

**TITLE 16. SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY  
AND HEARING AID DISPENSERS BOARD  
DEPARTMENT OF CONSUMER AFFAIRS**

**INITIAL STATEMENT OF REASONS**

**Hearing Date**

No public hearing has been scheduled for this proposed regulatory action.

**Subject Matter of Proposed Regulations**

Audiology Supervised Clinical Experience

**Section Affected**

Amend section 1399.152.2 of Article 3 of Division 13.4 of Title 16, California Code of Regulations (CCR).<sup>1</sup>

**Background and Statement of the Problem**

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) is a state agency vested with the authority to license, regulate, and discipline within the practices of speech-language pathology, audiology, and hearing aid dispensing in accordance with the Speech-Language Pathologists and Audiologists and Hearing Aid Dispensers Licensure Act (commencing with section 2530 of Division 2 of the Business and Professions Code (BPC)) (Practice Act). As part of the Board's mandate and mission to protect the public, the Board oversees approximately 38,000 licensed or registered speech-language pathologists, speech-language pathology assistants, speech-language pathology aides, audiologists, dispensing audiologists, audiology aides, hearing aid dispensers, hearing aid dispenser trainees, temporary hearing aid dispensers, and continuing professional development providers.

Existing law under BPC section 2531.95 authorizes the Board to establish necessary rules and regulations for enforcement of the Practice Act and the laws subject to its jurisdiction. With this rulemaking, the Board seeks to amend regulation to clarify the supervised clinical experience requirements for applicants of a speech-language pathology and audiology license, add licensing dispensing audiologist to the list of those who can provide supervision of audiology clinical experience, and clarify the terms "supervised clinical practice" or "clinical practice" as used in Sections 2532.2 and 2532.25 of the Code.<sup>2</sup>

There is no existing federal regulation or statute comparable to this proposed

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<sup>1</sup> All CCR references are to Title 16 unless otherwise noted

<sup>2</sup> As used herein, the terms "supervised clinical practice," "clinical practice," "supervised clinical experience," and "clinical experience" are synonymous and used interchangeably, consistent with BPC sections 2532.2 and 2532.25 and CCR section 1399.152.2.

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Applicants seeking licensure as an audiologist must “[s]ubmit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and audiological disorders” (BPC sections 2532.2 (b)(1) and 2532.25 (b)(1)). Prior to 2009, the entry level licensing requirements for audiologists was at least a master’s degree, although applicants were not precluded from earning the more advanced doctoral degree in audiology. Before and after the entry level licensing requirements for audiologists was changed, BPC section 2532.2 requires the Board to establish by regulation the required number of clock hours of supervised clinical practice necessary for audiology applicants. CCR section 1399.152.2 make specific BPC section 2532.2 by stating the number of clock hours of supervised clinical experience required for licensure as an audiologist.

In 2009, the Legislature passed Senate Bill (SB) 821 (Committee on Business, Professions and Economic Development; Chapter 307, Statutes of 2009) changing the entry level licensing requirements for audiologists from at least a master’s degree to a doctoral degree to reflect updated industry and educational standards. As a result, BPC section 2532.25 was adopted, which applies to applicants who graduated from an approved educational institution on or after January 1, 2008, and BPC section 2532.2 was amended to apply to applicants who graduated from an approved educational institution on or before December 31, 2007. Similar to BPC section 2532.2, BPC section 2532.25 requires the Board to establish by regulation the required number of clock hours of supervised clinical practice necessary for an applicant seeking licensure as an audiologist. However, regulations were not promulgated to specifically state the number of clock hours of supervised clinical practice required for audiology licensure applicants who have completed an audiology doctoral program due to limited staff resources.

Following discussions of the Board’s Audiology Practice Committee, the Board at its meeting on December 1, 2023 concluded that it remained appropriate to require applicants who completed an audiology doctoral program on or after January 1, 2008 to complete three hundred (300) clock hours of supervised clinical practice, the same number of clock hours required for applicants who completed at least a master’s degree on or before December 31, 2007.

