



COMMITTEE AND BOARD MEETING NOTICE AND AGENDA

*Thursday, May 31, 2018 beginning at 1:00 p.m., and continuing on
Friday, June 1, 2018 beginning at 9:00 a.m.*

**Hearing Room
1747 N. Market Blvd
Sacramento, CA 95834
(916) 263-2666**

Board Members

Dee Parker, Speech-Language Pathologist, Board Chair
Marcia Raggio, Dispensing Audiologist, Vice Chair
Rodney Diaz, Otolaryngologist
Karen Chang, Public Member
Amnon Shalev, Hearing Aid Dispenser
Debbie Snow, Public Member
Patti Solomon-Rice, Speech-Language Pathologist
Vacant, Hearing Aid Dispenser
Vacant, Audiologist

1:00 p.m. Speech-Language Pathology Practice Committee Meeting

1. Call to Order / Roll Call / Establishment of Quorum
2. Approval of the February 8, 2018 Committee Meeting Minutes
3. Public Comment for Items not on the Agenda
The Board may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))
4. Discussion and Possible Action regarding RPE Direct Monitoring Requirements (As Stated in California Code of Regulations 1399.153.3) and Remote or Tele Supervision.
5. Adjournment

Upon Conclusion of the Speech-Language Pathology Practice Committee Meeting:

Full Board Meeting

1. Call to Order / Roll Call / Establishment of Quorum
2. Approval of the February 9, 2018 Board Meeting Minutes
3. Public Comment for Items not on the Agenda

The Board may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))

Closed Session

4. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate on Disciplinary Matters Including Petitions, Proposed Decisions, Stipulated Decisions, Defaults, and Any Other Disciplinary Matters.

Open Session

5. Office of Professional Examination Services will present the 2017 Audiology Occupational Analysis

Petition Hearings for Reinstatement of Licensure or Other Reduction of Penalty (Time Certain: June 1, 2018 at 9:00 a.m.)

6. Petition for Reinstatement of Surrendered License- Taran Crocker, HA, License # 7542
7. Petition for Penalty Relief (Termination of Probation) – Marshall Shoquist, AU, License #461

Closed Session

8. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate on Above Petitions

Open Session

9. Update from Speech-Language Pathology Practice Committee and Possible Action on any recommendations from Committee
10. Discussion and Possible Action on Audiology Intraoperative Monitoring
11. Executive Officer's Report
 - a. Administration Update
 - b. Budget Report
 - c. Licensing Report
 - d. Practical Examination Report
 - e. Enforcement Report
12. Proposed Regulations – Discussion and Possible Action
 - a. Title 16, CCR, Sections 1399.170.13 and 1399.170.14– Speech-Language Pathology Assistant Application and Requirements for Renewal
 - b. Title 16, CCR Sections 1399.152.2, 1399.153, 1399.170, 1399.170.4, 1399.170.6, 1399.170.10, 1399.170.11, and 1399.170.15 – Speech-Language Pathology Supervised Clinical Experience, Required Professional Experience Speech-Language Pathology Assistant Training Programs, Speech-Language Pathology Assistant Requirements and Qualifications for Registrations
 - c. Title 16, CCR, Sections 1399.131 & 1399.155 - Disciplinary Guidelines

13. Legislation Update, Review, and Possible Action

- a. AB 2138 (Chiu) Licensing boards: denial of application: criminal conviction
- b. AB 1659 (Low) Healing arts boards: inactive licenses

14. Future Agenda Items and Future Board Meeting Dates

- a. August 9-10, 2018 – San Diego
- b. November 8-9, 2018 – Sacramento
- c. February 7-8, 2019 Los Angeles
- d. May 2-3, 2019 TBD

15. Adjournment

Agendas and materials can be found on the 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. In the event a quorum of the board is unable to attend the meeting, or the board is unable to maintain a quorum once the meeting is called to order, the members present may, at the Chair's discretion, continue to discuss items from the agenda and make recommendations to the full board at a future meeting. The Board plans to webcast at <https://thedcapage.wordpress.com/webcasts/>. 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 the 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.



Speech-Language Pathology Practice Committee
Meeting Minutes – Draft
Sacramento, CA 95815
February 8, 2018

1. Call to Order / Roll Call / Establishment of Quorum

Patti Solomon-Rice called the Speech-Language Pathology Practice Committee (Committee) meeting to order at 1:05 p.m. Ms. Solomon-Rice called roll; three members of the Committee were present and thus a quorum was established.

Committee Members Present

Patti Solomon-Rice, Committee Chair
Dee Parker, Committee Member
Debbie Snow, Committee Member

Staff Present

Paul Sanchez, Executive Officer
Breanne Humphreys, Operations Manager
Carla Newman, Enforcement Coordinator
Kelsey Pruden, Legal Counsel
Karen Robison, Analyst
Cesar Victoria, DCA Web Cast

Guests Present

Vanessa Cajina, Healing Healthcare Providers (HHP)
Karen Chang, Board Member
Rodney Diaz, MD, Board Member
Beverley Dunbar, Pasadena City College, Speech-Language Pathology Assistant Program
Melissa Jakubowitz, CCC-SLP, Coordinator of ASHA Special Interest Group 18, Telepractice
Amnon Shalev, HAD, Board Member
Amy White, California Academy of Audiology (CAA)

2. Approval of the May 11, 2017, August 1, 2017, August 28, 2017, and October 9, 2017 Committee Meeting Minutes

M/S/C Snow/Parker

- **Motion to approve the May 11, 2017, August 1, 2017, August 28, 2017, and October 9, 2017 Committee Meeting Minutes as written. Motion carried 3-0**

