority or board, or other professional regulatory body, or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body?

   An answer of "yes" to any of the mandatory questions requires the following:

   - *Certified copy* of each court record or docket entry of the finding, conviction, or plea
   - If applicable, a *certified copy* from the governmental agency or agencies that includes the pleas and/or convictions and demonstrates remediation
   - *Certified copy* of documentation from that professional agency or agencies that includes the denial, discipline, or sanctions imposed and demonstrates, if applicable, remediation
   - *Résumé* reflecting your work history since the time of the offense

A *certified copy* is a copy of an original document where that copy has been officially certified as a true and correct copy by an authorized person. The person may certify the copy of the original document through a dated stamp, a dated written notation, or both.

An application that is received with a "yes" response to a disclosure question will require additional processing time. It needs to be reviewed by the CFCC. Answering "yes" to any disclosure questions will not automatically prevent certification and/or membership from being awarded. All relevant factors are given consideration in the review process.

Additional information about disclosures can be found at www.asha.org/Certification/Certification-Standards-for-SLP--Certification-Application-Disclosure.

Program Director Verification Form

The program director must complete the *Program Director Verification Form* and indicate that graduate course work and clinical practicum were successfully completed at a CAA-accredited program or a program in candidacy for CAA accreditation. The program director must sign and date the form. The form must indicate the date when the academic course work and clinical practicum were completed. The person who signs this form must be listed as an authorized signer for the academic program in ASHA's database; if not, the form will not be accepted.

If the program director answers "no," indicating that the applicant has not successfully completed the academic program and/or has not qualified for any of the standards on the *Program Director Verification Form*, an explanation for each "no" response must be provided. The program director must include which aspect of the standard was not met and how the applicant may meet the standard. If this information is not included, your application will be delayed until a member of the ASHA Certification staff speaks with the program director.

If the program director will not sign the *Program Director Verification Form*, the applicant may file an appeal to the CFCC to have the academic course work and clinical practicum accepted. The procedures for filing an appeal may be found in Section VI of this handbook.

Determining Dues and Fees

ASHA's Certification and Membership programs are based upon a calendar year and are subject to the rates listed below. Applications received between September 1 and December 31 will be processed for the current year but will include membership and certification through the following year.

Please submit payment in full with your application according to your selected category below. *All dues/fees payments are nonrefundable.*

NSSLHA Member Discount: $286
To qualify for the NSSLHA Member Discount, a student must be a national member in NSSLHA the year before and the year of their master's or doctoral graduation and must apply for ASHA membership and certification by August 31 of the year following graduation.

Recent Graduate Discount: $461
To receive this discount, a student must send their application for ASHA membership and certification to the National Office within 12 months of graduation. An applicant who uses the Recent Graduate Discount is not eligible for the NSSLHA Conversion Discount.

Certification and ASHA Membership: $511
This rate applies to individuals who are not eligible for the NSSLHA Conversion or Recent Graduate discounts.

Certification Without ASHA Membership: $455
This rate applies to individuals who want to be certified without membership in ASHA. If you elect to be certified without membership in ASHA, you will not be eligible for the Gift to the Graduate benefit or receive any membership benefits.

Dual Certification: $256
Individuals already certified or in the process of certification in one area who wish to apply for certification in the other area pay this rate. *Note: Individuals who apply for certification in both areas at the same time pay fees for a single certification application only.*

Gift to the Graduate Benefit
The Gift to the Graduate is a benefit available to national members of NSSLHA as well as to non-members. It extends ASHA membership for up to 18 months in the first year of ASHA membership and certification. *In order for you to receive this incentive, your application for ASHA membership and certification must be received at the ASHA National Office between May 1 and August 31 annually.*

If you are unclear about the documents that should be submitted with your application, please contact the ASHA Action Center for assistance at 800-498-2071.

Review of Application Materials by National Office Staff

When an application is received at the National Office, it is initially opened in the Accounts Receivable Department. The fees that you authorized to be charged to your credit card or that you sent via check will be credited to your account. You will be notified if, for any reason, your credit card information or check was rejected, and payment will need to be received before your application can be processed. The notice from the Accounts Receivable Department will provide instructions for making the payment to ASHA.

