STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY& HEARING AID DISPENSERS BOARD
2005 EVERGREEN STREET, SUITE 2100, SACRAMENTO, CA 95815
PHONE (916) 263-2666 FAX (916) 263-2668 WWW.SPEECHANDHEARING.CA.GOV

MEETING NOTICE AND AGENDA
Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
2005 Evergreen Street, "Hearing Room"
Sacramento, CA 95815
(916) 263-2666

March 11, 2015 9:30 a.m. to 5:00 p.m.
(or until completion of Board business)

Agenda – Full Board Meeting
(Alison Grimes, Board Chair-Dispensing Audiologist; Rodney Diaz-Otolaryngologist ;Patti Solomon-Rice, Vice Chair-Speech-Language Pathologist; Dee Parker-Speech-Language Pathologist; Debbie Snow-Public Member; Jaime Lee-Public Member; Deane Manning-Hearing Aid Dispenser; Amnon Shalev-Hearing Aid Dispenser; Marcia Raggio-Dispensing Audiologist)

I. Call to Order / Roll Call / Establishment of Quorum / Introductions - Alison Grimes, Chair, Dispensing Audiologist

II. Review and Approval of the November 7, 2014 Board Meeting Minutes

III. Discussion/Possible Action on Testing or Increasing Standards for Foreign-Trained Speech Pathology Candidates
   A. Background/Historical Report – Carol Murphy, SLP
   B. Report on Testing for English Language Competency of Foreign-Trained Speech-Language Pathology Candidates – Raul Villanueva, Office of Professional Examination Services

IV. Update on California Commission on Teacher Credentialing Speech-Language Pathologist Variable Term Waiver – Patti Solomon-Rice, SLP

V. Ad Hoc Committee Report on Auditing the Supervision of Speech-Language Pathology Assistants – Dee Parker, SLP

VI. Executive Officer and Board Staff Reports – Paul Sanchez and Breanne Humphreys
   A. Administration
      1. Personnel
      2. Staffing
   B. BreEZe Update
   C. Budget
      1. Proposed Fee Increase – DCA Budgets
   D. Enforcement/Licensing/Examinations
   E. Update on Proposed Regulation Packages
   F. Update on Hearing Aid Dispensers Practical Examination

VII. Discussion on Upcoming Strategic Planning – Dennis Zanchi, DCA Organizational and Development Manager

VIII. Legislation Update
A. Discussion on the Recent Changes to the Song-Beverly Act

IX. Review/Discussion/Possible Action on the Proposed Regulatory Amendments for Audiology Aide Supervision Standards and Practice Limitations (16 CCR 1399.154-1399.154.4) – Marcia Raggio, Dispensing Audiologist

X. Public Comment on Items Not on the Agenda

XI. Agenda Items and Future Board Meetings Dates
A. Agenda Items for Next Meeting
B. Board Calendar

XII. Discussion and Information on Public Notification of Enforcement and Disciplinary Actions
A. Information on Role of Disciplinary Guidelines in Enforcement Actions

CLOSED SESSION

XIII. Pursuant to Government Code Section 11126 (c) (3), the Board will Meet in Closed Session to Deliberate on Disciplinary Matters

RETURN TO OPEN SESSION

XIV. Adjournment

MEETING AGENDAS AND MATERIALS CAN BE FOUND ON THE SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD'S WEBSITE AT www.speechandhearing.ca.gov

Action may be taken on any item on the Agenda. The time and order of agenda items are subject to change at the discretion of the Board Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public. The Board plans to webcast this meeting on its website at speechandhearing.ca.gov. Webcast availability cannot, however, be guaranteed due to limited resources. The meeting will not be cancelled if webcast is not available. If you wish to participate or to have a guaranteed opportunity to observe, please plan to attend at a physical location. Adjournment, if it is the only item that occurs after a closed session, may not be webcast.

The meeting facility is accessible to persons with a disability. Any person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Board office at (916) 263-2666 or making a written request to Breanne Humphreys, Board Operations Manager, 2005 Evergreen Street, Suite 2100, Sacramento, California 95815. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

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MEETING MINUTES - DRAFT
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD
November 7, 2014 – 9:00 a.m.
Sheraton San Diego Hotel and Marina
1380 Harbor Island Drive
San Diego, CA 92101

I. Call to Order

Chairperson Allison Grimes, called the meeting to order and took roll at 9:10 a.m. Eight members of the Board were present and thus a quorum was established.

Board Members Present
Alison Grimes, Chair, Dispensing Audiologist
Patti Solomon-Rice, Vice Chair, Speech-Language Pathologist
Jaime Lee, Public Member
Deane Manning, Hearing Aid Dispenser
Dee Parker, Speech-Language Pathologist
Marcia Raggio, Dispensing Audiologist
Amnon Shalev, Hearing Aid Dispenser
Debbie Snow, Public Member

Board Members Absent
Rodney Diaz, M.D.

Staff Present
Paul Sanchez, Executive Officer
Gary Duke, Acting Legal Counsel
Anita Joseph, Enforcement Coordinator
Karen Robison, Enforcement Analyst
Tim Yang, Licensing Analyst

II. Introductions

Guests and members of the public introduced themselves.

Guests Present
Vanessa Cajina, KP Public Affairs for Hearing Healthcare Providers (HHP)
Bob McKinney, California Speech Language and Hearing Association
Cynthia Peffers, HHP

III. Disciplinary Process Overview

Megan O'Carroll, DAG Liaison was unable to attend the meeting. Mr. Sanchez provided a brief overview of the disciplinary guidelines. Mr. Duke discussed the disciplinary process in detail and went over the process flow chart provided to board members.

IV. Review and Discuss for Possible Action on Mail Ballot Policy: Number of Votes Required to Hold a Proposed Action for Discussion

Mr. Sanchez discussed that there is no written mail ballot vote policy on holding a proposed action for discussion. He added that boards typically will require two votes to hold an action for discussion. Mr. Duke gave a background on mail ballot policy based on his experience working with other boards. Discussion ensued among the Board to drop the hold vote from two (2) to one (1).

- **M/S/C Manning/Shalev**
  Reduce the amount of votes needed to hold a proposed action over for discussion from two (2) to one (1).

CLOSED SESSION

V. The Board met in closed session pursuant to Government Code Section 11126 (c) (3) to discuss and vote on this matter and other disciplinary matters including stipulations, proposed decisions, and petitions.

RETURN TO OPEN SESSION
The Board returned to open session at 11:23 a.m.

VI. Approval of the August 21, 2014 Board Meeting Minutes

- **M/S/C Shalev/Lee**
  Approve the meeting minutes as written.

VII. Executive Officer and Board Staff Reports

A. Budget - Mr. Sanchez gave an overview of the budget stating the Board is projected to see a slight increase in revenue this year. He stated SLP and HAD are currently two separate budgets, however; they will be consolidated into one. The Board discussed growth of the programs and the need for additional staff. Mr. Sanchez stated that the Board is reviewing its processes and may need to seek additional resources through the budget process; however, based on the current fund condition it would be difficult to afford an increase in staff. He recommended that the Board be proactive and consider future fee increases and added that all increases would have to be justified to cover the Board's cost of doing business.

B. Administration/Personnel/Staffing -The Board will be recruiting to fill an enforcement analyst position in December 2014 and a licensing analyst position in April. Mr. Sanchez took the opportunity to introduce new staff attending the meeting and informed the Board of the work they will handle: Anita Joseph, Enforcement Coordinator, Karen Robison, Enforcement Analyst; and Tim Yang, who is replacing Debbie Newcomer as Hearing Aid Dispensers Licensing and Examinations Analyst upon her retirement.

C. Enforcement/Licensing/Examinations - Mr. Sanchez gave an overview of the enforcement, licensing and examination statistics. There was a remark that holding the practical exam in Northern and Southern California within a few weeks of each other is a good idea.

D. Update on Proposed Regulation Packages - Mr. Sanchez reported that the Board does not have an analyst dedicated to regulations and legislation. The Board has asked for assistance from the Legislation and Regulations Unit and will assign a staff member to work on completing the proposed regulations adopted by the Board. It is estimated it could take four to six months to complete and submit them to the Office of Administrative Law (OAL). The Board has one year from the date of publication to complete and submit the final rulemaking package to OAL.

E. Update on Implementation of SB 1326 – Roth – Hearing Aid Warranty - SB 1326 was discussed and the use of warranty in place of right to return was debated. It was noted there could be confusion in SB 1326 with the use of the word "warranty" and the meaning "right to return." Mr. Shalev asked if the Board has authority to fine a licensee for violation of the new law. Mr. Duke responded that the Board's authority is in CCR 1399.135 and 1399.136. Mr. Shalev expressed concern that Song Beverly amendments found in Civil Code 1795.6 (a)(2) and 1795.6(b)(2) were placed in the wrong section of the law and should instead have been placed under Civil Code 1793.02. Mr. Duke added that if the Board felt a change was necessary, it could be pursued through an omnibus bill but it would have to be non-controversial. Vanessa Cajina commented that HHP is not of the opinion that this change is necessary. Chairperson Grimes asked Mr. Sanchez to research this further and work with Mr. Shalev and Ms. Raggio, if necessary.

F. Update on Hearing Aid Dispensers Practical Examination - HAD Practical Exam will be held in Sacramento, November 8, 2014 and San Diego, November 22, 2014.

G. Update on BreEZe - The Board was updated on the status of BreEZe and it was noted that working on BreEZe will take up quite a bit of staff time. Hiring additional staff to help handle the workload while staff is working on BreEZe is being considered.

VIII. Legislation

A. AB 2396 (Bonta) Convictions: Expungement: Licenses - Mr. Duke explained that expunged convictions used solely as evidence toward denying a license will be prohibited effective January 1, 2015. He added that expunged convictions can still be used but the Board would have to prove facts of the case which can result in costly investigations.

B. AB 2720 (Ting) State Agencies Meetings: Record of Action Taken - Teleconference meetings will report all votes by rollcall effective January 1, 2015.

C. SB 1326 (Roth) Hearing Aids: Warranty: Work Order or Receipt - Mr. Shalev, Ms. Raggio, and Mr. Sanchez will work with staff to see what if any changes are necessary.

D. SB 1466 (SBP & EDC) Health Care Professionals - Ms. Solomon-Rice noted concerns she had with the language and said she would work with staff towards clarifying the language.

IX. Practice Committee Reports

Speech-Language Pathology Practice Committee Report - Ms. Solomon-Rice, SLP committee chair, provided an update from the SLP committee meeting. The Board was informed of the revisions to the Variable Term Waiver criteria that were discussed at the Commission on Teacher Credentialing Committee meeting in October, the development of an audit process for supervision of SLPA's, and looking into requiring English competency of foreign applicants. She noted the Board is looking to improve the application process in order to reduce processing time frames. Increasing fees to provide additional staff to handle the audits of supervising SPLA's was suggested.

Ms. Solomon-Rice went on to report that the SLP committee voted to recommend an increase in the number of self-study CE hours allowed per renewal cycle.

Audiology Practice Committee Report - Ms. Grimes, AU committee chair, provided an update from the AU committee meeting. The Board was informed that the committee is waiting on a response about Medical/CCS from CCS; discussed services provided to deaf and hard of hearing children by regional centers; and increasing the amount of self-study hours allowed during each renewal cycle.

In relation to the proposed Audiology Aide regulatory language, Ms. Grimes reported that the committee voted to request Legal Counsel to provide legal clarification on the practice of audiology in relation to the fitting and selling of hearing aids and the taking of ear mold impressions. Mr. Duke discussed the definitions listed in Article 8 of the Practice Act. He pointed out that there may be issues with the proposed Audiology Aide regulations language conflicting with Business and Professions Code 2538.22. Ms. Grimes asked Ms. Raggio to work with staff and legal counsel for clarification.

X. Discussion and Possible Action on Increasing the Number of Self-Study Hours for Speech-Language Pathology and Audiology

The Board discussed increasing the amount of self-study hours allowed per renewal cycle from six (6) to twelve (12) hours for SLP's and Audiologists. The discussion included implementing a

clearer definition of what self-study means, reasons to increase self-study hours, and inclusion of a post course test to measure learning.

- **M/S Parker/Shalev**
  Increase Speech-Language Pathology self-study continuing education hours from six (6) to twelve (12) hours per renewal cycle. The motion was withdrawn

- **M/S/C Manning/Parker**
  Better define the definition of self-study.

XI. Public Comment on Items Not on the Agenda

There were no comments from Public/Outside Agencies/Associations.

XII. Agenda Items and Future Board Meetings Dates
  A. Agenda Items for Next Meeting
  B. Board Meeting – March 11-12, 2015, Sacramento
  C. Board Meeting – June 24-25, 2015 (location to be determined)

XIII. Adjournment

The Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board meeting adjourned at 2:15 p.m.

English Language Proficiency Timeline

Prepared by Carol Murphy, SLP

Key: **WCCUSD** (West Contra Costa Unified School District)
TOEIC Test of English for International Communication (produced and standardized by ETS)
ETS: Educational Testing Service
SAT: Stanford Achievement Test
IELTS International English Language Testing System (standardized by Cambridge University)
CGFNS CGFNS International is an immigration-neutral nonprofit organization, globally recognized as an authority on credentials evaluation of the education, registration and licensure of nurses, health care and other professionals worldwide. CGFNS is comprised of the Commission on Graduates of Foreign Nursing Schools, the International Commission on Healthcare Professions and the International Consultants of Delaware. CGFNS is authorized by the US Department of Homeland Security, US Citizen and Immigration Services, to evaluate the credentials and English language proficiency of foreign trained healthcare workers (SLPs and Auds included) when individuals apply for a VISA.
VISA Screen is the process designed by CGFNS for this evaluation.
OPES This is the Office of Professional Evaluation Studies the CA Department of Consumer Affairs uses to evaluate and standardize assessments for CA.