3. Public Comment for Items not on the Agenda

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

4. Presentation by Melissa Jakubowitz, M.A., CCC-SLP, Coordinator of ASHA Special Interest Group 18 (SIG 18), Telepractice, About Speech-Language Pathology Telepractice Issues That Could Have Regulatory Implications

Ms. Solomon-Rice introduced Ms. Jakubowitz who spoke to the Board about SLP telepractice services. Ms. Jakubowski informed the Board that the American Speech-Language-Hearing Association (ASHA) defines telepractice and the definition is used nationwide. Many companies use telepractice as a mode of providing speech services with the majority of services being performed by telepractice being provided in schools. The level of services provided by telepractice must be equivalent to services that are provided in person and paperwork must be completed just as it is when sessions are performed in person. Clients are being served by telepractice in individual, group, and school settings. Barriers to telepractice can be slow internet speeds, third party reimbursement issues, holding a license in all states where services are being provided, keeping abreast of the laws in all the states a license is held, and the ability to obtain equipment or compatibility of equipment used to provide services. She informed the Board that a licensing compact is being worked on to ease the burden of obtaining licenses in other states.

Mr. Sanchez asked Ms. Jakubowitz if there are regulatory barriers to telepractice in California to which she said she did not know of any at this time. Ms. Jakubowitz provided information on telepractice in other states where she informed the Board that some states require an in-person visit prior to beginning telepractice services, a few states do not allow telepractice at all, Louisiana has a telepractice only license, and some states require continuing education (CE). Ms. Jakubowitz informed the Board that telepractice is a feasible way to serve clients; however, experience in the field should be required prior to providing services because the setting must be understood before working remotely.

5. Adjournment

The meeting adjourned at 1:50 p.m.



MEMORANDUM

DATE	May 21, 2018
TO	Speech Language Pathology Practice Committee
FROM	Paul Sanchez, Executive Officer
SUBJECT	Discussion and Possible Action regarding RPE Direct Monitoring Requirements (as Stated in California Code of Regulations 1399.153.3) and Remote or Tele Supervision

BACKGROUND

The required professional experience licensees (RPE) supervision requirements are defined in California Code of Regulations 1399.153.3.

§ 1399.153.3. Responsibilities of RPE Supervisors.

An RPE supervisor's responsibilities shall include, but are not limited to:

- (a) Legal responsibility for the health, safety and welfare of the patients treated by the RPE temporary license holder.
- (b) Insuring that the extent, kind, and quality of functions performed by an RPE temporary license holder under the supervisor's supervision is in compliance with these regulations and is consistent with the RPE temporary license holder's education and training.
- (c) Insuring that such supervision consists of direct monitoring for a minimum of eight hours per month for each full-time RPE temporary license holder and four hours per month for each part-time RPE temporary license holder.
- (d) "Direct monitoring" of the RPE temporary license holder may consist of the personal observation of the following:
 - (1) evaluation and assessment procedures;
 - (2) treatment procedures;
 - (3) record keeping, evaluation or assessment reports, correspondence, plans for management, and summaries of case conferences;
 - (4) participation in case conferences.

At least 50% of the supervisor's observation shall be of the RPE temporary license holder's evaluation, assessment and treatment procedures.

- (e) Reviewing and evaluating the RPE temporary license holder's performance on a monthly basis for the purpose of improving his or her professional expertise. The RPE supervisor shall discuss the evaluations with the RPE temporary license holder and maintain written documentation of these evaluations and reviews. The written evaluations shall be signed by both the RPE supervisor and the RPE temporary license holder. If the supervisor determines the RPE temporary license holder is not minimally competent for licensure, the RPE temporary license holder shall be so notified orally and in writing. A written statement

documenting the basis for the supervisor's determination shall be submitted with the final verification of experience to the Board.

(f) Reviewing and countersigning all evaluation and assessment reports, treatment plans, progress and discharge reports drafted by the RPE temporary license holder.

(g) A "Required professional experience supervisor" must have completed not less than six (6) hours of continuing professional development in supervision training prior to assuming responsibility as a RPE supervisor, and three (3) hours of continuing professional development in supervision training every four years thereafter. If the continuing professional development in supervision training is obtained from a Board-approved provider as defined in Section 2532.6 subdivision (e) of the Code, the hours may be applied towards the continuing professional development requirement for licensees set forth in Section 1399.160.3 of the California Code of Regulations.

In accordance with CCR 1399.153.3 (c) and (d), the Board requires direct monitoring for a minimum of eight hours per month for full-time RPEs or four hours per month for part-time RPEs. The Board's current policy has been to require that the direct monitoring requirement consist of on-site, personal observations.

Levels of supervision are defined for Speech-Language Pathology Assistants (SLPA) in CCR 1399.170 (c), (d), and (e):

(c) "Direct supervision" means on-site observation and guidance by the supervising speech-language pathologist while a clinical activity is performed by the speech-language pathology assistant. Direct supervision performed by the supervising speech-language pathologist may include, but is not limited to, the following: observation of a portion of the screening or treatment procedures performed by the speech-language pathology assistant, coaching the speech-language pathology assistant, and modeling for the assistant.

(d) "Immediate supervision" means the supervising speech-language pathologist is physically present during services provided to the client by the speech-language pathology assistant.

(e) "Indirect supervision" means the supervising speech-language pathologist is not at the same facility or in close proximity to the speech-language pathology assistant, but is available to provide supervision by electronic means. Indirect supervision activities performed by the supervising speech-language pathologist may include, but are not limited to, demonstration, record review, review and evaluation of audio or video-taped sessions, interactive television, and supervisory conferences that may be conducted by telephone or electronic mail.