The Accounts Receivable Department will then forward your application materials to the Certification Department for processing. Once your application materials are in the Certification Department, Certification staff will check your application to ensure that the following criteria and materials have been completed and/or included:

- Master's degree information: Where it was completed and the dates of initiation and completion.
- Program Director Verification Form signature: The person signing the form must be an authorized signatory in ASHA's database for CAA-accredited programs and those in candidacy.
- Date that your program director indicated your academic course work and practicum were completed: A Clinical Fellowship cannot be initiated until all academic course work and practicum have been completed.
- Program Director Verification: "Yes" or "no" was checked for successful completion of the program, and follow-up information has been included for each statement that was checked "no."
- Certification application contains original signatures for you and your program director.
- Disclosure questions: Questions must be checked "yes" or "no," and any questions checked "yes" have appropriate follow-up materials included.
- Official Graduate Transcript or Letter from the University/College Registrar: Degree name and award date have been noted.
- Praxis Exam: If "yes" has been checked, staff will verify that your score has been received from ETS and that it is a passing score.

Name of Higher Education Institution/Completion Dates for Academic Program

The name of your institution and attendance dates provided will assist the Certification staff in knowing whether or not your program is CAA-accredited or in candidacy. If your program was not accredited or in candidacy during the time you attended, your application will be returned.

Program Director Signature/Date When Academic Course Work and Practicum Completed

The person who signs your Program Director Verification Form must be a current authorized signatory in ASHA's database for CAA-accredited programs. The college or university will be contacted if the signatory's name is not in the database. If the person is found not to be an authorized signatory, the form will be returned to you, and you will need to submit a new Program Director Verification Form signed by the appropriate person at your college or university. You have 90 days to resubmit this form.

The date that the program director indicates you completed the academic course work and practicum must be before the degree-awarded date on your transcript. If there is a discrepancy in the dates, the form will be returned to you, and you will need to submit a new Program Director Verification Form with the corrected date. You will have 90 days to resubmit this form.

Successful Completion of the Academic Program

To assist your application in moving smoothly through the certification process, your program director should be checking "yes" to indicate that you have successfully completed all the required course work and clinical practicum at a CAA-accredited program. If you have been educated internationally, please visit the ASHA website for more information.

If your program director checks "no" to successful completion of the academic program and clinical practicum, it is assumed that there will be other statements or standards that have been checked "no." The form must provide reason(s) for each "no" and the recommended remediation plan; a form should not be submitted that does not provide a plan for changing a "no" to a "yes." The Certification staff will need to contact the program director if no remediation plan is evident; this will delay the processing of your application.

You and your program director should work together to remedy any "no" checks before your application is submitted. If the program director will not sign your Program Director Verification Form or provide a remediation plan for any "no" that was checked, you may need to ask the CFCC to review your application. The process for doing this can be found in Section VI.

There are many reasons why a program director may not agree to sign the Program Director Verification Form, all of which will require a remediation plan. Possible reasons include the following:

- A biological sciences, physical sciences, statistics, and/or social/behavioral sciences course was not completed, or, the academic program will not accept a course completed by the student as meeting its requirements.
- The applicant completed the program before the current program director was employed by the university or college; the program director, therefore, does not feel able to confirm that the requirements were met by the applicant.
- The applicant was a doctoral student in the program and did not complete the clinical practicum requirements of that program.
- The applicant completed the program before the current standards were in place, particularly those related to clinical practicum. The program director cannot confirm that all required observation and clinical clock hours were completed to meet the current standards.
- The course work and/or practicum was completed at multiple institutions.

Disclosure Questions

If you checked "yes" for any of the disclosure questions, the Certification staff confirms that you have sent the necessary documents related to the disclosure. These documents are then be forwarded to the director of Certification for review and a decision. Additional information may be requested, and the information may need to be reviewed by the Disclosure Committee or by CFCC before a final decision can be made.

Transcript of Graduate Courses/Letter From the Registrar

The transcript or letter from the registrar confirms that you have received your degree and when. This helps to determine if you are eligible to complete a Clinical Fellowship. You have 1 year from the time the application is received to submit your transcript or letter; any delay in sending this information to ASHA will delay the processing of your application. It is important to inform ASHA if your name on the application is different from your name on the transcript or letter from the registrar. If the Certification staff is not able to match your transcript or letter to your application, processing of your application will be delayed.