2008/09 – a group of SLPs from WCCUSD, including 3 educated in the Philippines, wrote the board a letter about their concern regarding the English language proficiency and qualifications of foreign trained SLPs. They came to a board meeting and presented their information

2009- I did a great deal of research on the VISA process and what was involved with credential evaluations including English language proficiency requirements and wrote a report for the board based on that research. At that time I recommended the TOEIC, however I did not understand the ETS standardization process. I ordered the test and took it myself. (see attached report)

2010- ETS folks came to talk to the board about the TOEIC; One of the questions Lisa O'Connor and I had was how the passing scores were set. (We specifically asked about the passing scores for SLPs, but this was not answered.) However, subsequently I went to Princeton, New Jersey and watched a standard setting for the Speaking and Writing portions of the TOEIC for nurses. I did not agree with the way the standard setting went and expressed my concern at ETS. A couple of lawyers came to have me sign a document that I would not reveal the specifics of the standard setting.

Wrote a report to the board regarding that standard setting and recommended the TOEIC could still be used however the *board should be in charge of passing scores*. (see attached)

Thereafter, ETS would not respond to me or Annemarie about getting the standardization report from ETS on the standard setting I observed, nor would ETS help in any way with the board's attempt to move forward with the TOEIC.

11/2010 Finally got a written report from ETS (through another means) regarding the standard setting for nurses. (see attached)

2011- Board proposed to set our own passing scores. However, because it would be too costly to do it alone without ETS, this idea was dropped.

2011- Arrests were made in New Jersey regarding a SAT (ETS) cheating scandal with a 60 Minutes segment about this airing in 2012.

2011/12- I continued to do more research on various tests and my second choice was the IELTS

2012- Several SLPs and I took the IELTS and although I recommended using it, others did not.

2012- VISA screen, from CGFNS, revised their process and eliminated TOEIC

2013- OPES rejected IELTS based on the fact that within the IELTS were phrases and nuances that were British sounding. As I said, I disagreed with OPES since most foreign trained SLPs come from countries where British English is spoken and used in colleges/universities. Also the security for IELTS is tight. Further, Canada uses the IELTS for **all** immigrants because of its security. *Even people born in the US who wish to immigrate to Canada are required to take the IELTS because Canada will not allow immigrants who score below an English proficiency standard Canada has set to move to Canada.*

7/2013- US Federal register eliminated TOEIC but includes IELTS (Department of Homeland Security)

2014- after a sting operation in the UK in which ETS security was breeched, the UK banned the use of the TOEIC. The UK now uses the IELTS

***Matters for board consideration*:** ETS standardizes its own tests. The IELTS was standardized by Cambridge University. I continue to recommend the IELTS because of its stringent security system, standardization, the fact that it is required by Canada and the UK and the TOEIC has been eliminated for VISAs in both the US and UK. Originally (2010) I did like the writing and speaking portions of the TOEIC, however the TOEIC has not been standardized on SLPs and therefore the board would have to do that. There may be other English language proficiency tests now available, but the board should note that the passing scores currently used for SLPs for VISAs may not be the passing scores the board wishes to put into practice for California because although some foreign trained SLPs have passed an English language proficiency test for their VISAs, when those same SLPs have called the board to find out about CA licensure, they were difficult to understand.

Informational Report on Licensure of Foreign Applicants, 2009

History/Background

There are five (5) Major Immigration Status/ Visa Categories

1. Non-Immigrant Visas – temporary visitors (work, student, visitor, etc.)
2. Immigrant Visas – lawful permanent residents (green card holders)
3. Asylees and other special groups – Asylum, refugee, and TPS status holders
4. Citizens
5. Undocumented – illegal immigrants

In 2003 the Department of Homeland Security issued final regulations governing healthcare workers on *non-immigrant* visas. These were the final provisions included in the Immigrant Responsibility Act of 1996, Section 343. Section 343 provided inadmissibility provisions unless the worker presented a certificate from the Commission on Graduates of Foreign Nursing Schools (CGNFS) or an equivalent credentialing organization approved by both the USCIS (United States Citizenship and Immigration Service) and the DHHS (Department of Health and Human Services). ***1***

Purpose

This regulation was intended to ensure that all non-immigrant workers coming to the U.S. for the purpose of practicing in the area of healthcare meet the following standards in order to protect the quality of patient care.

1. Education, training, license, and experience comparable with that required for an American healthcare worker of the same type; are authentic; and, in the case of a license, unencumbered.

2. Level of competence in oral and written English considered by the Secretary of DHHS, in consultation with the Secretary of Education, to be appropriate for healthcare work of the kind in which the alien will be engaged.

3. If a majority of states licensing the profession in which the alien intends to work recognize a test predicting an applicant's success on the profession's licensing or certification examination, that the alien has passed such a test, or has passed such an examination.

Healthcare Workers

The regulations govern the following 7 healthcare worker categories, trademarked *VisaScreen* by the CGNFS (Commission on Graduates of Foreign Nursing Schools). Other organizations call it by other names. Certification is valid for 5 years.

Nurses (including Registered and Licensed Vocational/Practical Nurses)
Occupational Therapists
Physical Therapists
Medical Technologists (Clinical Laboratory Scientists)
Medical Technicians (Clinical Laboratory Technicians)
Speech-Language Pathologists and Audiologists

Physician Assistants

The USCIS decided not to expand the list above and not to define these healthcare occupations. Instead, it will review the *duties* of a worker on a case-by-case basis. *Therefore, an SLP or Aud working in the public schools might be considered a "teacher" rather than a healthcare worker and come to the US on another type of Visa such as a J-Visa for exchange teachers or H-Visas for specialty occupations. Further, the CTC (CA Commission on Teacher Credentialing) can issue credential waivers for a one-year period. There were 368 Clinical/Rehabilitative Service Credentials waivers issued in the 2004-2005 school year [last report posted on CTC website]. Credential waivers have specific requirements which are included.* A report issued from the National Education Association in 2003 noted that "as many as *10,000 teachers* are working in the public schools on *nonimmigrant* or *cultural exchange* VISAs" particularly in the areas of math, science and special education. For a full text pdf report go to http://www.nea.org/teachershortage/images/foreignteacher.pdf. ***2***

Statistics (from web CGFNS International [only]) (for 7 healthcare worker categories)

2006 Statistics for CGFNS/ICHP *VisaScreen*

2006 *VisaScreen* Certificates Issued By Profession

Registered Nurse	15,858	
Clinical Laboratory Scientist	777	
Physical Therapist	559	
Speech-Language Pathologist/Audiologist	135	
Licensed Practical or Vocational Nurse		72
Occupational Therapist	39	
Clinical Laboratory Technician	16	
Physician Assistant	14	
TOTAL:	**17,470**	

2006 *VisaScreen* Top Five Countries of Education*

1. Philippines
2. India
3. United States of America
4. Canada
5. Korea

*Countries of education calculated from *VisaScreen* Certificates issued in 2006

2005 Statistics for CGFNS/ICHP *VisaScreen*

2005 *VisaScreen* Certificates Issued By Profession

Clinical Laboratory Scientist	721	
Clinical Laboratory Technician	19	
Licensed Practical or Vocational Nurse		61
Occupational Therapist	96	
Physician Assistant	<15	
Physical Therapist	773	
Registered Nurse	14,804	
Speech Language Pathologist/Audiologist	168	
TOTAL:	**16,656**	

2005 *VisaScreen* Top Five Countries of Education*

1. Philippines
2. India
3. Canada

4. United States
5. South Korea

Organizations Authorized to Evaluate Credentials/College Coursework

All organizations that were previously certified had to be recertified in 2003 (except CGFNS) when the new regulations were released. In addition, the Foreign Credentialing Commission of Physical Therapy can certify Physical Therapists and the National Board for Certification in Occupational Therapy can certify Occupational Therapists. Organizations authorized to certify healthcare workers also have an umbrella organization, The National Association of Credential Evaluation Services (NACES). This organization conducts yearly audits of its members and adheres to strict guidelines when accepting organizations for membership. These are the organizations that are listed on the board's website. Additionally, the CA Commission on Teacher Credentialing has a similar list approved by the Commission on Foreign Transcript Evaluations (CFTE) posted on its website.

.

The rule noted that Form I-905 will require the organization seeking credentialing status to submit the following to the Department of Homeland Security.

(1) Provide a point of contact and a written, detailed description of the organization and how the organization meets the standards described in 8 CFR 212.15(k); (Code of Federal Regulations, copy provided)

(2) List the health care occupations for which the organization is seeking approval to issue certificates, and describe the organization's expertise in each health care occupation for which approval to issue certificates is sought;

(3) Describe how it will process applications and issue certificates on a timely basis; and

(4) Describe the procedure it has designed in order for the DHS to verify the validity of a certificate.

The DHS will provide the organization with a written decision on its application. An organization granted authorization to issue certificates must agree to provide the DHS with all requested documentation and to allow the DHS access to its records relating to the certification process. If the application is denied, the DHS will explain the reason(s) for the denial. Applications that are denied by the DHS may be appealed to the Administrative Appeals Office pursuant to 8 CFR 103.3. ***USCIS, August, 2003***

The Standards an Organization Must Meet in Order to Obtain Authorization To Issue Certificates (*from www.uscis.gov)*

The proposed rule lists the standards an organization must substantially meet in order to be authorized to issue certificates at 8 CFR 212.15(k). An organization seeking approval to issue certificates or certified statements should submit evidence addressing each of the standards. These standards were developed by DHHS in order to ensure that an organization meets the requirements contemplated by Congress. In drafting these standards, DHHS drew upon the legislative history of IIRIRA (Illegal Immigration

Reform and Immigrant Responsibility Act of 1996) and drew extensively from the standards of the National Commission for Certifying Agencies, a nationally recognized body that accredits certifying organizations. There are four guiding principles to the standards:

(1) The DHS should not approve a credentialing organization, unless the organization is independent and free of material conflicts of interest regarding whether an alien receives a visa;

(2) The organization should demonstrate an ability to evaluate both the foreign credentials appropriate for the profession, and the results of examinations for proficiency in the English language appropriate for the health care field in which the alien will be engaged;

(3) The organization should also maintain comprehensive and current information on foreign educational institutions, ministries of health, and foreign health care licensing jurisdictions; and

(4) If the health care field is one for which a majority of the States require a predictor examination (currently, this is done only for nursing), the organization should demonstrate an ability to conduct the examination outside the United States.

Process for Accepting Transcripts

Transcripts must be sent directly from the college or university and must be the original documents. There are two types of evaluation reports – document by document and course by course. (Samples from World Education Services [WES] and the American Association of Collegiate Registrars and Admissions Officers [AACRAO] are provided) ***3***

"**Speech-Language Pathologists and Audiologists**- must contact their professional school and have them sent directly to CGFNS/ICHP (International Commission of Healthcare Professions). Details of the clinical observation and clinical practicum hours for: treatment of speech disorders in both children and adults, and the evaluation and treatment of language disorders in both children and adults." CGFNS brochure available on the web at http://www.cgfns.org/

Transcript evaluations can be provided for employment agencies, but the same standards apply.

Agencies Analyzing Credits

One agency listed as a member of NACES, Foreign Educational Document Services located in Stockton, CA, reported that the actual *content* of the course is not evaluated. "If the course subject reads Math, we evaluate it as Math." Credits for courses taken in foreign colleges and universities can be devalued. For example, the Philippines often present 20-24 credits per semester which is devalued by .75 which then more closely approximates the amount of credits taken in a US university or college. If the program is recognized or deemed accredited in its own country, then that is how it is recognized here. As in the US, some programs/colleges/universities are better than others.

English Language Proficiency

There are 4 options for obtaining English language testing for healthcare workers, A chart attached from CGFNS is provided with passing scores. English scores are valid only for two years from the date of testing. All scores must be valid at the time that the VisaScreen Certificate is issued. Passing scores for Speech-Language Pathologists and Audiologists have been set by CGNFS. *Neither ASHA or AAA recommended or endorsed a passing score.* The tests used are general subject matter tests and are not content specific to the professions. (See attachment) Further, there are various testing preparation services available and sample tests provided to potential test takers. ***4***

Statistics on Passing Scores by Country (from CGNFS only)

Certification Program Statistical Data

2006 Statistics for CGFNS Qualifying Examination

CERTIFICATION PROGRAM APPLICANTS

First Time Test Takers:	12,258 (67.6%)
Repeat Test Takers:	5,870 (32.4%)
TOTAL TEST TAKERS:	**18,128 (100.0%)**

PASS RATES

First Time Test Takers:	4,983 (72.0%)
Repeat Test Takers:	1,937 (28.0%)
TOTAL PASSED:	**6,920 (100.0%)**

TOP COUNTRIES OF EDUCATION:

1. Philippines
2. India
3. Nigeria
4. Taiwan
5. People's Republic of China
6. Ukraine
7. Iran

2005 Statistics for CGFNS Qualifying Examination

CERTIFICATION PROGRAM APPLICANTS

FIRST TIME TEST TAKERS:	13,959 (64.9%)
REPEAT TEST TAKERS:	7,543 (35.1%)
TOTAL TEST TAKERS:	**21,502 (100.0%)**

PASS RATES

FIRST TIME TEST TAKERS:	5,626 (70.5%)
REPEAT TEST TAKERS:	2,357 (29.5%)
TOTAL PASSED:	**7,983 (100.0%)**

TOP FIVE COUNTRIES OF EDUCATION:

1. Philippines
2. India
3. Nigeria
4. People's Republic of China
5. Kenya

2004 Statistics for CGFNS Qualifying Examination

CERTIFICATION PROGRAM APPLICANTS

FIRST TIME TEST TAKERS:	16,889 (65.9%)
REPEAT TEST TAKERS:	8,748 (34.1%)
TOTAL TEST TAKERS:	**25,637 (100.0%)**

PASS RATES

FIRST TIME TEST TAKERS:	7,124 (74.7%)
REPEAT TEST TAKERS:	2,413 (25.3%)
TOTAL PASSED:	**9,537 (100.0%)**

TOP FIVE COUNTRIES OF EDUCATION:

1. Philippines
2. India
3. Nigeria
4. People's Republic of China
5. Kenya

2003 Statistics for CGFNS Qualifying Examination

CERTIFICATION PROGRAM APPLICANTS

FIRST TIME TEST TAKERS:	14,235 (58.4%)
REPEAT TEST TAKERS:	10,142 (41.6%)
TOTAL TEST TAKERS:	**24,377 (100.0%)**

PASS RATES

FIRST TIME TEST TAKERS:	5,441 (60.3%)
REPEAT TEST TAKERS:	3,578 (30.7%)
TOTAL PASSED:	**9,019 (100.0%)**

TOP FIVE COUNTRIES OF EDUCATION:

1. Philippines
2. India
3. Nigeria
4. People's Republic of China
5. Kenya

Current Tests Used to Determine English Language Proficiency 5

1. ***Test of English as a Foreign Language*** (from ETS website)

The TOEFL® Test Overview

What Is the TOEFL Test?