Recently, the Board has been asked if remote or tele supervision would meet the Board's direct monitoring requirements for RPEs. Included in your materials are letters from members of the SLP community regarding this topic.

ACTION REQUESTED

The Speech-Language Pathology Practice Committee should review the current RPE supervision requirements and discuss if changes or further clarification is needed. The Committee may also want to recommend adopting supervision levels for RPEs, similar to

those that are in regulations for SLPAs.

March 2, 2018

Dr. Dee Parker, Chair
SLPAHADB
2005 Evergreen St, Suite 2100
Sacramento, CA 95815

Dear Dr. Parker,

I have a question concerning supervision for the Required Professional Experience (RPE) with regard to using telesupervision. In my role as the ASHA State Education Advocacy Leader, I receive questions regarding school-based practice in California and I want to make sure I can provide accurate responses and helpful resources. During the past year I have received numerous questions regarding the use of telesupervision as a means to supervise Required Professional Experience applicants.

I have learned that some staffing companies are providing supervision virtual (telesupervision) while others have been informed that telesupervision is prohibited in California. There appears to be a lack of consistency in responses to inquiries as well as a lack of understanding of the criteria for providing supervision virtually. I would like to learn more about the circumstances under which telesupervision is approved or not approved.

I listened with great interest to the entire archived SLPAHADB meeting held on February 8th, 2018 when the topic of telesupervision was discussed at length. My notes from the meeting indicate that when the SLPAHADB has been asked about using telesupervision, the answer “depends on the situation”. This uncertainty may result in confusion by the applicants, supervisor, organization, and it also may lead to delays in hiring professionals to provide services to students. I realize board is exploring these issues to consider future regulations.

Since there are no current regulations specifically addressing the use of telesupervision, could you please provide the following information:

1. Examples of some specific situations where the use of telesupervision has been approved (i.e., blend of telesupervision with in-person supervision, disabilities types or age groups, facilities, regions etc.)
2. Examples of some specific situations and reasons for denying the use of telesupervision (i.e., poor quality of telecommunication equipment, poor monitoring of supervision quality, etc.)

In addition, the SLPAHADB site lists a document regarding Telehealth Technology. It contains the following:

Telehealth Technology in California: Telehealth is viewed as a mode of delivery of health care services, not a separate form of practice. There are no legal prohibitions to using technology in the practice of speech-language pathology, audiology, or hearing aid dispensing, as long as the practice is provided by a California licensed practitioner.

Considering the acceptance of telehealth on the SLPAHADB website (also referred to as telepractice), I have the following questions.

1. The SLPAHADB website supervision forms include the word “direct” supervision. How is this interpreted in regard to telesupervision?
2. The correspondence that the SLPAHADB sends out to confirm supervision adds the language “on-site” as in “on-site/direct” although I don’t see the words “on-site” in the regulations. This wording “on-site” can add to the confusion about what is allowed or not allowed. Telepractice is not regarded as a separate form of practice so can one assume that telesupervision would not be considered as a separate form of supervision?

I look forward to your written response (letter or email) in order to achieve a better understanding of the board’s position on the use of telesupervision and under what consistent criteria is used to determine when it is allowed or not.

Best regards,

Holly Kaiser, M.A., CCC-SLP
CSHA Fellow
ASHA State Education Advocacy Leader

321 Karen Way
Tiburon, CA 94920
(M) [415-235-7250](tel:415-235-7250) - (O) [415-389-5018](tel:415-389-5018)
Holly@hkconsult.biz

Cc: Dr. Paul Sanchez



5/8/2018



Dear Mr. Paul Sanchez,

Advanced School Staffing's primary focus is placing Speech Language Pathologists, Occupational Therapists and Physical Therapists in schools across the US. We have noticed that roughly 85% of our business is acutely focused on staffing SLPs in schools. Due to the emergency need for SLPs, a priority for us has been building a program that allows Advanced to tele-supervise Clinical Fellows in schools across the US.

We recognize California has a growing shortage of SLPs working in schools. While Advanced School Staffing is placing CFs and SLPs in CA schools, we are handcuffed by the CA requirement for CF supervision to be done in person rather than via a tele platform. This comes as a surprise since California is typically such a progressive state and often leads the charge when it comes to the adoption of technological advances.

Tele-supervision provides Advanced Clinical Fellows with a supervisor and mentor who is available not only via video but also phone/text/email. Our supervisors all have extensive experience working in school districts, will be licensed in California and have schedule flexibility allowing them to supervise at different times throughout the week so they are not seeing the same patient/treatments repeatedly. Couple this with the fact that tele-supervision means there is not another person in the room watching to distract the pupil who is working with the CF-SLP. This results in more pure interactions between the clinician and student, allowing the clinician and student to focus on progressing toward results and benchmarks rather than losing out on a session due to distraction.

For the district taking advantage of Advanced School Staffing's tele-supervision program, they find themselves working with handpicked CF-SLPs. The district will interview and select the CF-SLP who best integrates with their students and staff and best fits the district's needs. Having the contracted Clinical Fellows supervised by Advanced means that the oft-



overburdened district SLPs do not have to be challenged to find time to supervise a Clinical Fellow in addition to the caseload of students with whom they are already working. This is a proven game changer for the schools with whom we work as it often represents the difference between either having a therapist on site versus no therapist at all. CF-SLPs are willing to take harder to fill positions, whether geographically remote, positions with challenging caseloads, itinerance within districts or even a job where there are no other SLPs present.