Praxis Examination in Speech-Language Pathology

ASHA receives Praxis Examination scores from ETS on a regular basis provided you list ASHA as a score recipient. Your score should be available within 2 weeks of the date you took the exam. The Certification staff attempts to find your score based on your name; if they cannot find a match by name, they will use your social security number. You should inform ASHA if the name you used on your application and the name you used for the exam are different.

The passing score on the Praxis Examination must be no more than 5 years old when the application is postmarked. If you have not taken the exam when you submit your application or if you have failed the exam, you have 2 years from the time your application is received to obtain a passing score. Detailed information is provided in Section IV about the Praxis Examination.

Acceptable Science Courses

Biological Sciences

What is biology? The study and characterization of living organisms and the investigation of the science behind living things. Broad areas include anatomy, biophysics, cell and molecular biology, computational biology, ecology and evolution, environmental biology, forensic biology, genetics, marine biology, microbiology, molecular biosciences, natural science, neurobiology, physiology, and zoology.

Possible Content Areas for General Biology

- Cellular biology—the basic structural and functional unit of all organisms; they may exist as independent units of life (as in monads) or may form colonies or tissues (as in higher plants and animals)
- Cybernetics biology—the field of science concerned with processes of communication and control (especially the comparison of these processes in biological and artificial systems)
- Biosciences, life sciences—any of the branches of natural science dealing with the structure and behavior of living organisms
- Ecology—the branch of biology concerned with the relations between organisms and their environment
- Cytology—the branch of biology that studies the structure and function of cells

- Embryology—the branch of biology that studies the formation and early development of living organisms
- Evolutionism, theory of evolution, theory of organic evolution—a scientific theory of the origin of species of plants and animals
- Genetic science, genetics—the branch of biology that studies heredity and variation in organisms
- Microbiology—the branch of biology that studies microorganisms and their effects on humans
- Molecular biology—the branch of biology that studies the structure and activity of macromolecules essential to life
- Morphology—the branch of biology that deals with the structure of animals and plants
- Neurobiology—the branch of biology that deals with the anatomy and physiology and pathology of the nervous system
- Physiology—the branch of the biological sciences dealing with the functioning of organisms
- Radiobiology—the branch of biology that studies the effects of radiation on living organisms
- Sociobiology—the branch of biology that conducts comparative studies of the social organization of animals, including human beings, with regard to evolutionary history

Basic Physical Sciences

What is basic physics? The science that deals with matter, energy, motion, and force. A broad survey of physics principles enables students to appreciate the role of physics in everyday experiences in today's society and technology.

Possible Content Areas for Basic Physical Sciences

- Basic physical principles for non-majors
- Basic principles of mechanics
- Basic principles of sound
- Basic principles of thermodynamics
- Basic principles of optics
- Basic principles of electricity and magnetism
- Courses may include practical examples of the role of physics in other disciplines

Basic Chemistry

What is basic chemistry? The study of substances. Selected concepts and topics are designed to give students an appreciation of how chemistry affects everyday life, especially energy and the environment.

Possible Course Content Areas for Basic Chemistry

- Atomic structure
- Chemical bonding
- Radioactivity
- Behavior of gases and solutions
- Behavior of acid and bases
- Hydrocarbons
- Functional groups and important biological molecules
- Chemical principles in human or animal physiology

Application Checklist

Use this checklist to ensure that you have completed all the requirements for submission:

- ❑ Complete all appropriate sections of the application.
- ❑ Sign and date the application form.
- ❑ Have your program director sign and date your Program Director Verification Form and include the date that you completed your academic course work and clinical practicum.
- ❑ Include verification of your graduate degree in the form of an official transcript or letter from the registrar sent directly to ASHA from your institution.
- ❑ List ASHA as a score recipient for your Praxis Examination score.
- ❑ Include the appropriate dues and fees with the application.
- ❑ Review the 2014 Standards for Certification to confirm that you meet all of the current requirements for certification.
- ❑ Make a copy of your completed application materials for your records.

IV. PRAXIS EXAMINATION IN SPEECH-LANGUAGE PATHOLOGY

General Information

The Praxis Examination in Speech-Language Pathology (5331) is an integral component of ASHA certification standards. The development of the exam is commissioned by ASHA and is facilitated by ETS to provide a system of thorough, fair, and carefully validated assessments. The speech-language pathology Praxis Examination is owned and administered by ETS as part of The *Praxis II* ®: Subject Assessments.