The TOEFL® Test (*Test of English as a Foreign Language*™) measures the ability of nonnative speakers of English to use and understand English as it is spoken, written, and heard in college and university settings.

The TOEFL test is offered in different formats depending on a test taker's location. [different formats in different countries/cities]

The TOEFL® iBT

The TOEFL® Internet-based test (iBT) tests all four language skills that are important for effective communication: reading, listening, speaking and writing. The test helps students demonstrate that they have the English skills needed for success. The TOEFL iBT also emphasizes integrated skills and provides better information to institutions about students' ability to communicate in an academic setting and their readiness for academic coursework.

Scoring

Paper-Based Testing

Your score report will show three section scale scores and a total scale score. Each correct answer counts equally toward the score for that section. There is no penalty for wrong answers. The total number of correct answers is called the "raw score." (Note: some questions in the test may not count toward the section or total scores.)

The raw score for each section is converted by statistical means to a number on what is called the TOEFL® test scale. The TOTAL paper-based test score is reported on a scale that ranges from 310 to 677.

The TWE score is reported separately, on a scale of 1 to 6. A score between two points on the scale (for example, 5.5, 3.5) can also be reported.

Computer-Based Testing

TOEFL® CBT is no longer be offered. The TOEFL program is phasing in the Internet-based version of the TOEFL test - the TOEFL® iBT. In areas, where the TOEFL iBT is not yet available, the paper-based version of the TOEFL test will be available on a limited basis to supplement the TOEFL iBT test center network.

TOEFL CBT scores are valid for two years from the administration date.

At the end of the computer-based test, you will see your Listening and Reading scores. Your Structure/Writing score and Total score will be reported as a range of scores.

Your score from the **Structure** section is combined with your written essay rating to calculate the Structure/Writing score. Each part accounts for 50 percent of the Structure/Writing score, and the Writing score is also shown separately under the heading, "essay rating."

Your Structure/Writing score will fall within the range once your essay is read and rated. Likewise, your Total score will fall within the range once the Structure/Writing score is known.

Scores on any section can range from 0 to 30.

The Total score is calculated using a multiple of the scores on the individual parts of the test, and can range from 0 to 300. This is why the Total score does not equal the sum of the Listening, Structure/Writing, and Reading scores (see example).

Example:

Test Part	**Score**
Listening	22
Structure/Writing	3-23
Reading	22
TOTAL	157-223

In the example, the Listening and Reading scores are both 22. The Structure/Writing score is between 3 and 23. The Total score is between 157 and 223.

2. ***Test of Spoken English*** (from ETS website)

Test Content

The Test of Spoken English™ (TSE®) lasts approximately 20 minutes and consists of nine questions, each of which asks that you respond with appropriate answers or discussion. Examples of these speech activity items include narrating, recommending, persuading, and giving and supporting an opinion.

You will use a test book and audio-recording equipment to complete the test. A recording will lead you through the test. You will simply respond into a microphone or a telephone to the questions and your responses will be recorded.

The time allotted for each of your responses ranges from 30 to 90 seconds. All the recorded questions, as well as the allotted response time, are printed in the test book. The questions on the test are fairly general, designed to inform the raters about your English-language oral communication skills.

At the beginning of the test, you will be asked general questions that will allow you to adjust to the audio equipment and feel comfortable while being recorded.

The test itself requires you to

Tell a story based on a six-picture sequence and answer a related question

Describe a graph and answer a related question

Respond to two questions about ideas

Respond to three questions in the role of someone in a workplace situation.

We recommend that you study the test book as you listen to the recording. You will be given a few seconds to think about what you want to say before you respond.

Take a pencil to the test center; you may take notes in the test book during the test. We do not recommend that you try to write out your answer and then read it. There won't be enough time.

At the end of the preparation time, you'll be instructed to begin speaking when you hear a beep. You will be allowed 60 seconds to answer each question. At the end of the 60 seconds, you will hear another beep, which indicates that you should stop speaking and listen for the next question.

Your voice will be recorded as you speak, so please be sure to speak clearly and loudly. Your responses should be complete and directly related to what is being asked. Attempting to use responses you have learned or prepared ahead of time will result in lower scores.

While many of the questions may not be directly connected to your academic or professional field, each question is designed to tell the raters about your oral English language ability. Your score for the test will be based on the recorded samples of your speech. Trained raters will rate your speech.

3. ***Test of English for International Communication*** (from ETS website)

The TOEIC test is a paper-and-pencil, multiple-choice assessment. There are two separately timed sections of 100 questions each.

Section I: Listening

Examinees listen to a variety of questions and short conversations recorded in English, then answer questions based on what they heard.

Part 1: Photographs (20 items)

Part 2: Question - Response (30 items)

Part 3: Short Conversations (30 items)

Part 4: Short Talks (20 items)

Section II: Reading

Examinees read a variety of materials and respond at their own pace to questions based on the content.

Part 5: Incomplete Sentences (40 items)

Part 6: Error Recognition (20 items)

Part 7: Reading Comprehension (40 items)

Test Length

The test lasts approximately 2 ½ hours. Examinees have:

45 minutes for Section I

75 minutes for Section II, and

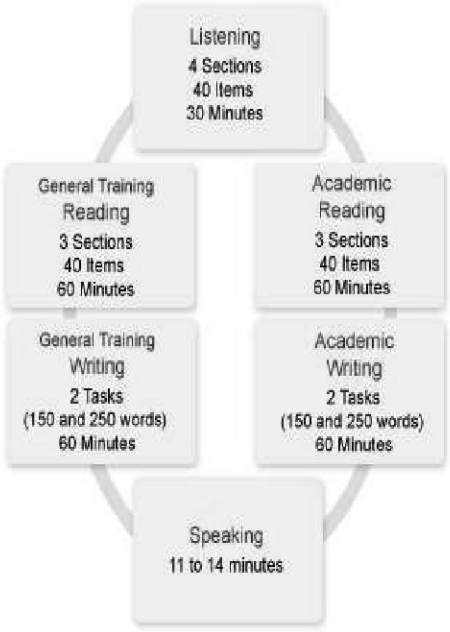
the remaining time to respond to biographical questions and a brief questionnaire about education and work history.

4. ***International English Language Testing Service*** (from IELTS website)

IELTS is the International English Language Testing System. It measures ability to communicate in English across all four language skills – listening, reading, writing and speaking – for people who intend to study or work where English is the language of communication.

All candidates must complete four Modules - Listening, Reading, Writing and Speaking to obtain an IELTS Test Report Form.

Candidates are tested in Listening, Reading, Writing and Speaking. All candidates take the same Listening and Speaking Modules. There is a choice between Academic and General Training in the Reading and Writing Modules.



Scoring: Scoring explanations are available by purchase of a DVD

A new DVD, IELTS Scores Explained , is now available. This DVD provides information on what the IELTS band scores actually mean. It is particularly aimed at organizations that wish to set appropriate standards

of English language proficiency.

The DVD contains general information about IELTS as well as a detailed description of the content of the test. In addition samples of test material for all four modules are included and examples of candidates' Writing and Speaking performance at different band levels are provided.

This DVD will be primarily of use to organizations that use IELTS scores but will also be of interest to course designers, teachers, test takers and anyone who needs to understand what IELTS scores actually mean in terms of language ability.

* ***Passing Scores by Profession for each test and test options are included with this report***
(from Commission on Graduates of Foreign Nursing Schools, 2007) ***6***

There are a number of other English language proficiency tests commercially available that are not used in the VisaScreen process, however many of them do have an oral English language component which may be used as decided. A list and partial description of each has been included.

Other CA Boards *7*

A small survey of other like healthcare professional boards within CA provided some information on regulations regarding the licensure of foreign applicants. The CA Board of Psychology has reference in its regulations to professionals educated outside of the US. The CA Physical Therapy Board has a section of its law/regulations addressing the licensure of foreign applicants. (Copies of these are included.)

Other State's Speech-Language Pathology and Audiology Licensure Laws/Regulations *8*

Most states surveyed do not have laws or regulations directly applicable to foreign applicants although all applicants must follow the guidelines set forth by each state. Maryland is in the process of revising its law/regulations to include specific guidelines for foreign applicants. Maryland has a section on oral English language proficiency within its regulations. Please note the following link. http://www.mlis.state.md.us/2007RS/chapters_noln/Ch_391_hb0326T.pdf Under Health Occupations, and definitions for each, section (P) was added in May, 2007. "*Oral Competency" means the demonstration of general English-speaking proficiency by receiving a passing score on a standardized test that the board has approved by regulations.*

Comments *9, 10*

The American Medical Association and the US Department of Health and Human Services http://www.hrsa.gov/healthliteracy/, along with many other healthcare organizations have emphasized the importance of understanding public health literacy levels. *Patients with limited health literacy [who probably have limited overall literacy] may have difficulty locating providers, sharing history, seeking care, understanding directions, understanding their problems* and a whole variety of other literacy related issues. The National Institute on Deafness and Other Communication Disorders reports that approximately 43,000,000 people in the United States suffer from a speech, voice, language, or hearing impairment. The American Speech-Language Hearing Association has noted that well over eighty percent of all learning problems are language based. These statistics do not, of course, include persons who do not speak English or who partially speak English. All of these groups probably have some health literacy problems.

Speech-Language Pathology and Audiology are the professions that provide services to adults and children with communication and hearing issues while working in hospitals, schools, clinics, and in private practice. Professionals in these occupations will be communicating with patients, clients, doctors, teachers, caregivers, and others who need to be informed about speech, language and hearing development and problems. It is vitally important that all healthcare professionals providing services must have the skills, knowledge, education, training and English literacy to do so. Speech-Language-Pathologists and Audiologists are unquestionably at the forefront in providing necessary and clear information and services from a background of training and education that involves language at its core.

Some ideas for follow-up discussion might be:

(1) requesting more detail on course content and actual hours spent in classes in addition to the current transcript evaluation of foreign college credits/units

(2) proven applicant education in assessment and development of the English language

(3) oral English language proficiency relevant to the professions of Speech-Language Pathology and Audiology

(4) Expanding the RPE evaluation form to include more details such as those found on the ASHA clinical supervision evaluation forms

(5) add wording to the "Planning to Supervise and RPE" brochure (available on line) which details that even if a supervisor is supervising an RPE in the public schools but *is working for an agency to do the supervision, that supervisor must have a license.*

TOEIC Standard Setting Meeting, 2010
Prepared by Carol Murphy, SLP

The TOEIC Standard Setting meeting was held for two days, April 27 and 28, 2010 in Princeton, New Jersey at ETS's (Educational Testing Service) Chauncey Conference Center, April 27 and 28. TOEIC stands for Test of English for International Communication and is comprised of four English language tests in listening, reading, speaking and writing.

"Standard Setting is the process by which a panel of informed experts makes score requirement recommendations that correspond with the level of knowledge, skill, proficiency, mastery or readiness candidates need to be placed in a certain category. The end result of standard setting is a recommended minimum score requirement, or cut score." (ETS, "Mapping the TOEIC and TOEIC Bridge for the Common European Framework", page 1) The TOEIC reading and listening tests had previously set standards. This meeting was held to set passing scores for nurses on the TOEIC in speaking and writing. The Department of Homeland Security will be adjusting the regulations regarding nonimmigrant visas, particularly in the seven professions under the healthcare worker category.

CGNFS, the Commission on Graduates of Foreign Nursing Schools, has trademarked *VisaScreen, which is the procedure for* the seven categories of healthcare workers coming into the United States. For passing scores for these healthcare professions, please refer to page 14 of the CGFNS (attached) handbook. These scores reflect what is currently acceptable but are in the process of being reviewed.

VisaScreen®: Visa Credentials Assessment (from CGFNS website)

The U.S. Citizenship and Immigration Services (USCIS), under section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, has requirements for the following seven categories of health care professionals who are educated outside the United States and who are seeking temporary or permanent occupational visas or Trade NAFTA (TN) status:

- Registered nurses
- Physical therapists
- Occupational therapists
- Physician assistants
- Clinical laboratory technicians (medical technicians)
- Clinical laboratory scientists (medical laboratory technologists)
- Speech language pathologists
- Audiologists and
- Licensed practical or vocational nurses

To first obtain an International Commission on Healthcare Professions *VisaScreen*® certificate. *VisaScreen*® is administered by the International Commission on Healthcare Professions (ICHP),

a division of CGFNS International. “The English language proficiency assessment confirms that the applicant has demonstrated the required competency in oral and written English by submitting passing scores on tests jointly approved by the U.S. Department of Education and the U.S. Department of Health and Human Services.” (CGFNS website, English Language Proficiency for *VisaScreen*®). The TOEIC is one set of tests.

TOEIC Speaking and Writing Tests are given via the computer.

The *TOEIC Speaking Test* is organized into 11 tasks as follows-
***1– 2* Read a text aloud:** □ Pronunciation □ Intonation and stress
***3* Describe a picture:** All of the above, plus □ Grammar, □ Vocabulary, and □ Cohesion
***4 – 6* Respond to questions:** All of the above, plus □ Relevance of content and □ Completeness of content
***7– 9* Respond to questions using information provided:** All of the above
***10* Propose a solution:** All of the above
***11* Express an opinion:** All of the above

The *TOEIC Writing Test* is organized into 8 tasks as follows-
***1– 5* Write a sentence based on a picture:** □ Grammar □ Relevance of the sentences to the pictures
***6 –7* Respond to a written request:** □ Quality and variety of your sentences □ Vocabulary □ Organization
***8* Write an opinion essay:** □ Whether the opinion is supported with reasons and/or examples □ Grammar □ Vocabulary □ Organization

Scaled scores of the TOEIC are equated to proficiency levels. There are 8 proficiency levels for speaking and 9 for writing. The TOEIC Listening and Reading tests have been mapped with the CERF, the Common European Framework of Reference for Language which “provides a common basis for describing language proficiency…” (ETS, “Mapping the TOEIC and TOEIC Bridge for the Common European Framework”, page 1) The CERF model has 6 levels and is provided for reference. The Speaking and Writing tests of the TOEIC, once standardized will be also be mapped with the CERF.