### **Anticipated Benefits from this Regulatory Action**

The Board has determined that this regulatory proposal will have the following benefits to the health and welfare of California residents:

This regulatory proposal will affect the health and welfare of California residents. California residents will benefit from audiologists who are adequately prepared to treat the public under current industry standards. Businesses and individuals will also benefit from increased clarity of the Board’s audiology licensing requirements.

This regulatory proposal does not affect worker safety because this regulatory proposal

clarifies current licensing requirements and does not involve worker safety.

This regulatory proposal does not affect the state's environment because this regulatory proposal clarifies current licensing requirements and does not concern or impact the State's environment.

### **Specific Purpose of, and Rationale for, Each Adoption, Amendment, or Repeal**

This proposal will amend CCR section 1399.152.2 as follows:

#### **1. Adopt subsection (a)**

- A. **Purpose:** This proposal adds a subsection, subsection (a), that directly references BPC sections 2532.2 and 2532.25 by stating “supervised clinical experience,” “clinical experience” or “clinical practicum” shall have the same meaning and effect as the terms “supervised clinical practice” or “clinical practice” as used in those sections of the BPC.
- B. **Rationale:** Directly cross-referencing BPC sections 2532.2 and 2532.25 is necessary to align CCR section 1399.152.2 with BPC sections 2532.2 and 2532.25 following the passage of SB 821. In addition, cross-referencing BPC sections 2532.2 and 2532.25 make clear where the requirements for supervised clinical experience derive. BPC section 2532.2 applies to licensure applicants who must possess at least a master's degree in audiology before December 31, 2007, while BPC section 2532.25 applies to applicants who possess a doctorate in audiology on or after January 1, 2008.

This subsection also adds text to make clear that, though BPC sections 2532.2 and 2532.25 use the terms “supervised clinical practice” or “clinical practice,” other terms are also used interchangeably or synonymously. From the Board's experience, the terms “supervised clinical practice” or “clinical practice” are not commonly used by educational institutions and professional organizations affiliated with those licensed by the Board, and, instead, other terms, such as “supervised clinical experience,” “clinical experience” and “clinical practicum,” are more widely used to have the same meaning and effect. Including commonly used variations of the terms “supervised clinical practice” and “clinical practice” will eliminate confusion by alerting the reader to different terms being used by educational institutions and professional organizations affiliated with those licensed by the Board to refer to the same licensing requirements.

#### **2. Amend subsection (a) and re-letter to subsection (b)**

- A. **Purpose:** This proposal re-letters subsection (a) to subsection (b). This proposal also amends this subsection by deleting cross reference to BPC section 2532.2, subdivision (c) and creating separate subparagraphs containing pre-existing text. Subparagraph (1) is added and contains pre-existing text that specifies who can supervise clinical experience in the practice of speech-language pathology.

Subparagraph (2) is added and contains pre-existing text that specifies who can supervise clinical experience in the practice of audiology and is amended to add a “licensed dispensing audiologist” as someone who can provide said supervision. Subparagraph (3) is added and contains pre-existing text defining “qualifications deemed equivalent by the Board,” and is amended to replace the phrase “includes” with the phrase “as used in this Section means.”

- B. Rationale: This subsection is re-lettered to keep consistency and to maintain the organizational structure of the regulatory text following the adoption of subsection (a) as part of this regulatory proposal, as discussed in paragraph 1.

Cross reference to BPC section 2532.2, subdivision (c) is removed and moved to subsection (a) to improve readability.

Creating three separate paragraphs consisting of the pre-existing text that was contained in subsection (a) improves readability.

Paragraph (2) is amended to add a “licensed dispensing audiologist” as someone who can provide said supervision because licensed dispensing audiologists are statutorily authorized to practice in the field of audiology pursuant to BPC sections 2530.2(l) and 2539.1.

Paragraph (3) is amended to replace the word “includes” with the phrase “as used in this section means” to make clear that this sentence is defining the phrase “Qualifications deemed equivalent by the Board” and not merely providing examples of what falls under that phrase.