- Passing Score
  - The CFCC makes the final determination for the passing score in speech-language pathology. The current passing score for purposes of ASHA certification is **162.**
- Reporting Scores
  - Results of the Praxis Examination in Speech-Language Pathology submitted for certification must come directly to ASHA from ETS and must have been obtained no more than 5 years prior to the submission of the certification application.
  - Scores older than 5 years will not be accepted for certification.
- Preparing for the Exam
  - It is important to be aware of the unique requirements of preparing for the Praxis Examination, because taking the Praxis Examination is different from taking university exams.
  - Become familiar with the format and the content of the exam
  - Develop a study plan based on the exam content and your knowledge in each topic area
  - Take advantage of available test preparation materials and practice questions.
- Registering for the Exam
  - Register directly with ETS for the test date and location that best meets your needs.
  - Upon registration, indicate ASHA as a recipient for your final score.

Many states require the Praxis Examination for professional licensure and/or teacher credentials. Check your state for its specific requirements by visiting http://www.asha.org/advocacy/state/.

V. CLINICAL FELLOWSHIP REQUIREMENTS AND PROCEDURES

The speech-language pathology Clinical Fellowship is the transition period between being a student enrolled in a communication sciences and disorders (CSD) program and being an independent provider of speech-language pathology clinical services. The Clinical Fellowship involves a mentored professional experience after the completion of academic course work and clinical practicum.

Purpose of the Clinical Fellowship

- Integration and application of theoretical knowledge from academic training
- Evaluation of strengths and identification of limitations
- Development and refinement of clinical skills consistent with the Scope of Practice
- Advancement from constant supervision to independent practitioner

Clinical Fellowship Setting

- Contact your state regulatory agency/licensing board for licensure requirements
- Ensure the setting will provide you with the opportunity to evaluate, habilitate, or rehabilitate individuals with speech and language disabilities.
- Confirm that at least 80% of your time will be spent on activities directly related to the care and management of individuals with speech and language disorders.
- Verify that the setting provides the full range of services- not solely screening.
- Find out if a clinical fellow is considered to be a bona fide staff member.
- Be sure to ask questions to verify that your setting will provide you with the experience you need for a comprehensive experience.
- Ensure your mentor is qualified to supervise your CF and has current certification with ASHA.

Length of Clinical Fellowship

- 36 weeks of full-time (35 hours per week) experience (or the equivalent part-time experience), totaling a minimum of 1,260 hours. Part-time work can be completed, provided that the Clinical Fellow works more than 5 hours per week. Working more than 35 hours per week will not shorten the minimum requirement of 36 weeks.

Alternative Mechanisms for Supervision of CF

- On rare occasions, the CFCC may allow the supervisory process to be conducted in other ways. However, a request for other supervisory mechanisms must be submitted in written form to the CFCC and co-signed by the Clinical Fellowship mentor before the Clinical Fellowship is initiated. The request must include the reason for the alternative supervision and a description of the supervision that would be provided. At a minimum, such a request must outline the type, length, and frequency of the supervision that would be provided. Please contact ASHA's Certification Department at certification@asha.org prior to completing any alternate methods of supervision.

Clinical Fellowship Mentor

- Qualifications of the Mentor

- Mentoring by an individual holding current ASHA certification in speech-language pathology. It is the responsibility of the Clinical Fellow to verify certification of the mentoring SLP, and it can be done through the online ASHA Certification Verification System or by contacting the ASHA Action Center at 1-800-498-2071.

- Clinical Fellowship Mentor's Responsibilities
  - Provide meaningful mentoring and feedback to the clinical fellow.
  - Assist the clinical fellow in developing independent clinical skills.
  - Perform ongoing formal evaluations, using the Clinical Fellowship Skills Inventory [PDF].
  - Conduct the required minimum mentoring obligations. These include 6 hours of direct supervision per segment (each segment is one-third of the length of the fellowship) and 6 indirect monitoring activities per segment, typically including reviewing diagnostic reports/treatment records/plans of treatment, monitoring clinical fellow's participation in case conferences or professional meetings, and/or evaluating the clinical fellow's work by consulting with colleagues or clients and their families.
  - Maintain current certification with ASHA **during the entire CF period** through timely payment of annual dues as well as completing required professional development hours.
  - Complete and submit the Clinical Fellowship Report and Rating Form [PDF] to the ASHA National Office no later than 4 weeks after the CF is completed.