Another model, the one used by the ICAO, International Civil Aviation Organization, is provided as an attachment.

Both the CERF and the ICAO Language Proficiency scales have 6 levels and both describe level 6/C2 as the highest level, although the ICAO divides language skills into those most used by Speech-Language Pathologists and Audiologists –pronunciation, structure, vocabulary, fluency, comprehension and interactions, the last of which cannot be judged by the TOEIC which is a computer based test.

CGFNS also now provides a specific credential evaluation form for Speech-Language Pathologists and Audiologists while other credential evaluation agencies have general and course-by-course evaluations not specific to these professions. (page 24 of the CGFNS handbook).

Recommendations

For the board's purposes, it might be useful to consider using the TOEIC, specifically the Speaking and Writing tests for foreign trained applicants, with the passing score criteria set at the highest proficiency level. At this level, there can be an influence of the first language but "pronunciation, stress, and intonation almost never interfere with understanding." (IACO chart)

Also, the board might consider adding CGFNS as a credential evaluation agency because it has a Speech-Language Pathology and Audiology evaluation form.

Health Care Worker Certification, 2013

Foreign nationals seeking admission to perform labor as health care workers, other than physicians, are only admissible to the United States if they present certification from a USCIS-approved credentialing organization verifying that the worker has met the minimum requirements for training, licensure, and English proficiency in his or her field.

Specifically, the certification verifies the foreign national has:

- Education, training, licensing, and experience that:
- The necessary level of competence in oral and written English as shown by passage of one or more nationally recognized, commercially available, standardized test of the applicant's ability to speak and write; and
- Passed either:
  - a. a predictor test (if the majority of States licensing the profession in which the foreign national intends to work recognize a test predicting a worker's success on the profession's licensing or certification examination), or
  - b. the actual licensing or certification examination.

Health Care Occupations Requiring a Certification

The following health care occupations require a certification under 8 CFR 212.15(c):

- nurses (licensed practical nurses, licensed vocational nurses, and registered nurses),
- physical therapists,
- occupational therapists,
- speech-language pathologists and audiologists,
- medical technologists (also known as clinical laboratory scientists),
- medical technicians (also known as clinical laboratory technicians) and
- physician assistants.

Please note: Nurses have an alternative certification process. A foreign nurse may present a certified statement from the Commission on Graduates of Foreign Nursing Schools or an approved equivalent independent credentialing organization verifying that the foreign nurse:

1. has a valid and unrestricted license in the State of intended employment;
2. has a foreign license that is authentic and unencumbered;
3. passed the National Council Licensure Examination (NCLEX); and
4. graduated from certain English language nursing programs.

See section 212(r) of the Immigration and Nationality Act (INA).

Providing Valid Health Care Worker Certification

A foreign national worker in an affected health care occupation must present a valid health care worker certification each time he or she:

- seeks admission into the United States,
- changes status,
- extends status, or
- adjusts status.

The certification requirement is no longer applicable once the worker is a lawful permanent resident.

Organizations Authorized to Issue Health Care Worker Certifications

The following organizations are authorized to issue certifications for the following health care occupations:

- The Commission on Graduates of Foreign Nursing Schools (CGFNS) is authorized to issue certifications to all 7 health care occupations.
- The National Board for Certification in Occupational Therapy (NBCOT) is authorized to issue certifications for occupational therapists.
- The Foreign Credentialing Commission on Physical Therapy (FCCPT) is authorized to issue certifications for physical therapists.

These organizations are approved by the Secretary of Homeland Security in consultation with the Secretary of Health and Human Services. See Pub. L. No. 107-296, 116 Stat. 2135.

Submitting Health Care Worker Certifications

Immigrant petitions:

For immigrant petitions, there is a two-step process:

Step 1: Generally, the Form I-140, Immigrant Petition for Alien Worker, is first filed by an employer on behalf of the prospective foreign national worker. In adjudicating the I-140 petition, USCIS reviews all eligibility requirements. This review includes examination of the beneficiary's educational qualifications.

Step 2: If the foreign national worker is in the United States, he or she may file a Form I-485, Application to Register Permanent Residence or Adjust Status. It is only upon the filing of an I-485 that the health care worker certification is required and will be used to determine admissibility for adjustment of status.

If the foreign national worker is living outside the United States or living in the United States, but chooses to apply for an immigrant visa abroad, USCIS will send the approved petition to the Department of State's (DOS) National Visa Center (NVC), where it will remain until an immigrant visa number is available. The foreign national worker must present the health care certification to the consular officer at the time of visa issuance.

Nonimmigrant petitions:

For nonimmigrant petitions seeking admission, an extension of stay, or a change of status, there are two considerations:

Consideration 1: The petitioning employer files a Form I-129, Petition for a Nonimmigrant Worker, for approval of the foreign national worker's classification as a nonimmigrant. In adjudicating the petition for the classification requested, USCIS reviews all eligibility requirements, including licensure, if applicable. The health care certification must be presented at the time of visa issuance or admission (if the foreign national worker is visa-exempt).

Consideration 2: If the foreign national is already in the United States, the Form I-129 may also serve as an application to extend the period of the foreign national's authorized stay or to change his or her status. Although the Form I-129 petition classification may be approved, the application for an extension of stay or change of status will be denied if the petitioner fails to submit the health care worker certification required by law. See 8 CFR 212.15(a).

Please note: USCIS does not accept health care worker certification as the sole evidence that the foreign worker has met the minimum requirement for the given position and is, therefore, eligible for the requested visa classification. While the health care worker certification verifies the worker's credentials for admissibility into the United States under INA 212(a)(5)(C), it is not binding on DHS. See 8 CFR 212.15(f)(1)(iii).

Role of Certification in the USCIS Adjudication Process

USCIS uses the certification to verify the worker's credentials for admissibility into the United States. See INA 212(a)(5)(C). Additionally, USCIS must ensure that the health care worker also meets educational requirements for the classification and any applicable licensure requirements. In reviewing the worker's educational documents, USCIS considers the education credential evaluator's opinion in conjunction with a review of the foreign national's relevant education credentials (if submitted), and other available credible resource material regarding the equivalency of the education credentials to college degrees obtained in the United States.

In the course of the adjudication, USCIS may refer to educational equivalency

resources to clarify an individual's academic credentials, although information from such sources is not binding. For example, if one of the resources indicates that a Bachelor's degree from the home country of the foreign national worker represents a level of education that is comparable to a Bachelor's degree in the United States, the degree would not qualify the individual for the EB-2 advanced degree category unless he or she also has five years of post-baccalaureate progressive experience. In such cases, USCIS may issue a Request for Evidence asking the petitioner to provide evidence demonstrating that the beneficiary has either a United States advanced degree or foreign equivalent degree or has a United States bachelor's degree or a foreign equivalent degree, and evidence in the form of letters from current or former employer(s) showing that the beneficiary has at least five years of progressive post-baccalaureate experience in the specialty.

USCIS Criteria for Educational Equivalency

The USCIS criteria for educational equivalency are explained in the eligibility requirements for the specific nonimmigrant or immigrant classification.

For instance, employment-based second preference immigrant petitions (EB-2) for members of the professions holding an advanced degree must establish, among other requirements, that the worker has met the minimum requirements for the position. Specifically, the beneficiary must have an advanced degree. See 8 CFR 204.5(k)(2). To demonstrate that the foreign national is a professional holding an advanced degree, the petition must be accompanied by:

> (A) An official academic record showing that the foreign national has a United States advanced degree or a foreign equivalent degree; or
> (B) An official academic record showing that the foreign national has a United States baccalaureate degree or a foreign equivalent degree, and evidence in the form of letters from current or former employer(s) showing that the foreign national has at least five years of progressive post-baccalaureate experience in the specialty. See 8 CFR 204.5(k)(3)(i).

Health Care Credentialing Organizations' Criteria for Educational Equivalency

The credentialing organizations' educational equivalency criteria are also guided by the statutory and regulatory requirements for the particular nonimmigrant or immigrant classification. The certification process sets guidelines for educational equivalency that focus on the:

- verification of the applicant's education,
- verification of all licenses to practice in the occupation, and
- compliance with English language proficiency requirements.

The credentialing organizations must evaluate the worker's education to ensure that it:

- is comparable to a U.S. education,
- meets the minimum educational requirements for licensure (in the State of intended employment), and
- meets the minimum educational requirements for the requested classification.

However, the credentialing organization's evaluation is not binding on DHS. See 8 CFR 212.15(f)(1)(iii).

Renewing the Health Care Certification

A foreign worker's certification must be used for any admission into the United States, extension or change of status within the United States, or adjustment of status within 5 years of the date that it is issued. See 8 CFR 212.15(n)(4). For this reason, the certification is only valid for 5 years. This ensures that the individual continues to meet the regulatory requirements for issuance of the certification. Therefore, if the foreign worker has not used the certification because he or she has not been admitted to the United States or adjusted his or her status within 5 years of when the certification was obtained, a new certification is required at the time he or she seeks adjustment of status, to change or extend status with USCIS, or when seeking visa issuance by DOS or admission at the port of entry.

Please note that certification does not remove requirements for licensure, if applicable.

However, the credentialing organization must have a formal policy for renewing the certification if an individual's original certification expires before admission to the United States or application for adjustment of status. See 8 CFR 212.15(k)(4)(viii). The credentialing organization is limited to updating information on licensure to determine the existence of any adverse actions and the need to re-establish English competency, and therefore does not re-evaluate the educational credentials when renewing the certification.

Last Reviewed/Updated: 07/15/2013

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DEPARTMENT OF CONSUMER AFFAIRS

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FEB 23 2015

MEMORANDUM

DATE	February 20, 2015
TO	Paul Sanchez, Executive Officer Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
FROM	Raul Villanueva, Personnel Selection Consultant II Office of Professional Examination Services
SUBJECT	**Testing for English Language Competency of Foreign-Trained Speech-Language Pathology Candidates**

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) requested that OPES assess the International English Language Testing System (IELTS) for evaluating the English language competency of foreign-trained candidates for SLP licensure. OPES determined that the IELTS would not be appropriate for this use given the IELTS' use of British/Australian English for delivering the testing prompts. In addition, several of the SLPs who volunteered to take the IELTS reported that these English idioms were often difficult for them to follow and understand.

During the discussion with Board staff about these findings, OPES recommended waiting until the SLP occupational analysis (OA) was concluded before revisiting the question of whether English language proficiency testing for foreign-trained candidates should be required. The rationale behind this decision was so that the OA could provide information regarding the specific entry-level tasks possibly impacted by foreign-trained SLPs whose primary language was not English.

Results of OPES Evaluations Conducted During the OA

Following the administration of the OA survey, two groups of SLPs (total 19) were asked to serve as subject matter experts (SMEs) to independently examine the verbal and written communication needs of the SLP across treatment settings, clients, and modalities. Both groups concluded that the verbal communication needs for the SLP vary according to the needs of the treatment setting, client, and treatment modalities. For example, there are interventions that require the SLP to be able to produce Standard American English speech sounds (i.e., accent modification interventions). Both SME groups also reported that the accentedness of an SLP's speech was secondary to the SLP having a sufficient command of the English language to meet the needs of the work setting, client, and client support network.

Regarding the written communication needs of the SLP, both SME groups concluded that the requirements for written communication should be the same for U.S. and foreign-trained candidates. They also noted that the SLP is often trained in the specific reporting

It was concluded across both groups that the degree of accentedness of the SLP's English would most heavily impact the evaluation and treatment of the areas of Accent Modification and Phonological Disorders. These results are congruent with the SME groups' evaluation of entry-level tasks, such as, Task 73 - *Produce acoustically correct model for targeted phonemes, grammatical features, or other aspects of speech and language that characterize client's particular problem.*

Review of Current Requirements for SLP Licensure

Following are the current means of evaluating the U.S. and foreign-trained candidate's ability to provide the clinical services for which they have trained:

Professional Requirements

SLP education and clinical training programs in the United States must meet the American Speech-Language-Hearing Association (ASHA) standards for clinical competency. All candidates for licensure in California must show successful completion of their Clinical Fellowship experience to meet the requirements for licensure.

The ASHA 2014 standards for SLP clinical competence (CCC-SLP) include standards for SLP oral and written communication. Standards V-A and V-B concern the ability to demonstrate "effective clinical and professional interaction with clients/patients and relevant others." Standards V-C and VII-A focus on the requirements for the clinical experience i.e., 80% of the duties should involve direct client contact across the SLP scope of practice to meet the Clinical Fellowship requirements.

Further, ASHA, in its position papers, advocates that the focus not be on whether the SLPs can speak English without an accent, but whether the SLPs, "if modeling is necessary, are able to model the target phoneme, grammatical feature, or other aspect of speech and language that characterizes the client's particular problem."[2]

Requirements for California Licensure

To qualify for a full license in speech-language pathology, U.S. trained applicants must:

- Submit to fingerprinting.
- Hold a Master's degree or equivalent in speech-language pathology from an accredited educational institution.
- Complete 300 hours of supervised clinical practicum in three different clinical settings.
- Complete 36 weeks of full-time or 72 weeks of part-time supervised Required Professional Experience (RPE).
- Pass the national speech-language pathology exam administered by the Educational Testing Service (ETS) Praxis Series.

Foreign-trained candidates must:

- Submit to fingerprinting
- Submit transcripts for evaluation and expert review (academic course work and clinical training)
- Complete 36 weeks of full-time or 72 weeks of part-time supervised Required Professional Experience (RPE).

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[2] Students and Professionals Who Speak English With Accents and Nonstandard Dialects: Issues and Recommendations, ASHA Joint Subcommittee of the Executive Board on English Language Proficiency, policy.PS1998-00117

- Pass the national speech-language pathology exam administered by the Educational Testing Service (ETS) Praxis Series.