Advanced currently has CF-SLPs under our tele-supervision program in eight states and we have clearance from state boards to apply our program in over twenty states in total. Given the shortage of Speech Language Pathologists that currently exists in California, we would like to offer CF tele-supervision to the California districts with whom we are currently working as well as roll it out to the districts who have expressed interest in this program.

If you have any questions regarding the tele-supervision program, please do not hesitate to contact me. We are hoping to be able to roll this program out to all schools in California in the coming months.

Respectfully,

Seth Mukai

Director of Schools

Advanced School Staffing

720.897.5752

smukai@gowithadvanced.com



43466 Business Park Dr. Temecula, CA 92590

Phone: (951) 252-8800

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Dr. Kathleen
Hermesmeier
Executive Director

www.springscharterschools.org

May 24, 2018

Dear Mr. Sanchez and the SLPAHADB Members,

I am writing to express my support for allowing the use of tele-supervision to satisfy the direct supervision requirement during the Required Professional Experience (RPE). Often it has been difficult for school districts to devote employees and resources to supervise clinical fellows, as many times there is already a shortage of licensed speech and language pathologists (SLPs). This is an endemic shortage and one of which you should already be aware. As an employee of a charter school district in California, a speech language pathologist, and person responsible for the hiring and supervision of SLPs, I find it disheartening when we have clinical fellows that would like to work at our schools but we are not able to provide the direct on-site supervision due to staffing shortages. Ultimately, it is the students who pay the price for these shortages as they are the ones who benefit from these valuable services.

Tele-practice is accepted in the medical profession, studies have shown that tele-practice is successful and appropriate for providing speech and language services to children (and adults), thus it makes no sense that it would not be appropriate to provide the increased requirements for the supervision of RPE (and SLPAS). Please approve tele-supervision in the schools as a way to supervise clinical fellows for the state of California. This would benefit the districts, staff, and most importantly the students. Thank you for your consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Glendora M. Tremper', written in a cursive style.

Glendora M. Tremper, EdD, CCC-SLP
Special Education Coordinator



BOARD MEETING MINUTES - DRAFT

Sacramento, CA 95815

February 8-9, 2018

For the sake of clarity, the meeting minutes are organized in numerical order to reflect their original order on the agenda; however, issues were taken out of order during the meeting.

Full Board Meeting

Dee Parker, Board Chair, called the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board meeting to order at 3:04 p.m. Ms. Parker called roll; five members of the Board were present and thus a quorum was established.

1. Call to Order / Roll Call / Establishment of Quorum

Board Members Present

Dee Parker, SLP, Board Chair
Marcia Raggio, AUD, Vice Chair
Rodney Diaz, MD, Public Board Member
Karen Chang, Public Board Member
Amnon Shalev, HAD, Board Member
Debbie Snow, Public Board Member
Patti Solomon-Rice, SLP, Board Member

Staff Present

Paul Sanchez, Executive Officer
Cesar Victoria, DCA Web Cast
Breanne Humphreys, Program Manager
Carla Newman, Enforcement Coordinator
Kelsey Pruden, Legal Counsel
Karen Robison, Analyst

Guests Present

Vanessa Cajina, KP Public Affairs for Hearing Healthcare Providers (HHP)
Beverly Dunbar, Pasadena City College, Speech-Language Pathology Assistant Program
Heidi Lincer-Hill – Chief, Office of Professional Examinations (OPES)
Tracy Montez – Department of Consumer Affairs (DCA), Division Chief
Amy Welch – Gandy - OPES
Amy White, California Academy of Audiology (CAA)

2. Swearing-In of Public Board Member Karen Chang and Reappointment of Speech-Language Pathology Board Member Margaret (Dee) Parker

Paul Sanchez swore in reappointed Board Member Ms. Parker and new Public Board Member Karen Chang.

Closed Session

3. Pursuant to Government Code Section 11126(c)(1), the Board Will Meet in Closed Session to Deliberate on the Preparation, Approval, Grading, or Administration of the Examinations.

The Board entered into closed session at 3:10 p.m.

4. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate on Disciplinary Matters Including Petitions, Proposed Decisions, Stipulated Decisions, Defaults, and Any Other Disciplinary Matters.

D1-2012-85

Non-adopt

D1-2012-98

Non-adopt

Open Session

February 9, 2018 Reconvene at 9:00 a.m.

5. Call to Order / Roll Call / Establishment of Quorum

Dee Parker, Board Chair, called the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board meeting to order at 9:17 a.m. Ms. Parker called roll; seven members of the Board were present and thus a quorum was established.

Board Members Present

Dee Parker, SLP, Board Chair
Marcia Raggio, AUD, Vice Chair
Rodney Diaz, MD, Public Board Member
Karen Chang, Public Board Member
Amnon Shalev, HAD, Board Member
Debbie Snow, Public Board Member
Patti Solomon-Rice, SLP, Board Member

Staff Present

Paul Sanchez, Executive Officer
Cesar Victoria, DCA Web Cast
Breanne Humphreys, Program Manager
Carla Newman, Enforcement Coordinator
Megan O'Carroll, Deputy Attorney General (DAG)
Kelsey Pruden, Legal Counsel
Karen Robison, Analyst

Guests Present

Miriam Blanchard, SLP

Karen Brandt, Administrative Law Judge (ALJ)

Carolyn Bower, Neurodynamics

Kristina C. Brady, Neuro Sound, Inc.

Vanessa Cajina, KP Public Affairs for Hearing Healthcare Providers (HHP)

Beverly Dunbar, Pasadena City College, Speech-Language Pathology Assistant Program

Jacque Georgeson, CAA University of the Pacific Audiology Program

Beth Jaramillo, Neuro Sound, Inc.