Evaluation of Clinical Fellow

- 36 weeks of full-time (35 hours per week) experience (or the equivalent part-time experience), totaling a minimum of 1260 hours. Part-time work can be completed, as long as the clinical fellow works more than 5 hours per week. Working more than 35 hours per week will not shorten the minimum requirement of 36 weeks. Professional experience of less than 5 hours per week cannot be used to meet the Clinical Fellowship requirement.
- The Clinical Fellow must receive a score of 3 or better on the core skills in the final segment of the experience, as rated by the Speech-Language Pathology Clinical Fellowship (SLCF) mentor using the SLP Clinical Fellowship Skills Inventory (CFSI) form.
- 80% of the time must be spent in direct clinical contact (assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of disorders that fit within the ASHA Speech and Language Pathology Scope of Practice.
- A Clinical Fellowship mentor intending to supervise a Clinical Fellow located in another state may be required to also hold licensure in that state; it is up to the Clinical Fellowship mentor and the Clinical Fellow to make this determination before proceeding with a supervision arrangement.
- Submission of an approvable Clinical Fellowship Report and Rating Form.
- Submission of the Clinical Fellowship Reports must be received by ASHA within 90 days of completion of the Clinical Fellowship (or within the 48 month time frame).
- If you change settings, supervisors, or the number of hours you work per week, a **separate** CF Report and Rating form is required for each change.

Forms

- Speech-Language Pathology Clinical Fellowship (SLPCF) Report and Rating Form [PDF]
- Speech-Language Pathology Clinical Fellowship Skills Inventory (CFSI) [PDF]

VI. CFCC POLICIES AND PROCEDURES RELATED TO CERTIFICATION APPEALS

Overview

The CFCC does not accept appeals to the standards for certification or reinstatement. The CFCC only accepts further consideration appeals related to the decision(s) of program directors, Clinical Fellowship mentors, the CFCC's Disclosure Committee, and the CFCC related to the revocation of certification.

Program Director Verification Form and Clinical Fellowship Report Further Consideration and Appeals

If a Program Director Does Not Recommend the Applicant for Certification

If a program director does not recommend the applicant for certification, the program director must sign the application and state the reason(s) for the negative recommendation. In addition, the program director may send a letter explaining the reason(s) for the negative recommendation and supporting documents to the CFCC. When appropriate, this information may be shared with the applicant.

The applicant may request that the CFCC accept and approve the application in spite of the program director's negative recommendation. In this case, the applicant must submit the signed application, a letter of explanation, and compelling documents to support his or her claim that the CFCC should approve the application in spite of the negative recommendation of the program director. This information may be shared with the program director.

An Initial Determination Team of the CFCC, composed of four members of the Council, will review the file within 45 days of receipt. The team will reach a decision based on a preponderance or greater weight of evidence. In an Initial Determination letter, the chair of the CFCC will inform the applicant of the Council's decision within 15 days of the decision having been rendered.

If the Clinical Fellowship Supervisor Does Not Recommend Approval of the Clinical Fellowship

If the clinical fellowship supervisor does not recommend approval of the Clinical Fellowship experience, he or she must so indicate in Section 7 of the Clinical Fellowship Report and Rating Form and must sign the Report and Rating Form in Section 8. This information must be shared with the Clinical Fellow, who may choose whether or not to submit the experience for purposes of certification.

The Clinical Fellow may complete an entirely new Clinical Fellowship and/or request an Initial Determination review by a team of the CFCC. To request such a review by the CFCC, the Clinical Fellow must submit to the CFCC

(a) a signed and completed Clinical Fellowship Report and Rating Form,

(b) the supervisor's rationale for the negative recommendation, and

(c) a letter of explanation as well as compelling supporting documentation to show why the clinical fellowship should be approved.

The CFCC may share this information with the supervisor to solicit any additional information that the supervisor wishes to provide. Within 45 days of receipt of the request for Initial Determination, the CFCC will review all information to determine if the Clinical Fellowship will be approved. The chair of the CFCC shall write an Initial Determination letter to inform the applicant of the Council's decision within 15 days of the Initial Determination decision. Based on the outcome of the decision, the Clinical Fellow may complete a fellowship as prescribed by the Council or may request further consideration.