Final Evaluation of Experience (U.S. and Foreign-trained Applicants).[3]
The RPE Supervisor is required to evaluate the following activities of the RPE temporary license holder:

- evaluation and assessment procedures
- treatment procedures
- record keeping, evaluation and assessment reports, correspondence, plans for management and summaries of case conferences
- participation in case conferences
- professional meetings and publications

Note: The monitoring of audio and video tape recordings is an acceptable method of evaluation provided that such monitoring shall not be substituted for direct observation and supervision of the RPE temporary license holder.

Findings:
"English language competency" as it relates to Speech-Language Pathology practice was found to focus on two areas: the SLP's ability to produce Standard American English Speech sounds and the SLP's ability to communicate in English sufficiently to meet the needs of the work setting, client, and client support network.

The SLP's ability to produce Standard American English speech sounds appears to be related to specific areas of treatment and interventions. For example, the degree of accentedness of the clinician's speech could affect the clinician's ability to provide effective treatment in clinical areas where the client's focus of treatment involves the client's ability to accurately discriminate or reproduce speech sounds (Autism Disorders, Child Language Disorders, and Aural Rehabilitation).

With regards to the SLP's ability to communicate in English, the focus appears to be on the intelligibility of the SLP's spoken English rather than on the accentedness of the SLP's speech. Feedback from the two groups of SMEs indicated that the specific writing and reporting requirements for a work setting are typically learned after employment has begun. They believed that written communication is an important part of practice that could be evaluated for all candidates (U.S. and foreign-trained), but they thought that it may not be an important part of testing for licensure.

Currently, the evaluation of the foreign-trained SLP candidate's ability to provide specific treatment occurs during the RPE and during the employment selection process for the specific clinical setting for which the SLP candidate has received training.

Likewise, the evaluation of the foreign-trained SLP candidate's ability to meet the English language communication needs for a specific clinical setting occurs during the RPE and during the selection and probationary process for the clinical setting where the SLP candidate will be applying.

[3] CCR, Title 16, Article 4, 1399.153.8 Final Evaluation of Experience

In conclusion, it appears that the RPE for foreign-trained SLP candidates would be where problems communicating in English should be initially identified. During the RPE, it could also be noted whether the English communication problems were pervasive (verbal and written communication and performing therapy) or limited to specific areas.

Adding a global assessment of English Language Proficiency to the current requirements could provide general information regarding the SLP candidate's English language verbal and written communication skills, but it would not provide insight into the candidate's ability to provide treatment. Furthermore, a global assessment would not necessarily provide insight into the candidate's ability to meet the verbal and written communication needs of a specific treatment setting.

Given this situation, creating additional global licensure requirements for foreign-trained candidates that do not take into consideration the treatment and communication needs of the specific treatment setting where the foreign-trained SLP will be working, may serve to simply increase the barriers to licensure without necessarily accruing any increases in protection to the public.

OPES is available for further discussion related to English Language Proficiency and foreign-trained SLP candidates.

I can be reached at (916) 575-7240, if you have questions.

c: Heidi Lincer-Hill, Ph.D., OPES Chief

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY& HEARING AID DISPENSERS BOARD
2005 Evergreen Street, Suite 2100, Sacramento, CA 95815
Phone: (916) 263-2666 Fax: (916) 263-2668 | www.speechandhearing.ca.gov

MEMORANDUM

DATE	March 1, 2015
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Executive Officer Report**

This report and the information provided by staff is to provide you with an update on the current operations of the Board.

Administration/Personnel/Staffing

Although the Board office is funded for only 8.6 positions, it is responsible for the oversight of over 20,000 licensees. This responsibility includes all aspects of licensing, examinations, enforcement, development of regulations, continuing education provider approval and licensee continuing education audits. With such a small number of staff, the loss or addition of even one member can have a great impact.

In December 2014, the Board office lost two staff members to retirements and one staff member due to medical leave. Although the losses negatively impacted the office, we were able to mitigate the impact by hiring temporary personnel and borrowing Call Center Technicians from the Department. We are grateful to Director Kidane and the management of DCA's Call Center for being responsive to our situation and providing assistance.

Breanne Humphreys, the Board's Operations Manager has been pivotal in hiring temporary staff which has helped keep the Board office running.

Temporary staff:
1 Seasonal Clerk – Receptionist, admin support, backup to Office Technician
1 Retired Annuitant (AARP) – Filing, mail distribution
1 Retired Annuitant – hearing aid dispenser licensing and examinations support, CE provider approval, exams, etc.
2 DCA Call Center staff members – Assisting with licensing backlog

In December 2014, the Board hired Lisa Snelling as a Seasonal Clerk to assist with receptionist duties previously handled by Tim Yang. Prior to coming to the Board, Ms. Snelling was a business owner and has a background in business administration. Ms. Snelling has made an immediate impact on our operations and is well-liked by our staff and clients, we are pleased to have her with us.

In February 2015, the Board hired Nguyet Pham to fill the vacant office technician position. Ms. Pham comes to us from Xerox Healthcare where she was a Business Analyst serving as a liaison to State Government. Prior to that Ms. Pham was an eligibility and case worker for the Sacramento County Department of Human Assistance.

While we have worked on short-term solutions, we are also looking at long-term solutions which include process improvements, additional staff and resources, and conducting a study with CPS-HR Consulting in which we will analyze our current workload, trends, and staffing needs.

The current office was expanded to add additional workstations but could not accommodate further growth. In the near future, Board staff will need to explore options for additional office space with the DCA Facilities Office.

Budget
Included in your Board materials are the most recent Revenue and Expenditure Projection Reports which reflect up to fiscal month seven (January 2015) of the current budget year. Based on most recent budget reports, we are projected to spend over 97 percent of our budget—well within our projections. This year the Board has absorbed additional costs due to retirement vacation payouts, the hiring of temporary staff, and overtime. We will watch our budget closely within the upcoming months nearing the end of the fiscal year.

Potential need for Fee Increases
Board staff have identified that there is a fiscal structural imbalance. While the population of our licensees has grown, our fee structure and staffing levels have stayed the same.

Staff has been working with the DCA Budgets Office to analyze the Board's fund condition. DCA Budgets staff will be present to discuss the fund condition, potential fee increases, and different scenarios to consider in the future. The goal is to maintain solvency while providing enough revenue to fund adequate resources for accomplishing the Board's goals and mandates. Without a healthy fiscal structural balance of revenue and expenditures this cannot be accomplished.

Enforcement/Licensing/Exams
Included in your Board materials are statistical reports for your review. Management and staff will be present at the Board meeting to answer any questions you have regarding these reports.

Enforcement staff recently attended DCA's weeklong Enforcement Training Academy. In addition, they independently attended a course on Investigative Techniques offered through Sacramento City College.

Disciplinary Actions – Since July 1, 2014, the Board has filed seven accusations with the Office of Administrative Hearings. During the same period the Board has adopted four decisions and two stipulated settlements.

Probation – The Board is currently monitoring 19 active probationers and eight tolled probationers. One probationer is out of compliance. Typically, once a violation is discovered, the Board takes action by collecting evidence to substantiate that a violation has occurred. Depending on the violation, the Board could issue a warning letter or refer the matter to the OAG for filing of an Accusation and Petition to Revoke Probation.

Licensing – Much of our attention has been focused on handling the Board's backlog in processing license applications. We have made great strides in the last four weeks reducing the timeframe from eight to six weeks. More importantly, we have made changes to how we process the applications, developed an improved system for tracking supporting documents, and how we accept transcripts from educational institutions and applicants.

Phone Tree – Based on surveys, feedback, and my own observation it is clear that our phone tree was a point of frustration. The message is too long and callers feel like the Board staff is not accessible. By April, we should have a new and improved phone tree and system. The message will be shorter and the system will improve accessibility to Board staff for callers.

Speech-Language Pathology (SLP) Practice Analysis – The Board is currently working with the Office of Professional Examination Services (OPES) to complete the work done in its SLP Practice Analysis by conducting a linkage study. This study will evaluate the areas of California practice tested by the Board and identify whether there are critical areas of California practice not covered by the PRAXIS Examination. At the completion of the study, OPES will submit a report to the Board with findings and recommendations.

Regulations Update
The Board is currently working on four regulatory packages. The following is a summary of the status of each package along with target completion and submission dates.

Hearing Aid Dispensers Continuing Education
- Submitted to Office of Administrative Law (OAL) on November 25, 2014
- Published on January 5, 2015
- 45 day comment period over on January 19, 2015
- Reviewing two comments received during the 45 day comment period
- Will need to go out for 15 day comment period for CE application addition (Form #, rev date)
- Target Filing Date is March 20, 2015
- Final Filing Date is November 25, 2015

Hearing Aid Dispensers Advertising
- Submitted Proposed Language, Notice and ISOR to legal counsel on December 23, 2014
- Documents returned with legal counsel's comments January 8 and 9, 2015
- Review legal counsel's comments and make changes by April 1, 2015

- Target submission date with OAL is April 17, 2015

Disciplinary Guidelines: Uniform Standards

- Disciplinary Guidelines last published in 1997 for Hearing Aid Dispensers and 2004 for Speech Language Pathologists and Audiologists
- Working on Notice and Initial Statement of Reasons (ISOR)
- Updated effective date on Guidelines from 2012 to 2016 and need to move rationale from language to Notice and ISOR.
- Future discussion with former legal counsel who worked on file for clarification
- Target submission date with OAL is May 2015

Speech Language Pathology Assistant

- Review Proposed Language and comments by April 1, 2015
- Need to Work on Proposed language, Notice and ISOR
- Submit Proposed Language, Notice and ISOR to legal counsel to review May 2015
- Target submission date with OAL is July 2015

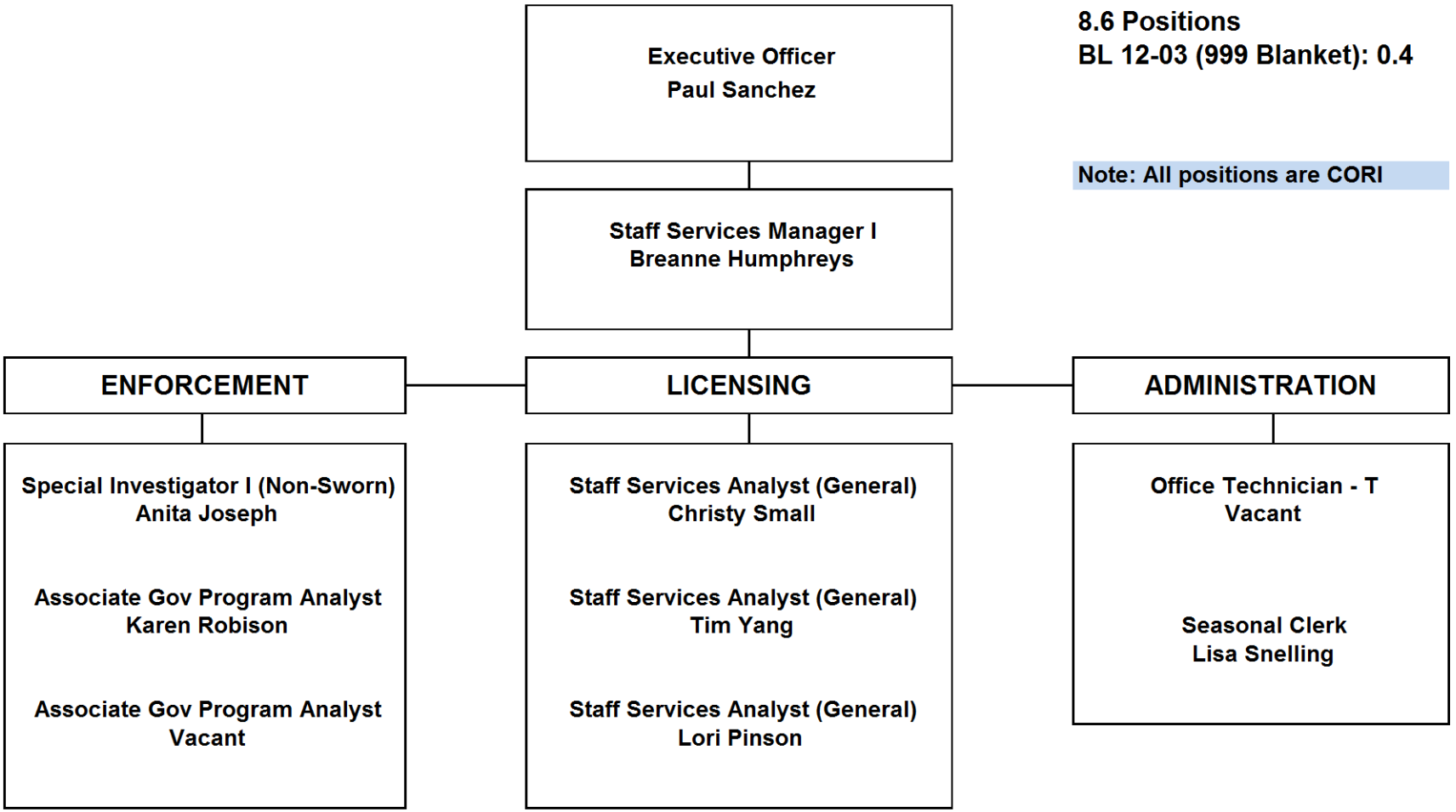
Practice Act

The Board recently published the 2015 Edition of the Board's Practice Act. The last published practice act was in 2007. In addition, Ms. Humphreys is creating direct links on the Board's website that will take users directly to the most current laws and regulations.