Charlette Moore

David Morledge

Melanie Venne, Neurodynamics

Amy White, CAA

9:30 a.m. – Petition Hearings

6. Petition for Reinstatement of Surrendered License- Taran Crocker, HA, License # 7542

The Board voted 7-0 to put over Mr. Crocker's case until the next Board meeting to ensure that proper notice of the hearing is served.

7. Petition for Penalty Relief (Termination of Probation) – Miriam Blanchard, SP, License # 8627

Karen Brandt opened the hearing. Ms. O'Carroll presented the case to the Board. Ms. Brandt swore in Miriam Blanchard. Ms. Blanchard presented her case to the Board. Ms. O'Carroll cross examined Ms. Blanchard. Ms. Blanchard responded to the Board's questions. Ms. O'Carroll gave her closing argument. Ms. Blanchard gave her closing argument.

Closed Session

The Board entered into closed session at 12:00.

8. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate on Above Petitions

1I-2016-097

The Board deliberated on Ms. Blanchard's petition for penalty relief.

Open Session

The Board returned to open session at 1:15 p.m.

9. Public Comment for Items not on the Agenda

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

10. Approval of the May 11-12, 2017, August 10-11, 2017, October 26-27, 2017 and December 28, 2017 Board Meeting Minutes

M/S/C Diaz/Raggio

- **Motion to approved the May 11-12, 2017 meeting minutes as written. The motion carried 6-0 with Ms. Chang abstaining.**

M/S/C Solomon-Rice/Shalev

- **Motion to approve the August 10-11, 2017 meeting minutes as written. The motion carried 6-0 with Ms. Chang abstaining.**

M/S/C Raggio/Solomon-Rice

- **Motion to approve the October 26-27, 2017 meeting minutes as amended. The motion carried 5-0 with Mr. Diaz and Ms. Chang abstaining.**

M/S/C Diaz/Raggio

- **Motion to approve the December 28, 2017 meeting minutes as written. The motion carried 6-0 with Ms. Solomon-Rice abstaining.**

11. Update from Speech-Language Pathology Practice Committee

Ms. Solomon-Rice provided an overview to the Board about what was discussed at the SLP Practice Committee Meeting. She informed the Board that Melissa Jakubowitz presented the SLP Practice Committee with information on telepractice. The information that Ms. Jakubowski presented about telepractice included, but was not limited to, telepractice being a mode of providing services by many companies especially in schools, barriers preventing telepractice services, third party reimbursement issues, and holding licenses in multiple states. She opined that experience providing services should be required before a licensee is allowed to provide services by way of telepractice.

12. Update from the Hearing Aid Dispensers Committee

- a. Discussion and Possible Action Regarding California Code of Regulations 1399.119 – Direct Supervision (Hearing Aid Dispenser Trainees)

Mr. Shalev provided an overview to the Board about the concerns the HAD Practice Committee has with the amount of supervision that Hearing Aid Trainees (Trainees) receive while they are fitting and selling hearing aids. The HAD Practice Committee is specifically concerned with the safety of consumers when Trainees take ear mold impressions, ear inspections, and performing audiograms. Mr. Shalev informed the Board that staff and legal counsel are going to work on proposed language defining supervision, changing supervision requirements and supervision levels and bring the proposed language back to the HAD Practice Committee meeting in May 2018.

13. Update on the January 11, 2017 Meeting and Possible Action regarding Communications with California Children's Services (CCS)

Ms. Raggio updated the Board on the meeting that was held on January 11, 2018, with CCS that included Mr. Sanchez, Ms. Raggio representing the Board, Amy White representing CAA, and Alison Grimes. The meeting was held to set up lines of communication with CCS to address issues such as losing audiologists who no longer wanting to participate in CCS because of reimbursement problems, medical clearance issues, provider requirements, and one person within CCS to serve as a point of contact. Ms. White informed the Board that the Chief of Integrated Systems of Care, Sara Eberhardt-Rios and six staff members attended the meeting. Ms. White reported that Ms. Eberhardt-Rios was to identify one point of contact to serve as a liaison for CAA to go to with questions and that quarterly meetings would be held. Ms. White reported that there has been no contact from CCS regarding the next meeting, which should be held in April, or who has been given the role as the CCS liaison. Ms. Raggio remarked that this is becoming an access issue and a consumer protection issue. If we do not resolve the issues discussed in the meeting audiologists will drop out as CCS providers. Ms. White will be contacting Ms. Eberhardt-Rios the week of February 12, 2018, to reestablish contact and learn who the liaison is.

14. Discussion and Possible Action on Board's Development of Hearing Aid Consumer Fact Sheet

Ms. Raggio went over the changes that were made to the Hearing Aid Consumer Fact Sheet since the October 2017 Board meeting.

M/S/C Raggio/Snow

- **Motion to accept the revised Hearing Aid Consumer Fact Sheet and place it on the Board website as amended. The motion carried 7-0**

15. Discussion and Possible Action on Audiology Intraoperative Monitoring

Ms. Raggio introduced the topic of intraoperative monitoring (IOM) and noted that this job task was a part of audiology when she graduated. Carolyn Bower and Elizabeth Jaramillo spoke to the Board about the issue with insurance companies not remitting payment for services. They spoke about IOM being a part of the audiology curriculum that needs to be included as part of the scope of practice for audiologists. AuD's are the only profession who has been trained for decades to read brain waves of nerve responses. In the profession, IOM has evolved over the years and requires additional, specialized training and education. Observation of cases, years of experience, and the passage of written and oral examinations are required to receive certification (examples include: CNIM, AABIOM, or ASNM certification) to perform the task of IOM. The history of IOM within the profession of AuD's was expanded upon and issues regarding patient safety and access to safe patient care when audiologists are unable to provide IOM was introduced. Dr. Diaz opined that AuD's are the best trained to perform IOM. Mr. Sanchez stated that the Board will look into IOM performed by AuD's.