If a Clinical Fellowship Supervisor's Certification Status Became "Not Certified" While Supervising a Clinical Fellow

If a Clinical Fellowship supervisor's certification status became “Not Certified” during a Clinical Fellowship experience and the Clinical Fellow was unaware of that fact, the Clinical Fellow may ask the CFCC to allow the hours completed while the supervisor was not certified to be counted toward the Clinical Fellow’s ASHA certification requirements. To request an Initial Determination review, the Clinical Fellow must submit to the CFCC

(a) the signed and completed Clinical Fellowship Report and Rating Form and

(b) a letter of explanation as well as compelling supporting documentation to show why the CF should be approved.

An Initial Determination Team of the CFCC, composed of the members of the Executive Committee, will review the file within 45 days of receipt. The team will review all information to determine if the Clinical Fellow will be approved. In an Initial determination letter, the chair of the CFCC will inform the applicant of the Council's decision within 15 days of the decision having been rendered. Based on the outcome of the decision, the Clinical Fellow may be asked to complete additional Clinical Fellowship hours as prescribed by the Council or may request further consideration.

Certification Disclosure Appeals

When the CFCC Disclosure Committee votes to deny certification, the notification will include the justification for the decision and will inform the applicant of the opportunity to request a Further Consideration review of the decision by the CFCC and, subsequently, appeal the decision to an Appeal Panel.

Certification Revocation Appeals

The CFCC will review any complaint regarding the application or supporting materials of a certification applicant, reinstatement applicant, certificate holder, and certified member. These complaints may include but are not limited to the authenticity of application materials, misrepresented credentials, Praxis Examination scores, misrepresentation of required affirmative disclosures, tampering with official documents, or cases where certification may have been granted in error.

If the CFCC withdraws certification based on misrepresentation of credentials, authenticity of application materials, nondisclosure of criminal offenses, disciplinary action by regulatory bodies, or certification granted in error, the applicant may request that the CFCC reconsider its decision in accordance with the appropriate policies and procedures.

VII. MAINTAINING THE ASHA CERTIFICATE OF CLINICAL COMPETENCE (CCC)

Individuals who hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) must accumulate 30 certification maintenance hours (CMHs) of professional development during every 3-year certification maintenance interval. Intervals are continuous and begin January 1 of the year following award of initial certification or reinstatement. Please maintain records of CMHs by collecting certificates of completion or having the sponsoring party complete a verification of attendance form.

Dual certificate holders only need to accumulate 30 total CMHs. The hours can be earned in either the profession of audiology or speech-language pathology. However, dual certificate holders must submit a compliance form for both areas of certification.

Accrual of professional development hours, adherence to the ASHA Code of Ethics, submission of certification maintenance compliance documentation (when required), and payment of annual dues and/or certification fees are required for maintenance of certification.

If renewal of certification is not accomplished within the 3-year period, certification will expire. Individuals wishing to regain certification must submit a reinstatement application and meet the standards in effect at the time the reinstatement application is submitted.

ASHA conducts random audits of certificate holders, who then are required to provide documentation of the earning of their 30 CMHs. If you have not submitted your Compliance Form by August 1 of the year following the end of your maintenance interval, you will not receive an invoice for your dues/fees for the next year. (Once you submit your Compliance Form, you will receive your invoice.) If you are still not compliant by December 31—one year after the end of your maintenance interval—you will lose your certification.

Continuing Education Requirement

The ASHA clinical certification standards define *continuing education* or *professional development* as an instructional activity that is related to the science or contemporary practice of speech-language pathology, audiology, or the speech, language, and hearing sciences. It results in the acquisition of new knowledge and skills, or the enhancement of current knowledge and skills necessary for independent practice in any practice setting and area of practice.

Activities that are acceptable are within the Scope of Practice in Audiology and the Scope of Practice in Speech-Language Pathology. Activities do not need to carry ASHA CEUs in order to be counted as meeting the certification maintenance requirement.