### **3. Amend subsection (b) and re-lettered to subsection (c)**

- A. Purpose: This proposal re-letters subsection (b) to become subsection (c). This proposal also amends this subsection to begin with the phrase “A total of.”
- B. Rationale: This subsection is re-lettered to keep consistency and to maintain the organizational structure of the regulatory text following the adoption of subsection (a) as part of this regulatory proposal, as discussed in paragraph 1.

Adding the phrase, “a total of,” to this subsection improves readability and aligns with the writing style used in this proposed rulemaking, specifically in subsections (d) (formerly subsection (c)), (e), and (f) being adopted as part of this regulatory proposal, as discussed in paragraphs 4 and 6.

### **4. Amend subsection (c) and re-letter to subsection (d)**

- A. Purpose: This proposal re-letters subsection (c) to subsection (d). This proposal also amends this subsection to begin with the phrase “A total of,” replace the word “in” with the word “across” in front of the phrase “three (3) different clinical settings,” remove reference to audiology applicants, and replace the phrase “after

December 31, 1992” with “on or after January 1, 1993.”

- B. Rationale: This subsection is re-lettered to keep consistency and to maintain the organizational structure of the regulatory text following the adoption of subsection (a) as part of this regulatory proposal, as discussed in paragraph 1.

Amending the language of this subsection is necessary to increase clarity of the licensing requirements because the Board understands this requirement to mean three hundred (300) total clinical clock hours from three (3) different clinical settings, and not three hundred (300) clinical clock hours in each of the three (3) different clinical settings. Without the phrase “a total of” and the word “across,” applicants may misunderstand and think they must complete three hundred clinical clock hours in each of the three different clinical settings.

Audiology applicants are removed from this subsection so that this subsection will only apply to speech-language pathology applicants because the entry level licensing requirements for audiologists changed as a result of SB 821, making it necessary to address each licensing type separately in regulation. This proposed rulemaking will adopt subsection (e), which specifies the number of clock hours of supervised clinical practice for audiology applicants prior to the passing of SB 821, and will adopt subsection (f), which specifies the number of clock hours of supervised clinical practice for audiology applicants after the passing of SB 821.

This proposal replaces the phrase “after December 31, 1992” with “on or after January 1, 1993” to ensure clarity as to the applicable timeframe and to maintain consistency in writing style used throughout the regulatory text.

## 5. Adopt subsections (e)

- A. Purpose: This proposal adds a subsection (e) that specifies the total number of clock hours of supervised clinical experience required for applicants who completed an audiology graduate program on or after January 1, 1993 is three hundred (300) clinical clock hours across three (3) different clinical settings.
- B. Rationale: Adding this subsection is necessary to make the supervised clinical experience requirements easier to understand and to clearly identify the entry level licensing requirements for audiologists from the entry level licensing requirements of speech-language pathology. As previously stated in paragraph 4, audiology applicants were removed from subsection (d) (formerly subsection (c)) because the entry level licensing requirements for audiologists changed due to SB 821. This proposed regulatory change moves the number of clock hours and clinical settings required of audiology applicants on or after January 1, 1993 from subsection (d) (formerly subsection (c)) to this subsection without making substantive changes to those requirements, which is three hundred (300) clock hours across three (3) different clinical settings. Based on discussions by the Audiology Practice Committee on February 24, 2023, the Board concluded that

three hundred (300) clock hours remains acceptable for applicants who possess a doctorate in audiology on or after January 1, 2008 as required by BPC section 2532.25.

Stating requirements for audiology applicants in its own subsection also improves readability and will make accommodating future amendments easier in the event the Board ever deems it necessary to change the required clock hours for licensed audiologists.

#### **6. Re-letter subsection (d) to subsection (f)**

- A. Purpose: This proposal re-letters subsection (d) to subsection (f) and re-letters the reference to subsection (a) to subsection (b).
- B. Rationale: Re-lettering this subsection and the reference subsection are necessary to maintain consistency and the organizational structure of the regulatory text following the adoption of subsections (a), (e), and (f) as part of this regulatory proposal, as discussed in paragraphs 1 and 5.