M/S/C Raggio/Solomon-Rice

- Motion to assign Ms. Raggio the task of working with Intraoperative Monitoring professional's and CAA to develop a letter supporting AuD's in their work performing Intraoperative Monitoring. The motion carried 7-0

16. Executive Officer's Report

a. Administration Update

Mr. Sanchez informed the Board that two positions have been approved for the next fiscal year. One position is allocated to provide administrative support and one is a senior analyst to work on legislation and regulations.

b. Budget Report

The budget report was not discussed.

c. Licensing Report

The licensing report was not discussed.

d. Practical Examination Report

The practical examination report was not discussed.

e. Enforcement Report

The enforcement report was not discussed.

17. Proposed Regulations – Discussion and Possible Action

a. Title 16, CCR, Section 1399.157 – Speech-Language Pathology and Audiology Fees

The Board discussed the proposed fee increase and noted one edit to the SLPA application fee. Ms. Chang inquired about increasing fees in the future and was informed that the Board is increasing fees to the statutory limit with this regulation. Mr. Sanchez informed the Board that a fiscal imbalance will lead to the Board pulling money from the reserves to continue operating. The Board needs additional funds to support its growing licensee population.

M/S/C Snow/Solomon-Rice

- **Move to approve the proposed text as amended for a 45-day public comment period; delegate to the EO the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period and make any technical and non-substantive changes that may be required to complete the rule making file. The motion carried 7-0**

b. Title 16, CCR, Sections 1399.170.13 and 1399.170.14– Speech-Language Pathology Assistant Application and Requirements for Renewal

The Board began discussing edits to the proposed language. The Board assigned the task of amending the proposed language to the SLP Practice Committee.

c. Title 16, CCR, Section 1399.129 and 1399.157.1 – Notice to Consumer

The Board discussed the changes to the proposed language. They discussed the wording client vs. patient and verified that the term registration is included in the definition of license.

M/S/C Shalev/Raggio

- **Move to approve the proposed text as amended for a 45-day public comment period; delegate to the EO the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period and make any technical and non-substantive changes that may be required to complete the rule making file. The motion carried 7-0**

d. Title 16, CCR Section 1399.152 – Approved Institutions (Speech and Audiology)

The Board talked about the changes to the language. Mr. Sanchez stated he tried to remove references to organizations to be neutral. It was also noted that the proposed language references both the old and new licensing requirements.

M/S/C Raggio/Chang

- **Move to approve the proposed text for a 45-day public comment period; delegate to the EO the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period and make any technical and non-substantive changes that may be required to complete the rule making file. The motion carried 6-0 with Ms. Snow abstaining.**

e. Title 16, CCR Sections 1399.152.2, 1399.153, 1399.170, 1399.170.4, 1399.170.6, 1399.170.10, 1399.170.11, and 1399.170.15 – Speech-Language Pathology Supervised Clinical Experience, Required Professional Experience Speech-Language Pathology Assistant Training Programs, Speech-Language Pathology Assistant Requirements and Qualifications for Registrations

The Board assigned the task of amending the proposed language to the SLP Practice Committee.

18. Legislation Update, Review, and Possible Action

a. AB 1659 (Low) Healing arts boards: inactive licenses.

The Board was informed that AB 1659 is early in the process and establishes an inactive license option.

b. SB 198 (Galgiani) Hearing aid dispensers: cerumen: management: tympanometry

The Board was informed that SB 198 did not make it out of committee.

- c. AB 11 (McCarty) Early and Periodic Screening, Diagnosis, and Treatment Program: screening services

The Board did not discuss AB 11.

19. Future Agenda Items and Future Board Meeting Dates

Future agenda items include locked hearing aids, intraoperative monitoring, SLP telepractice, and SLPA regulations.

- a. May 10-11, 2018 – Bay Area

The Board made the decision to hold the May 2018 Board meeting in San Francisco.

- b. August 9-10, 2018 – San Diego
- c. November 8-9, 2018 – Sacramento
- d. February 7-8, 2019 - Los Angeles
- e. May 2-3, 2019 TBD

20. Adjournment

The meeting adjourned at 3:37 p.m.

Dear Dr. Parker:

I'm writing to ask the Speech-Language Pathology & Audiology & Hearing Aid Dispenser's Board to amend the current continuing education requirements to allow a greater amount of online learning.

The Physical Therapy Board of California requires 30 contact hours in a 2 year interval with no restriction placed on online learning. The Occupational Therapy Board of California requires 24 hours in a 2 year time interval with no restriction on online learning. The American Speech-Language Hearing Association requires 30 hours in a 3 year period with no restriction placed on online learning.

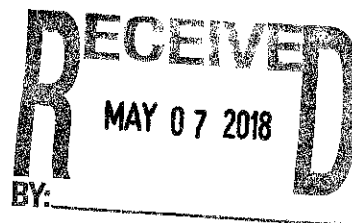
It is illogical that the California's governing body does not meet the same guidelines as other comparable professionals or our national standard. As therapists, this results in more time away from patient care to travel and attend in person courses, greater financial burden, and lesser quality of education. Many times therapists will attend any course they can find to meet the requirements, rather than pursuing specialized training that would best benefit the therapist and their patients.

I would respectfully request that the board consider amending our current education requirements to allow for more online education hours. I'm happy to provide names and signatures of numerous other professionals that support this request. Thank you for your time.