DEPARTMENT OF CONSUMER AFFAIRS
Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
January 1, 2015

FY 2014-15
8.6 Positions
BL 12-03 (999 Blanket): 0.4

Note: All positions are CORI



Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board - 0376
BUDGET REPORT
FY 2014-15 EXPENDITURE PROJECTION

FISCAL MONTH 7

OBJECT DESCRIPTION	FY 2013-14 ACTUAL EXPENDITURES (MONTH 13)	FY 2013-14 PRIOR YEAR EXPENDITURES 1/31/2014	FY 2014-15 BUDGET STONE 2014-15	FY 2014-15 CURRENT YEAR EXPENDITURES 1/31/2015	FY 2014-15 PERCENT SPENT	FY 2014-15 PROJECTIONS TO YEAR END	FY 2014-15 UNENCUMBERED BALANCE
PERSONNEL SERVICES							
Salary & Wages (Staff)	350,858	187,617	**432,132**	223,475	52%	**381,169**	50,963
Statutory Exempt (EO)	79,405	41,372	**81,732**	47,320	58%	**81,120**	612
Temp Help Reg (Seasonals)	3,316		**1,000**	41,712	4171%	**71,664**	(70,664)
Temp Help (Exam Proctors)	475	378		4,345		**5,000**	(5,000)
Board Member Per Diem			**5,854**		0%		5,854
Committee Members (DEC)	5,100	1,900		3,000		**5,000**	(5,000)
Overtime	12,235	5,078	**5,000**	14,765		**25,000**	(20,000)
Staff Benefits	182,185	96,225	**223,320**	130,886	59%	**227,408**	(4,088)
TOTALS, PERSONNEL SVC	**633,574**	**332,570**	**749,038**	**465,503**	**62%**	**796,361**	(47,323)
OPERATING EXPENSE AND EQUIPMENT							
General Expense	11,356	3,967	**42,541**	9,369	22%	**17,000**	25,541
Fingerprint Reports	13,696	7,277	**28,439**	9,518	33%	**14,500**	13,939
Minor Equipment	8,234	609	**3,050**	3,406		**3,406**	(356)
Printing	8,653	2,999	**24,393**	2,816	12%	**9,000**	15,393
Communication	5,043	1,739	**17,027**	1,310	8%	**5,200**	11,827
Postage	24,062	11,751	**23,340**	13,320	57%	**24,000**	(660)
Insurance			**144**	0	0%		144
Travel In State	16,196	3,360	**24,162**	13,699	57%	**18,550**	5,612
Travel, Out-of-State			**0**	0			0
Training			**5,802**	465	8%	**750**	5,052
Facilities Operations	60,083	64,161	**77,569**	63,059	81%	**64,303**	13,266
Utilities			**0**				0
C & P Services - Interdept.			**23,890**	0	0%		23,890
C & P Services - External	363	21,363	**0**	0			0
DEPARTMENTAL SERVICES:							
Departmental Pro Rata	171,051	94,594	**179,737**	134,802	75%	**179,737**	0
Admin/Exec	87,432	43,238	**94,578**	70,935	75%	**94,578**	0
Interagency Services			**29,093**		0%	**29,000**	93
IA w/ OPES	67,996	34,610	**60,000**	17,908		**60,000**	0
DOI-ProRata Internal	2,780	1,378	**2,961**	2,220	75%	**2,961**	0
Public Affairs Office	3,241	1,956	**2,888**	2,166	75%	**2,888**	0
CCED	35,893	18,688	**3,160**	2,370	75%	**3,160**	0
INTERAGENCY SERVICES:							
Consolidated Data Center	193	126	**8,932**	79	1%	**500**	8,432
DP Maintenance & Supply	3,902	2,626	**17,077**	2,901	17%	**4,000**	13,077
Central Admin Svc-ProRata	59,269	29,635	**79,026**	39,513	50%	**79,026**	0
EXAM EXPENSES:							0
Exam Supplies							0
Exam Freight							0
Exam Site Rental	2,232	2,232	**7,663**	2,158		**2,250**	5,413
C/P Svcs-External Expert Administrative	9,995	8,870	**23,455**	8,870		**10,000**	13,455
C/P Svcs-External Expert Examiners			**40,000**				40,000
C/P Svcs-External Subject Matter	40,079	18,860		26,743		**40,000**	(40,000)
ENFORCEMENT:							
Attorney General	84,005	36,099	**90,567**	65,362	72%	**127,049**	(36,482)
Office Admin. Hearings	16,021	8,020	**21,749**	12,767	59%	**25,000**	(3,251)
Court Reporters	1,202	394		679		**1,500**	(1,500)
Evidence/Witness Fees	19,153	6,000	**7,428**	4,750	64%	**15,000**	(7,572)
DOI - Investigations	214,031	105,002	**281,291**	210,969	75%	**281,291**	0
Major Equipment							0
Other - Clothing & Pers Supp							0
Special Items of Expense							0
Other (Vehicle Operations)			**0**				0
TOTALS, OE&E	966,161	529,554	**1,219,962**	722,154	59%	**1,114,649**	105,313
TOTAL EXPENSE	1,599,735	862,124	**1,969,000**	1,187,657	121%	**1,911,010**	57,990
Sched. Reimb. - Fingerprints	(16,635)	(6,027)	**(31,000)**	(7,595)	25%	**(26,000)**	(5,000)
Sched. Reimb. - Other	(5,415)	(2,350)	**(2,000)**	(2,350)	118%	**(2,000)**	0
Distributed							0
Unsched. Reimb. - Other	(32,613)	(26,106)		(4,965)			0
NET APPROPRIATION	1,545,072	827,641	**1,936,000**	1,172,747	61%	**1,883,010**	**52,990**
						SURPLUS/(DEFICIT):	**2.7%**

0376 - Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
Analysis of Fund Condition

Prepared 3/3/2015

2015-16 Gov Budget

		ACTUAL 2013-14	CY 2014-15	Gov Budget BY 2015-16	BY+1 2016-17	BY+2 2017-18	BY+3 2018-19	BY+4 2019-20
BEGINNING BALANCE		$ 780	$ 1,215	$ 1,317	$ 1,498	$ 1,191	$ 842	$ 449
Prior Year Adjustment		$ 16	$ -	$ -	$ -	$ -	$ -	$ -
Adjusted Beginning Balance		$ 796	$ 1,215	$ 1,317	$ 1,498	$ 1,191	$ 842	$ 449
REVENUES AND TRANSFERS								
Revenues:								
125600	Other regulatory fees	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25
125700	Other regulatory licenses and permits	$ 291	$ 311	$ 312	$ 312	$ 312	$ 312	$ 312
125800	Renewal fees	$ 1,332	$ 1,325	$ 1,383	$ 1,383	$ 1,383	$ 1,383	$ 1,383
125900	Delinquent fees	$ 18	$ 19	$ 19	$ 19	$ 19	$ 19	$ 19
141200	Sales of documents	$ 1	$ -	$ -	$ -	$ -	$ -	$ -
142500	Miscellaneous services to the public	$ -	$ -	$ -	$ -	$ -	$ -	$ -
150300	Income from surplus money investments	$ 2	$ 3	$ 3	$ 4	$ 3	$ 1	$ -
150500	Interest income from interfund loans	$ 3	$ 3	$ 3	$ -	$ -	$ -	$ -
160400	Sale of fixed assets	$ -	$ -	$ -	$ -	$ -	$ -	$ -
161000	Escheat of unclaimed checks and warrants	$ 1	$ 1	$ 1	$ 1	$ 1	$ 1	$ 1
161400	Miscellaneous revenues	$ 1	$ 1	$ 1	$ 1	$ 1	$ 1	$ 1
164300	Penalty Assessments	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Totals, Revenues		$ 1,674	$ 1,688	$ 1,747	$ 1,745	$ 1,744	$ 1,742	$ 1,741
Transfers from Other Funds								
Proposed FY 11-12 GF Loan Repay		$ 300	$ 400	$ 450	$ -	$ -	$ -	$ -
Transfer from Hearing Aid Dispensers								
Transfers to Other Funds								
GF loan per item 1110-011-0376 BA of 2011								
Totals, Revenues and Transfers		$ 1,974	$ 2,088	$ 2,197	$ 1,745	$ 1,744	$ 1,742	$ 1,741
Totals, Resources		$ 2,770	$ 3,303	$ 3,514	$ 3,243	$ 2,935	$ 2,584	$ 2,190
EXPENDITURES								
Disbursements:								
8880 Financial Information System for CA (State Operations)		$ 9	$ 2	$ 4				
0840 State Controller (State Operations)		$ -	$ -					
1110	Program Expenditures (State Operations) -	$ 1,546	$ 1,984	$ 2,012	$ 2,052	$ 2,093	$ 2,135	$ 2,178
1111	Program Expenditures (State Operations) -							
Total Disbursements		$ 1,555	$ 1,986	$ 2,016	$ 2,052	$ 2,093	$ 2,135	$ 2,178
FUND BALANCE								
Reserve for economic uncertainties		$ 1,215	$ 1,317	$ 1,498	$ 1,191	$ 842	$ 449	$ 12
Months in Reserve		7.3	7.8	8.8	6.8	4.7	2.5	0.1

0376 - Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
Analysis of Fund Condition

Prepared 3/3/2015

2015-16 Gov Budget
w/Fee Increase Scenario

		ACTUAL 2013-14	CY 2014-15	BY 2015-16	BY+1 2016-17	BY+2 2017-18	BY+3 2018-19	BY+4 2019-20
BEGINNING BALANCE		$ 780	$ 1,215	$ 1,317	$ 1,498	$ 1,191	$ 1,385	$ 1,564
Prior Year Adjustment		$ 16	$ -	$ -	$ -	$ -	$ -	$ -
Adjusted Beginning Balance		$ 796	$ 1,215	$ 1,317	$ 1,498	$ 1,191	$ 1,385	$ 1,564
REVENUES AND TRANSFERS								
Revenues:								
125600	Other regulatory fees	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25
	Letter of good standing fee increase $10 to $25					$ 8	$ 8	$ 8
125700	Other regulatory licenses and permits	$ 291	$ 311	$ 312	$ 312	$ 312	$ 312	$ 312
	App Fee Increase(SLP & AUD $60 to $150; SLP Asst $50 to $100)					$ 185	$ 193	$ 198
125800	Renewal fees	$ 1,332	$ 1,325	$ 1,383	$ 1,383	$ 1,383	$ 1,383	$ 1,383
	SLP & AUD $60 to $150; SLP Asst $75 to $100					$ 349	$ 367	$ 415
125900	Delinquent fees	$ 18	$ 19	$ 19	$ 19	$ 19	$ 19	$ 19
141200	Sales of documents	$ 1	$ -	$ -	$ -	$ -	$ -	$ -
142500	Miscellaneous services to the public	$ -	$ -	$ -	$ -	$ -	$ -	$ -
150300	Income from surplus money investments	$ 2	$ 3	$ 3	$ 4	$ 4	$ 5	$ 5
150500	Interest income from interfund loans	$ 3	$ 3	$ 3	$ -	$ -	$ -	$ -
160400	Sale of fixed assets	$ -	$ -	$ -	$ -	$ -	$ -	$ -
161000	Escheat of unclaimed checks and warrants	$ 1	$ 1	$ 1	$ 1	$ 1	$ 1	$ 1
161400	Miscellaneous revenues	$ 1	$ 1	$ 1	$ 1	$ 1	$ 1	$ 1
164300	Penalty Assessments	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Totals, Revenues		$ 1,674	$ 1,688	$ 1,747	$ 1,745	$ 2,287	$ 2,314	$ 2,367
Transfers from Other Funds								
Proposed FY 11-12 GF Loan Repay		$ 300	$ 400	$ 450	$ -	$ -	$ -	$ -
Transfer from Hearing Aid Dispensers								
Transfers to Other Funds								
GF loan per item 1110-011-0376 BA of 2011								
Totals, Revenues and Transfers		$ 1,974	$ 2,088	$ 2,197	$ 1,745	$ 2,287	$ 2,314	$ 2,367
Totals, Resources		$ 2,770	$ 3,303	$ 3,514	$ 3,243	$ 3,478	$ 3,699	$ 3,931
EXPENDITURES								
Disbursements:								
8880	Financial Information System for CA (State Operations)	$ 9	$ 2	$ 4				
0840	State Controller (State Operations)	$ -	$ -					
1110	Program Expenditures (State Operations) -	$ 1,546	$ 1,984	$ 2,012	$ 2,052	$ 2,093	$ 2,135	$ 2,178
1111	Program Expenditures (State Operations) -							
Total Disbursements		$ 1,555	$ 1,986	$ 2,016	$ 2,052	$ 2,093	$ 2,135	$ 2,178
FUND BALANCE								
Reserve for economic uncertainties		$ 1,215	$ 1,317	$ 1,498	$ 1,191	$ 1,385	$ 1,564	$ 1,753
Months in Reserve		7.3	7.8	8.8	6.8	7.8	8.6	9.5

0376 - Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
Analysis of Fund Condition

Prepared 3/3/2015

2015-16 Gov Budget
w/Fee Increase Scenario & Potential BCP

		ACTUAL 2013-14	CY 2014-15	Gov Budget BY 2015-16	BY+1 2016-17	BY+2 2017-18	BY+3 2018-19	BY+4 2019-20
BEGINNING BALANCE		$ 780	$ 1,215	$ 1,317	$ 1,498	$ 965	$ 957	$ 933
Prior Year Adjustment		$ 16	$ -	$ -	$ -	$ -	$ -	$ -
Adjusted Beginning Balance		$ 796	$ 1,215	$ 1,317	$ 1,498	$ 965	$ 957	$ 933
REVENUES AND TRANSFERS								
Revenues:								
125600	Other regulatory fees	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25	$ 25
	Letter of good standing fee increase $10 to $25					$ 8	$ 8	$ 8
125700	Other regulatory licenses and permits	$ 291	$ 311	$ 312	$ 312	$ 312	$ 312	$ 312
	App Fee Increase(SLP & AUD $60 to $150; SLP Asst $50 to $100)					$ 185	$ 193	$ 198
125800	Renewal fees	$ 1,332	$ 1,325	$ 1,383	$ 1,383	$ 1,383	$ 1,383	$ 1,383
	SLP & AUD $60 to $150; SLP Asst $75 to $100					$ 349	$ 367	$ 415
125900	Delinquent fees	$ 18	$ 19	$ 19	$ 19	$ 19	$ 19	$ 19
141200	Sales of documents	$ 1	$ -	$ -	$ -	$ -	$ -	$ -
142500	Miscellaneous services to the public	$ -	$ -	$ -	$ -	$ -	$ -	$ -
150300	Income from surplus money investments	$ 2	$ 3	$ 3	$ 3	$ 3	$ 3	$ 3
150500	Interest income from interfund loans	$ 3	$ 3	$ 3	$ -	$ -	$ -	$ -
160400	Sale of fixed assets	$ -	$ -	$ -	$ -	$ -	$ -	$ -
161000	Escheat of unclaimed checks and warrants	$ 1	$ 1	$ 1	$ 1	$ 1	$ 1	$ 1
161400	Miscellaneous revenues	$ 1	$ 1	$ 1	$ 1	$ 1	$ 1	$ 1
164300	Penalty Assessments	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Totals, Revenues		$ 1,674	$ 1,688	$ 1,747	$ 1,744	$ 2,286	$ 2,312	$ 2,365
Transfers from Other Funds								
Proposed FY 11-12 GF Loan Repay		$ 300	$ 400	$ 450	$ -	$ -	$ -	$ -
Transfer from Hearing Aid Dispensers								
Transfers to Other Funds								
GF loan per item 1110-011-0376 BA of 2011								
Totals, Revenues and Transfers		$ 1,974	$ 2,088	$ 2,197	$ 1,744	$ 2,286	$ 2,312	$ 2,365
Totals, Resources		$ 2,770	$ 3,303	$ 3,514	$ 3,242	$ 3,251	$ 3,269	$ 3,298
EXPENDITURES								
Disbursements:								
8880 Financial Information System for CA (State Operations)		$ 9	$ 2	$ 4				
0840 State Controller (State Operations)		$ -	$ -					
1110 Program Expenditures (State Operations) -		$ 1,546	$ 1,984	$ 2,012	$ 2,052	$ 2,093	$ 2,135	$ 2,178
1111 Program Expenditures (State Operations) -								
Potential BCP (2 OT's, 1 AGPA)					$ 225	$ 201	$ 201	$ 201
Total Disbursements		$ 1,555	$ 1,986	$ 2,016	$ 2,277	$ 2,294	$ 2,336	$ 2,379
FUND BALANCE								
Reserve for economic uncertainties		$ 1,215	$ 1,317	$ 1,498	$ 965	$ 957	$ 933	$ 919
Months in Reserve		7.3	7.8	7.9	5.0	4.9	4.7	4.6