#### **7. Amend the Note**

- A. Purpose: This proposal amends the reference of the note to include BPC section 2532.25.
- B. Rationale: The addition of BPC section 2532.25 to the reference is necessary to reflect statutory changes to the Practice Act. BPC section 2532.25, which was adopted after the passing of SB 821, changed the entry level licensing requirements for audiologists from at least a master's degree to a doctoral degree.

#### **Underlying Data**

1. Bill Analysis for SB 821 as amended on April 16, 2009
2. July 2019 Board Meeting Agenda, relevant materials, and Minutes
3. October 2019 Audiology Practice Committee Meeting Agenda, relevant materials, and Minutes
4. February 2020 Audiology Practice Committee Meeting Agenda, relevant materials, and Minutes
5. June 2020 Board Meeting Agenda, relevant materials, and Minutes
6. September 2020 Audiology Practice Committee Meeting Agenda, relevant materials, and Minutes
7. November 2020 Board Meeting Agenda, relevant materials, and Minutes
8. May 2021 Board Meeting Agenda, relevant materials, and Minutes
9. August 2021 Audiology Practice Committee Meeting Agenda, relevant materials, and Minutes
10. May 2022 Audiology Practice Committee Meeting Agenda, relevant materials, and Minutes



11. August 2022 Audiology Practice Committee Meeting Agenda, relevant materials, and Minutes
12. October 2022 Audiology Practice Committee Meeting Agenda, relevant materials, and Minutes
13. February 2023 Audiology Practice Committee Meeting Agenda, relevant materials, and Minutes
14. August 2023 Board Meeting Agenda, relevant materials, and Minutes
15. November 30–December 1, 2023 Board Meeting Agenda, relevant materials, and Minutes
16. December 2024 Board Meeting Agenda, relevant materials, and draft Minutes

### **Business Impact**

The Board has made the initial determination that the proposed regulations will not have a significant statewide adverse economic impact directly affecting businesses including the inability of California businesses to compete with businesses in other states. This initial determination is based on the fact that this regulatory proposal clarifies current licensing requirements, and it does not enhance or inhibit industry growth within the industries the Board regulates.

The Board is not aware of costs that businesses or individuals may incur to comply with this regulation over its lifetime nor of other economic costs that may occur. The Board is also not aware of any effect the proposed regulatory action will have on housing costs or impact to local agencies or federal funding to the State.

### **Economic Impact Assessment**

This Board has determined that this regulatory proposal will have the following effects:

It will not create or eliminate jobs within the State of California because this regulatory proposal clarifies current licensing requirements, and it does not enhance or inhibit industry growth within the industries the Board regulates.

It will not create new business or eliminate existing businesses within the State of California because this regulatory proposal clarifies current licensing requirements, and it does not enhance or inhibit industry growth within the industries the Board regulates.

It will not affect the expansion of businesses currently doing business within the State of California because this regulatory proposal clarifies current licensing requirements, and it does not enhance or inhibit industry growth within the industries the Board regulates.

This regulatory proposal will affect the health and welfare of California residents. California residents will benefit from audiologists who are adequately prepared to treat the public under current industry standards. Businesses and individuals will also benefit from increased clarity of the Board's audiology licensing

requirements.

This regulatory proposal does not affect worker safety because this regulatory proposal clarifies current licensing requirements and does not involve worker safety.

This regulatory proposal does not affect the state's environment because this regulatory proposal clarifies current licensing requirements and does not concern or impact the State's environment.

### **Specific Technologies or Equipment**

This regulatory proposal does not mandate the use of specific technologies or equipment.

### **Consideration of Alternatives**

No reasonable alternative to the regulatory proposal would be either more effective in carrying out the purpose for which the action is proposed or would be as effective or less burdensome to affected private persons and equally effective in achieving the purposes of the regulation in a manner that ensures full compliance with the law being implemented or made specific.

No such alternatives have been proposed, however, the Board welcomes comments from the public.

### **Description of Reasonable Alternatives to the Regulation That Would Lessen Any Adverse Impact on Small Business**

No such alternatives have been proposed; however, the Board welcomes comments from the public.