Respectfully,



Kelly Douglass, MS CCC-SLP
Supervisor, Mercy Outpatient Rehabilitation Center
Dignity Health
Mercy General Hospital
7777 Greenback Lane, Suite 110
Citrus Heights, CA 95610
916.453.7924
916.859.1933 (Right Fax)
Kelly.douglass@dignityhealth.org





April 2, 2018

California Speech-Language Pathology & Audiology & Hearing Aid Dispensing Board
2005 Evergreen St., Suite 2100
Sacramento, CA 95815

Dear Members of the California SLPAHADB,

I am writing to you about the following regulations of the California Speech-Language Pathology & Audiology & Hearing Aid Dispensing Board (SLPAHADB) regarding acceptable content for continuing professional development courses for SLPs, Audiologists, and Hearing Aid Dispensers:

[SLP/Audiologist: Division 13.4, Article 11, 16 CA ADC § 1399.160.3](#)
[Hearing Aid Dispenser: Division 13.3, Article 7, 16 CA ADC § 1399.140.1](#)

These rules state that courses where the content focuses on equipment, devices, or other products of a particular publisher, company or corporation, will not be accepted for continuing education requirements for professionals licensed by the California SLPAHADB.

Particularly with respect to audiologists and hearing aid dispensers, there is a great need to maintain proficiency in product-specific topics in order to better serve their patients. This can be particularly challenging given the rapidly changing technology available in hearing assistive technology, including hearing aids, cochlear implants, and other assistive devices.

With the board's strict self-study limits, I hear frequently from our members licensed in California, both dispensing audiologists and non-audiologist dispensers, that they are having trouble obtaining enough hours of continuing education on non-product hearing aid related topics - not just on our website, but from other providers as well. Given the following considerations, I am writing to request the board consider relaxing its limitations on product-focused content.

- While I understand the Board's concern about the potential for product-related courses to *promote* particular products, product-related courses are not necessarily "infomercials"; they may discuss various aspects of the science around the product, including patient candidacy for the product, fitting the product, how to apply new features to patient needs, and how to troubleshoot patient complaints using product-specific features. Courses on these topics are relevant to the work that these professionals do every day.
- The Board has procedures in place to approve individual courses (for non-audiologist dispensers) or to approve professional development providers (for SLPs and audiologists). Therefore, you already have a means to ensure that product-focused content appropriately discusses the science of the product: the Hearing Aid Dispenser division of the Board can deny product-related courses that appear to be promotional in nature, and the SLP/Audiology Division



of the Board can promulgate rules regarding the creation of courses by its approved providers so as to prohibit promotional content.

- Courses offered for ASHA CEUs, which are accepted by the Board, must also concern the science of any products discussed in the course, per ASHA provider rules. That is, ASHA already has measures in place to prevent product courses that are promotional in nature.
- ASHA further has promulgated strict rules for approved providers regarding the physical separation of product promotion from course content. That is, ASHA does not allow any “selling” of products in the physical or virtual space where product-related courses are delivered.
- Relaxing the limit on product related courses will enable licensees to satisfy two objectives simultaneously: complying with state license requirements and gaining expertise in the technology and services the public seeks from them. Limiting the applicability of product-related coursework to license requirements undermines the Board's goal of ensuring that professionals are current and competent.

Given the multiple avenues for the Board to ensure that product-focused courses adhere to best practices in continuing education, either through the Board's own review and rules, or by accepting courses offered for ASHA CEUs, I hope you will consider relaxing the prohibition of product-related courses for audiologists and non-audiologist dispensers in California. Continuing education courses are the ideal means for licensees to keep pace with product advancements that impact their daily fitting practices and to best serve the needs of their patients. I ask that the Board discuss this issue at your upcoming meeting. If I may provide clarification regarding the information provided, please do not hesitate to reach out to me. With sufficient advance notice, I would be happy to present this issue in person to the Board, if that would be helpful.

Thank you for your consideration,

A handwritten signature in blue ink that reads 'Joanne Slater'.

Joanne Slater, AuD, CCC-A
Director, Continuing Education Administration, continued®
Continuing Education Administrator, AudiologyOnline
jslater@audiologyonline.com
1-800-753-2160, ext. 218



MEMORANDUM

DATE	May 23, 2018
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Office of Professional Examination Services (OPES) – 2017 Audiology Occupational Analysis

BACKGROUND

Heidi Lincer, Chief of OPES, will present the 2017 Audiology Occupational Analysis (OA) and be available to answer questions. The purpose of the occupational analysis is to define the practice of audiology in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of the OA serve as the basis for determining the tasks and knowledge that make up the description of practice for the audiology profession in California.

ACTION REQUESTED

This item is for review and discussion by the Board and may result in future Board discussions or action.

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

OCCUPATIONAL ANALYSIS OF THE AUDIOLOGIST PROFESSION



OFFICE OF PROFESSIONAL EXAMINATION SERVICES



SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

OCCUPATIONAL ANALYSIS OF THE AUDIOLOGIST PROFESSION

This report was prepared and written by the
Office of Professional Examination Services
California Department of Consumer Affairs

October 2017

Heidi Lincer, Ph.D., Chief

Cheree Ramón, MA, Research Analyst II



EXECUTIVE SUMMARY

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) requested that the Department of Consumer Affairs, Office of Professional Examination Services (OPES), conduct an occupational analysis (OA) of audiology practice in California. The purpose of the OA is to define practice for California audiologists in terms of actual job tasks that new audiologists must be able to perform safely and competently at the time of licensure. The results of this OA provide a description of practice for the audiologist profession that can subsequently be used to review the national Praxis Audiology test. The Praxis Audiology test is developed by the American Speech-Language-Hearing Association (ASHA) and administered across the United States by the Educational Testing Service (ETS).