Speech-Language Pathology Audiology Hearing Aid Dispensers Board

ENFORCEMENT STATISTICS

	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014		FISCAL YEAR 14-15 QTR 1-2	
COMPLAINTS AND CONVICTIONS	**HAD**	**SP/AU**	**HAD**	**SP/AU**	**HAD**	**SP/AU**
Complaints Received	71	28	86	41	21	22
Convictions Received	7	41	6	29	4	11
Average Days to Intake	1	2	2	2	4	27
Closed	103	87	104	69	37	14
Pending	111	29	100	30	90	53

Performance Measure 2: Average Days to Intake - Average cycle time from complaint received, to the date the complaint was assigned to an investigator. Target = 5 Days

	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014		FISCAL YEAR 14-15 QTR 1-2	
INVESTIGATIONS Desk	**HAD**	**SP/AU**	**HAD**	**SP/AU**	**HAD**	**SP/AU**
Assigned	98	69	91	68	25	31
Closed	91	80	84	63	26	14
Average Days to Complete	360	220	458	128	401	148
Pending	84	27	80	28	80	46

Performance Measure 3: Average Days to Complete Desk Investigations - Average cycle time from complaint receipt to closure of the investigation process. Target = 90 Days

	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014		FISCAL YEAR 14-15 QTR 1-2	
INVESTIGATONS Sworn	**HAD**	**SP/AU**	**HAD**	**SP/AU**	**HAD**	**SP/AU**
Assigned	25	0	12	5	1	0
Closed	6	6	20	5	11	0
Average Days to Complete	758	697	451	503	669	NA
Pending	27	1	19	2	9	2

Performance Measure 3: Average Days to Complete Sworn Investigations - Average cycle time from complaint receipt to closure of the investigation process. Target = 90 Days

	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014		FISCAL YEAR 14-15 QTR 1-2	
ALL TYPES OF INVESTIGATGIONS	**HAD**	**SP/AU**	**HAD**	**SP/AU**	**HAD**	**SP/AU**
Closed Without Discipline	94	77	93	60	20	11
Cycle Time - No Discipline	383	243	470	152	417	32

Speech-Language Pathology Audiology Hearing Aid Dispensers Board

ENFORCEMENT STATISTICS

	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014		FISCAL YEAR 14-15 QTR 1-2	
CITATIONS/Cease&Desist	**HAD**	**SP/AU**	**HAD**	**SP/AU**	**HAD**	**SP/AU**
Issued	6	3	7	3	0	5
Avg Days to Complete Cite	654	794	358	453	NA	1
Cease & Desist Letter	26	0	9	0	4	0

	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014		FISCAL YEAR 14-15 QTR 1-2	
ATTORNEY GENERAL	**HAD**	**SP/AU**	**HAD**	**SP/AU**	**HAD**	**SP/AU**
Initiated / Referred to the AG	4	9	6	9	9	3
Pending at the AG	12	12	9	13	17	13
Statement of Issues Filed	1	2	0	1	0	0
Accusations Filed	1	3	3	6	1	2
SOI Withdrawn, Dismissed, Declined	0	0	0	0	0	0
Acc Withdrawn, Dismissed, Declined	0	4	2	1	1	0
Closed Without Discipline	1	4	5	5	0	2
Average Days to Discipline	606	1013	703	617	NA	1486

Performance Measure 4: Average Days to Close a Discipline Case - Average cycle time from complaint receipt to the effective date of the disciplinary order.
Target = 540 Days

	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014		FISCAL YEAR 14-15 QTR 1-2	
ATTORNEY GENERAL TYPE OF PENALTIES	**HAD**	**SP/AU**	**HAD**	**SP/AU**	**HAD**	**SP/AU**
Probation		4	4			
Surrender of License		1	1	1		
Conditional License			1	3		
License Denied (SOI)	1				1	
Revocation-No Stay of Order				1		2
Petition for Modification of Probation				1		
Petition for Reinstatement Denied			1			

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

As of December 31, 2014

Licenses Issued

LICENSES ISSUED	FY10/11	FY11/12	FY12/13	FY13/14	FY14/15 Jul – Dec
AU	57	55	76	57	59
AUT	2	1	1	0	0
DAU	78	20	19	UA	UA
SLP	734	911	1056	974	533
SPT	1	0	0	0	0
SLPA	312	346	407	325	294
RPE'S	513	667	727	702	574
AIDES	52	44	51	40	28
CPD PROVIDERS	15	16	9	15	10
HAD Permanent	50	91	84	49	28
HAD Trainees	77	94	95	139	77
HAD Licensed in Another State	12	6	7	5	5
HAD Branch Office	205	192	132	282	215
TOTAL LICENSES ISSUED	**2108**	**2443**	**2664**	**2588**	**1823**

Licensing Population

POPULATION	FY10/11	FY11/12	FY12/13	FY13/14	FY14/15 As of 12/31/14
AU	622	595	609	UA	602
DAU	911	930	942	UA	973
Both License Types	1,533	1,525	1,551	1,555	1,575
AUT	0	0	0	0	0
SLP	11,349	12,020	12,696	13,285	13,497
SPT	0	0	0	0	0
SLPA	1,304	1,529	1,771	1,969	2,132
RPE'S	608	665	682	768	911
AIDES	215	181	120	119	127
HAD	932	938	946	913	881
HAD Trainees	83	97	95	145	152
HAD Licensed in Another State	12	6	9	8	10
HAD Branch Office	601	627	653	710	729
TOTAL LICENSEES	**18,170**	**19,113**	**20,074**	**19,472**	**20,014**

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

Hearing Aid Dispensers Practical Examination

Saturday, November 08, 2014

Candidate Type	# of Canididates	Passed	Percentages	Failed	Percentages
HA Applicants	10	9	90%	1	10%
AU Applicants	7	7	100%		0%
AU/RPE Applicants	1	1	100%		
AU/Aide Applicants					
Medical Doctor Applicants					
HA Trainee	19	14	74%	5	26%
AU Trainee	10	6	60%	4	40%
AU/RPE Trainee	1			1	100%
AU/Aide Trainee					
Medical Doctor Trainee					
HA Licensed in another State					
AU Licensed in another State					
AU/RPE Licensed in another State					
AU/Aide Licensed in another State					
Medical Doctor Licensed in another State					

	# of Canididates	Passed	Percentages	Failed	Percentages
TOTAL:	48	37	77%	11	23%

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

Hearing Aid Dispensers Practical Examination

Saturday, November 22, 2014

Candidate Type	# of Canididates	Passed	Percentages	Failed	Percentages
HA Applicants	13	2	15%	11	85%
AU Applicants	7	4	57%	3	43%
AU/RPE Applicants	3	1	33%	2	67%
AU/Aide Applicants					
Medical Doctor Applicants					
HA Trainee	18	12	67%	6	33%
AU Trainee	4	2	50%	2	50%
AU/RPE Trainee	5	4	80%	1	20%
AU/Aide Trainee					
Medical Doctor Trainee					
HA Licensed in another State					
AU Licensed in another State	1			1	100%
AU/RPE Licensed in another State					
AU/Aide Licensed in another State					
Medical Doctor Licensed in another State					

	# of Canididates	Passed	Percentages	Failed	Percentages
TOTAL:	51	25	49%	26	51%

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

STRATEGIC PLAN DEVELOPMENT ROADMAP

Average Time to Complete Each Phase

Preliminary Meeting & Set-up	Environmental Scan	Board Meeting Planning Session	Create & Finalize Plan	Action Planning
1 Week	8 Weeks	2 Weeks	5 Weeks	2 Weeks
• Preliminary meeting with client	• Conduct focus group with staff	• Create facilitation plan	• SOLID drafts plan	• Prioritize objectives
• Introduce facilitators	• Survey stakeholders	• Conduct planning session	• Review plan with client and make adjustments	• Establish timeframes
• Set schedule and decide dates	• Conduct Board member interviews	• Review accomplishments	• Board approval or adoption	• Determine metrics
• Decide roles	• Executive Officer interview	• Revisit vision	• Post plan to website	• Assign responsibilities
• Define process	• Compile and analyze data	• Revisit mission		• Draft action plan
• Create customized development plan for client	• Review findings with client	• Revisit values		• Review plan with client and make adjustments
		• Review environmental scan results		
		• Establish goals and objectives		

solid
planning solutions

Facilitator Biographies

Dennis Zanchi
Since joining the SOLID team in 2013, Dennis has conducted focus groups for the Department of Justice as well as DCA boards and bureaus. Dennis has worked on strategic plans for Psychology, BPELSG and Optometry. Prior to DCA, Dennis worked with colleges nationwide facilitating interactive sessions on a variety of education-related topics, including sessions designed to draw out opinions, build consensus, and guide groups to discover new solutions. He helped college administrators build a better framework for understanding student loan default prevention, financial literacy, and student retention. He also develops evaluation measurement methods to quantify the success of various initiatives. Prior to working with colleges, Dennis worked with credit unions nationwide to develop consumer research and marketing plans. He is a graduate of CSU, Sacramento.

Elisa Chohan
Elisa Chohan joined the SOLID team in 2013. Since then, Elisa has partnered with the Board of Registered Nursing, the Bureau of Real Estate Appraisers, the Cemetery and Funeral Bureau, the Court Reporters Board and the Structural Pest Control Board to develop their organization's strategic plans. Elisa came directly from the Bureau of Automotive Repair (BAR) Technical Training Unit. At BAR, Elisa was responsible for the implementation of new processes as well as the creation of new curricula with a focus on adult learning theory and collaborative learning strategies. Prior to starting her career in state service, Elisa was a high school teacher in the Sacramento area, where she worked to develop accreditation plans and process improvement measures to increase institutional efficiency. She has extensive experience with classroom management and developed strategies for behavioral and learning challenges. Elisa graduated from University of California, Davis with a B.A. in History and earned her Masters of Education degree in 2012 from Sacramento State University.

Noel Cornelia
Noel brings over 10 years of experience providing innovative ideas for graphic facilitation of strategic planning sessions in the areas of project management, administration, construction, engineering, and employee recognition. Noel leads participants in the areas of team building, strategic visioning, process improvement, planning, conflict resolution, SWOT, brainstorming, reflection, mission statements, and storyboarding. Noel is the State of California's leading expert in Graphic Recording and Graphic Facilitation training and consulting. She is a Certified True Colors instructor whose sole clients were executives and managers. Noel is a consultant for a dynamic government firm, local universities, private sector businesses, and educators seeking to engage audiences visually. Recently, Noel created the first comprehensive academy for visual communication exclusively for the public sector to build teams and strengthen California's leaders. Noel graduated from CSU, Sacramento, is pursuing graduate studies in Art Therapy, and has been a small business owner for over 14 years.

Ted Evans
Ted Joined SOLID in 2014. At DCA he has developed strategic plans for the Architects Board and the Bureau of Security and Investigative Services. Ted previously worked as a Systems Engineer on the new product implementation team at Meridian Systems. While at Meridian, he created deployment plans, training coursework, knowledge base documentation, and testing metrics. Additionally, he created process maps to support and train clients in their transition to new software. Ted also brings over 15 years of operational management expertise, specializing in process improvement. He developed and implemented successful strategic plans and operations analysis for technology service providers and high-volume restaurant/entertainment facilities. Ted has degrees in Information Technology and Physical Science/Mathematics, and a Bachelor of Science from CSU, Sacramento in Business Administration with a concentration in Human Resources & Organizational Behavior.

From: Amnon Shalev [mailto:amnonshalev@sbcglobal.net]
Sent: Thursday, February 26, 2015 5:55 PM
To: Sanchez, Paul@DCA
Subject: Sb 1326 comments for the agenda meeting 3/11/2015

Hi Paul,
I don't want the board to spend too much time on this item because I believe it is clear to determine from the attached document that the tolling requirement applies to repairs that are not only through the initial 45 days but throughout the entire repair warranty (maybe a few years).

If this is the finding of the board and its legal staff, the board can either decide to publish clarifications to the providers or initiate an action to clean the section. If the board finds that this matter does not require any action then it is the end of the issue.

1795.6. (a) (1) Except as provided in paragraph (2) warranty period relating to an implied or express warranty accompanying a sale or consignment for sale of consumer goods selling for fifty dollars ($50) or more shall automatically be tolled for the period from the date upon which the buyer either (1) delivers nonconforming goods to the manufacturer or seller for warranty repairs or service or (2),pursuant to subdivision (c) of Section 1793.2 or Section 1793.22,notifies the manufacturer or seller of the nonconformity of the goods up to, and including, the date upon which (1) the repaired or serviced goods are delivered to the buyer, (2) the buyer is notified the goods are repaired or serviced and are available for the buyer's possession or (3) the buyer is notified that repairs or service is completed, if repairs or service is made at the buyer's residence.