Some examples of acceptable activities include the following:

- Teacher-oriented content that is not related to the professions but enhances your ability to better serve your clients.
- Business and management content that will help you manage your private practice more effectively.
- Supervisory and leadership content for individuals employed in supervisory or management positions.
- Employer-sponsored in-service activities such as Grand Rounds, special education workshops (e.g., Americans with Disabilities Act requirements), manufacturer-sponsored formal training sessions on equipment used in the evaluation or treatment of your clients, and professional activities (e.g., professional ethics, diversity issues, reimbursement issues).
- Other continuing education activities such as state association workshops, and seminars offered through other professional associations like those offered for continuing medical education (CME) units, university scientific symposia, and formal online, noncredit courses offered through a university (e.g., courses on autism, literacy, neurological disorders, genetics, and ethics).
- College or university course work at any level (undergraduate, graduate, or doctoral) offered by regionally accredited programs (can be via distance learning) in any area that meets the definition of professional development (e.g., courses on foreign languages needed to communicate with your client population; courses on early childhood development, autism, literacy, neurological disorders, genetics, or ethics).

No prior approval of an activity is needed. You determine that the activity's content meets the certification maintenance standard's definition of professional development. You are responsible for obtaining and maintaining documentation of participation for each activity.

Length of Certification Maintenance Interval

A maintenance interval is 3 years and is assigned based on the date you were awarded certification. It begins January 1 following the year you received initial certification or reinstatement. ASHA does not grant interval changes.

The CFCC determined that 30 hours of professional development or 30 CMHs every 3 years is the minimum number of hours that would demonstrate a commitment to lifelong learning and ensure currency in the field. If more than 30 CMHs are earned during the interval, they may not be carried over to the next interval.

Compliance Form

All certificate holders must submit a Certification Maintenance Compliance Form to verify completion of the certification maintenance requirement. This is due on or before December 31 of the year your interval is completed, but it may be submitted at any time within your 3-year maintenance interval after the hours have been accumulated.

You can quickly and easily submit your Compliance Form online through the "My Account" section of the ASHA website, or you may print, fill out, and submit the Certification Maintenance Compliance Form via regular mail or fax.

Random Audits of Certificate Holders

An *audit* is a random evaluation of an individual's certification maintenance records. The audit is used to verify compliance of the standards for certification maintenance. You will be notified if you have been randomly selected for the certification maintenance audit immediately after submitting your online Compliance Form or via email if the Compliance Form is mailed or faxed.

Individuals who participate in the ASHA CE Registry and have 30 CMHs registered in their 3-year interval will not need to submit any additional documentation to ASHA if they are randomly selected to be a part of the maintenance audit.

Individuals who do not participate in the ASHA CE Registry program are required to maintain records of activities. If randomly selected for the audit, these individuals will be required to submit the following documentation to the ASHA National Office within 60 days of notification:

- Completed Record Keeping Form for Certification Maintenance Audit
- Copy of a certificate of completion for each course taken
- Copy of the college transcript (if appropriate)

If you are selected for the CMH audit, you will have 60 days to provide the required documentation listed above. Once ASHA receives the required documents, you will be notified of your certification maintenance status within 2–4 weeks.

Continuing Education (CE) Registry

The ASHA Continuing Education (CE) Registry is the only service that tracks the ASHA CEUs you earn. The ASHA CEUs are recorded on a transcript that lists all the continuing education courses you have taken through ASHA's network of Approved Continuing Education Providers.

The ASHA CE Registry functions much like a college registrar. In addition to maintaining a permanent, cumulative record of ASHA CEUs, official transcripts are also issued upon request. The ASHA CE Registry is open to ASHA/NSSLHA members; those who are ASHA certified; individuals licensed or credentialed by a national, state, or provincial regulatory agency to practice speech-language pathology or audiology; a Clinical Fellow under the supervision of an individual with their ASHA CCC; and someone currently enrolled in a master's or doctoral program in audiology or speech-language pathology.

The annual CE Registry fee is $25 for ASHA members and $35 for non-members.

Non-ASHA continuing education is not eligible to be tracked in the CE Registry.

VIII. CERTIFICATION FORMS

- Application for Certification
- Program Director Verification Form
- Required Dues and Fees
- Clinical Fellowship Report and Rating Form
- Clinical Fellowship Skills Inventory
- Certification Maintenance Compliance Form
- SLP Reinstatement Application Record Keeping Form for Certification Maintenance Hours (CMH) Audit

IX. APPENDIX LINKS

- Frequently Asked Questions About ASHA Certification
- Code of Ethics
- Issues in Ethics: Responsibilities of Individuals Who Mentor Clinical Fellows in Speech-Language Pathology
- Scope of Practice in Speech-Language Pathology
- ASHA Surveys, Research, and Reports
- How to Contact ASHA