(2) With respect to hearing aids, the warranty period shall resume on the date upon which (1) the repaired or serviced hearing aid is delivered to the buyer or (2) five days after the buyer is notified the hearing aid is repaired or serviced and is available for the buyer's possession, whichever is earlier.

(b) Notwithstanding the date or conditions set for the expiration of the warranty period, such warranty period shall not be deemed expired if either or both of the following situations occur: (1)after the buyer has satisfied the requirements of subdivision (a), the warranty repairs or service has not been performed due to delays caused by circumstances beyond the control of the buyer or (2) the warranty repairs or service performed upon the nonconforming goods did not remedy the nonconformity for which such repairs or service was performed and the buyer notified the manufacturer or seller of this failure within 60 days after the repairs or service was completed. When the warranty repairs or service has been performed so as to remedy the nonconformity, the warranty period shall expire in accordance with its terms, including any extension to the warranty period for warranty repairs or service.

(c) For purposes of this section only, "manufacturer" includes the manufacturer's service or repair facility.

(d) (1) Except as provided in paragraph (2), every manufacturer or seller of consumer goods selling for fifty dollars ($50) or more shall provide a receipt to the buyer showing the date of purchase.
Every manufacturer or seller performing warranty repairs or service on the goods shall provide to the buyer a work order or receipt with the date of return and either the date the buyer was notified that the goods were

repaired or serviced or, where applicable, the date the goods were shipped or delivered to the buyer.

(2) With respect to hearing aids, the seller, after receiving the hearing aid for warranty repairs or service, shall also provide at the time of delivery to the buyer a work order or receipt with the following: (1) the date the warranty period resumes and (2) the revised expiration date of the warranty, as adjusted to reflect the suspension of the warranty period provided under this section.

My comment: "... under this section." means under section 1795.6 and not section 1793.02 which deals with the 45 day return policy.

amnon

Audiology Aide Definition: Business and Professions Code 2530.2 (m)
(m) "Audiology aide" means any person meeting the minimum requirements established by the board. An audiology aide may not perform any function that constitutes the practice of audiology unless he or she is under the supervision of an audiologist. The board may by regulation exempt certain functions performed by an industrial audiology aide from supervision provided that his or her employer has established a set of procedures or protocols that the aide shall follow in performing these functions.

Business and Professions Code 2538.22 Applicability of article to physician, surgeon, or audiologist not engaged in the sale of hearing aids
This article does not apply to nor affect any physician and surgeon licensed under Chapter 5 (commencing with Section 2000) of Division 2 who does not directly or indirectly engage in the sale or offering for sale of hearing aids, nor to any audiologist licensed under this chapter, or to an individual supervised by the audiologist in conducting fitting procedures, and who does not directly or indirectly engage in the sale or offering for sale of hearing aids.

Proposed Changes:
Title 16 Division 13.4
Article 5. Speech-Language Pathology & Audiology Aides

1399.154. Definitions.
As used in this article, the term:
(a) "Speech-language pathology aide" means a person who
(1) assists or facilitates while a speech-language pathologist is evaluating the speech and/or language of individuals or is treating individuals with a speech-language and/or language disorder and
(2) is registered by the supervisor with the board and the registration is approved by the board.
(b) "Audiology aide" means a person who
(1) assists or facilitates while an audiologist is evaluating the hearing or vestibular function of individuals and/or is treating individuals with hearing or balance disorders, and
(2) is registered by the supervisor with the board and the registration is approved by the board.
(c) "Supervisor" means a licensed speech-language pathologist who supervises a speech-language pathology aide or a licensed audiologist who supervises an audiology aide.
(d) "Industrial audiology aide" means an audiology aide who conducts pure tone air conduction threshold audiograms for the purpose of industrial hearing testing in addition to other acts and services as provided in these regulations.

1399.154.1. Registration of Aides.
Before allowing an aide to assist in the practice of speech-language pathology or audiology under his or her supervision, a supervisor shall register each aide with the board on a form provided by the board and pay the registration fee required in Section 1399.157. Regardless of their title or job classification, any support person who functions as a speech-language pathology or audiology aide and facilitates or assists a supervisor in evaluations or treatment shall be registered with the board. In the application for registration, the supervisor shall provide to the board his or her proposed plan for supervising and training the speech-language pathology or audiology aide. The proposed plan for training shall be in accordance with Section 1399.154.4 and shall include the supervisor's training methods, the necessary minimum competency level of the aide, the manner in which the aide's competency will be assessed, the persons responsible for training, a summary of any past education, training and experience the aide may have already undertaken, and the length of the training program and assessment of the aide's competency level. The board shall review the application for compliance with the requirements of this article and notify the supervisor of its disposition of the application for registration and whether further information is required in order to complete its review.

NOTE: Authority cited: Section 2531.25, Business and Professions Code. Reference: Sections 2530.2, 2530.6 and 2532.4, Business and Professions Code.

1399.154.1.1 Supervision of Audiology Aide.

For the purposes of the supervision of an audiology aide, the following supervision terms shall apply:

(a) "Direct supervision" means on-site observation and guidance by the audiology supervisor while the audiology aide is treating a patient or client. Direct supervision performed by the supervising audiologist may include, but is not limited to, the following: observation of a portion of the testing or treatment procedures performed by the audiology aide, coaching the audiology aide, and modeling for the aide.

(b) "Indirect supervision" means the supervising audiologist is not at the same facility or in close proximity to the audiology aide, but is available to provide supervision by telephonic or electronic means. Indirect supervision activities performed by the supervising audiologist may include, but are not limited to, demonstration, record review, review and evaluation of recorded sessions, interactive television, and supervisory conferences that may be conducted by telephone or electronic mail. Indirect supervision may be provided to an industrial audiology aide, if all of the following conditions are met:

(1) An alternative plan of supervision has been approved by the board.

(2) The supervisor includes the proposed plan with his or her application form.

(3) The only activity the industrial audiology aide performs outside the physical presence of the supervisor is pure tone air conduction threshold audiograms.

(4) Following the completion of any pure tone air conduction threshold audiograms, the supervisor reviews the patient histories and the audiograms and make any necessary referrals for evaluation and treatment.

(c) "Immediate supervision" means the supervising audiologist is physically present during services provided to the patient or client by the audiology aide.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

1399.154.2. Responsibilities of Speech-Language Pathology Aide's Supervisor.

A supervisor of a speech-language pathology ~~or audiology~~ aide shall:

(a) Have legal responsibility for the health, safety and welfare of the patients.

(b) Have legal responsibility for the acts and services provided by the speech-language pathology ~~or audiology~~ aide, including compliance with the provisions of the Act and these regulations.

(c) Be physically present while the speech-language pathology ~~or audiology~~ aide is assisting with patients, unless an alternative plan of supervision has been approved by the board. ~~A supervisor of industrial audiology aides shall include a proposed plan for alternative supervision with the application form. An industrial audiology aide may only be authorized to conduct puretone air conduction threshold audiograms when performing outside the physical presence of a supervisor. The supervisor shall review the patient histories and the audiograms and make any necessary referrals for evaluation and treatment.~~

(d) Evaluate, treat, manage and determine the future dispositions of patients.

(e) Appropriately train the speech-language pathology ~~or audiology~~ aide to perform duties to effectively assist in evaluation and/or treatment. A supervisor shall establish and complete a training program for a speech-language pathology ~~or audiology~~ aide in accordance with Section 1399.154.4 which is unique to the duties of the aide and the setting in which he or she will be assisting the supervisor.

(f) Define the services which may be provided by the speech-language pathology ~~or audiology~~ aide. Those services shall not exceed the competency of the aide as determined by his or her education, training and experience, and shall not include any treatment beyond the plan established by the supervisor for the patient.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

1399.154.25. Responsibilities of Audiology Aide's Supervisor.

A supervisor of an audiology aide shall:

(a) Have legal responsibility for the health, safety and welfare of the patients.

(b) Have legal responsibility for the acts and services provided by the audiology aide, including compliance with the provisions of the Act and these regulations.

(c) Provide the appropriate level of supervision to the audiology aide when he or she is engaged in direct client or patient care or assisting with patients.

(d) Evaluate, treat, manage and determine the future dispositions of patients.

(e) Appropriately train the audiology aide to perform duties to effectively assist in evaluation and/or treatment. A supervisor shall establish and complete a training program for the audiology aide in accordance with Section 1399.154.4 which is unique to the duties of the aide and the setting in which he or she will be assisting the supervisor.

(f) Define the services that may be provided by the audiology aide in the supervision plan for the particular aide and setting, in keeping with Board requirements (Section 1399.154.1), and list those tasks that an aide will not conduct (Section 1399.154.8).

(g) Ensure that the audiology aide is wearing a nametag, at all times while working, with their name and registration status displayed in at least 18-point type.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

1399.154.3. Maximum Number of Aides.

A supervisor shall not supervise more than three (3) speech-language pathology or audiology aides. The board may authorize more than three supervisees if, in its discretion, the supervisor demonstrates that the public health and safety would not be jeopardized and that he or she can adequately supervise more than three aides.

1399.154.4. Training of Aides.

Before a speech-language pathologist or audiologist allows an aide to assist in the practice of speech-language pathology or audiology under his or her supervision, a speech-language pathology or audiology aide shall complete a training program established by the supervisor. The training program shall include, but is not limited to:

(a) Instruction in the skills necessary to perform any acts or services which are the practice of speech-language pathology or audiology as defined in Section 2530.2 of the code. The supervisor is not required to repeat any training which may have already been received by the aide because of any prior education, training and experience.

(b) A supervisor shall require a speech-language pathology or audiology aide to demonstrate his or her competence to perform any acts or provide any services which are the practice of speech-language pathology or audiology as defined in Section 2530.2 of the code which may be assigned to the aide or which the aide may provide to patients. A supervisor shall allow a speech-language pathology or audiology aide only to perform those acts or to provide those services for which he or she has been provided training and has demonstrated competency.

(c) A supervisor shall instruct a speech-language pathology or audiology aide as to the limitations imposed upon his or her duties, acts or services by these regulations, by his or her training and skills and by the evaluation and treatment plan for any patient.

(d) In addition to the requirements of this section, an industrial audiology aide shall be provided training in the use of an audiometer and in the necessary techniques for obtaining valid and reliable audiograms.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

1399.154.5. Notice of Termination.

Within 30 days after the termination of the supervision of a speech-language pathology or audiology aide, the supervisor shall notify the board, in writing, of such termination and the date thereof.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and professions Code.

1399.154.6. Noncompliance With Article.

Failure of a supervising licensee to comply with the provisions of this article may result in a forfeiture of the privilege to supervise an aide.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2530.6, Business and Professions Code.

1399.154.7. Aide Experience Not Applicable to Qualifications for Licensure.

Any experience obtained acting as a speech-language pathology or audiology aide shall not be creditable toward the supervised clinical experience required in Section 2532.2(c) of the code or the required professional experience required in Section 2532.2(d) of the code.

1399.154.8. Activities, Duties, and Functions Outside the Scope of Responsibility of an Audiology Aide

(a) An audiology aide may not perform any of the following functions:
(1) Conduct diagnostic evaluations;
(2) Interpret diagnostic data;
(3) Alter treatment plans;
(4) Provide counseling or advice to a client or a client's parent or guardian which is beyond the scope of the client's treatment;
(5) Sign any documents in lieu of the supervising audiologist i.e., treatment plans, client reimbursement forms, or formal reports;
(6) Discharge clients from services;
(7) Make referrals for additional services outside the audiology practice;
(8) Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervising audiologist;
(9) Represent himself or herself as an audiologist;
~~(10) Fit or sell a hearing aid without possessing a valid hearing aid dispensers license or a valid hearing aid trainee license;~~
(10) Independently adjust hearing aids or cochlear implant settings;
(11) Perform those procedures that require a high level of clinical acumen and technical skill, e.g.,diagnostic VNG, ENG, ABR interpretation;
(12) Perform any task without the express knowledge and approval of a supervising audiologist, or
(13) Violate HIPPA regulations/laws/requirements

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
CALENDAR - FISCAL YEAR 2014/2015

Rev.12/2014

Month	Date	Description
November 2014	27/28	State Holiday – Office Closed – Thanksgiving Holiday
December 2014	25	State Holiday – Office Closed - Christmas Day
January 2015	1 19	State Holiday – Office Closed – New Year's Day State Holiday – Office Closed – Martin Luther King Jr. Day
February 2015	16	State Holiday – Office Closed – Presidents Day
March 2015	5-8 11 25-28 31	CSHA Convention – Long Beach Board & Committee Meetings – Sacramento AAA Convention – San Antonio, TX State Holiday – Office Closed – Caesar Chavez Day
April 2015		
May 2015	1-2 25	HHP Convention – South Lake Tahoe State Holiday – Office Closed – Memorial Day
June 2015	11-12 or 18-19	Board & Committee Meetings – TBD, Southern California?

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
CALENDAR - FISCAL YEAR 2015/2016

Rev.12/2014

Month	Date	Description
July 2015	4	State Holiday – Saturday – Independence Day
August 2015	12-14	Board & Committee Meeting and Strategic Planning – Location TBD
September 2015	7	State Holiday – Office Closed – Labor Day
October 2015		
November 2015	4-5/5-6 11 12-14 26/27	Board & Committee Meeting - TBD State Holiday – Office Closed – Veteran's Day ASHA Convention - Colorado State Holiday – Office Closed – Thanksgiving Holiday
December 2015	25	State Holiday – Office Closed - Christmas Day
January 2016	1 18	State Holiday – Office Closed – New Year's Day State Holiday – Office Closed – Martin Luther King Jr. Day
February 2016	11-12 15	Board & Committee Meeting - TBD State Holiday – Office Closed – Presidents Day
March 2016	31	State Holiday – Office Closed – Caesar Chavez Day
April 2016	13-16	AAA Convention - Phoenix, AZ
May 2016	11-12 TBD 30	Board & Committee Meeting - TBD HHP Convention - TBD State Holiday – Office Closed – Memorial Day

June 2016		