OPES test specialists began by conducting a literature review for the profession and researching profession-related sources (e.g., previous OA reports, industry publications). In January 2017, telephone interviews were conducted with audiologists working in various locations throughout California. The purpose of these interviews was to identify the tasks performed in audiology practice and to specify the knowledge required to perform those tasks in a safe and competent manner. Using the information gathered from the literature review and the interviews, OPES test specialists developed a preliminary list of tasks performed in audiology practice along with statements representing the knowledge needed to perform those tasks.

Subsequently, in February and March 2017, OPES convened two workshops to review and refine the preliminary lists of task and knowledge statements. The workshops were comprised of licensees, or subject matter experts (SMEs), with diverse backgrounds in the profession (e.g., practice location, work setting, years licensed, specialty area). These SMEs were also responsible for identifying changes and trends in audiology practice, determining demographic questions for the OA questionnaire, and performing a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge and all knowledge statements had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas of the description of practice.

Upon completion of the workshops, OPES developed a three-part questionnaire to be completed by audiologists statewide. Development of the questionnaire included a pilot study which was conducted with the group of licensees who had participated in the interviews and workshops. OPES used feedback from the pilot study participants to refine the final questionnaire, which was administered online in April 2017.

In the first part of the questionnaire, licensees were asked to provide demographic information related to their work settings and practice. In the second part of the questionnaire, the licensees were asked to rate specific job tasks in terms of frequency (i.e., how often they perform the task in their current job) and importance (i.e., how

important the task is to performance of their current job). In the third part of the questionnaire, licensees were asked to rate specific knowledge statements in terms of how important that knowledge is to performance of their current job.

In April 2017, OPES distributed the final questionnaire on behalf of the Board to the entire population (1,541) of California-licensed audiologists with addresses in California, requesting that they complete the OA questionnaire online.

Approximately 21.8% of the population of audiologists (337 respondents) accessed the web-based questionnaire. The final sample size included in the data analysis was 306 respondents, or 19.9%. This final response rate reflects one adjustment. Data from respondents who indicated that they were not currently licensed as an audiologist in California were removed from the sample. The demographic composition of the final respondent sample was determined to be representative of the audiologist population.

OPES test specialists then performed data analyses on the task and knowledge ratings obtained from the questionnaire respondents. The task frequency and importance ratings were combined to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement.

After the data was analyzed, OPES facilitated two additional workshops with diverse groups of SMEs in June and July 2017. The SMEs evaluated the criticality indices and determined whether any task or knowledge statements should be eliminated. The SMEs in these workshops also established the linkage between job tasks and knowledge statements, organized the task and knowledge statements into content areas and subareas, and defined those content areas. The licensees then evaluated and confirmed the content area weights of the examination content outline.

The examination content outline is structured into six content areas weighted by criticality relative to the other content areas. This outline provides a description of the scope of practice for audiologists, and it also identifies the job tasks and knowledge critical to safe and effective audiology practice in California at the time of licensure. Additionally, this examination content outline provides a basis for evaluating the degree to which the content of any examination under consideration measures content critical to audiology practice in California.

OVERVIEW OF THE CALIFORNIA AUDIOLOGY
EXAMINATION CONTENT OUTLINE

Content Area	Content Area Description	Percent Weight
1. Patient Intake	This content area assesses the candidate's knowledge of obtaining and evaluating patient history, including presenting symptoms, risk factors, comorbidities, hearing and balance performance, and psychosocial and technological accommodations.	19
2. Diagnostic Testing	This content area assesses the candidate's knowledge of hearing and balance, anatomy and physiology, objective and subjective test procedures, and verification of equipment function and calibration.	23
3. Audiologic Results	This content area assesses the candidate's knowledge of test results for differential diagnoses and recommendations for treatment and management of hearing and balance impairments.	23
4. Hearing Aids and Assistive Devices	This content area assesses the candidate's knowledge of patient candidacy, selection, fitting, and verification of hearing instruments and assistive listening technologies, including troubleshooting and repair.	19
5. Implantable Devices	This content area assesses the candidate's knowledge of patient candidacy, selection, fitting, and verification of implantable devices and assistive listening technologies, including troubleshooting and repair.	5
6. Laws and Regulations	This content area assesses the candidate's knowledge of laws and regulations pertaining to patient privacy, safety, universal precautions, documentation, billing, and advertising.	11
Total		100

**CALIFORNIA
SPEECH-LANGUAGE PATHOLOGY AND
AUDIOLOGY AND HEARING AID DISPENSERS
BOARD**

REVIEW OF THE EDUCATIONAL TESTING SERVICE
PRAXIS AUDIOLOGY TEST



OFFICE OF PROFESSIONAL EXAMINATION SERVICES



**CALIFORNIA
SPEECH-LANGUAGE PATHOLOGY AND
AUDIOLOGY AND HEARING AID DISPENSERS
BOARD**

**REVIEW OF THE EDUCATIONAL TESTING SERVICE
PRAXIS AUDIOLOGY TEST**

This report was prepared and written by the
Office of Professional Examination Services
California Department of Consumer Affairs

April 2018

Heidi Lincer, Ph.D., Chief

Amy Welch Gandy, M.A., Research Manager II



EXECUTIVE SUMMARY

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs being used in the California licensure process comply with psychometric and legal standards. The California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the Educational Testing Service (ETS) Praxis Audiology test (Praxis) program. The purpose of the review was to evaluate the suitability of the Praxis for continued use in California.

OPES received and reviewed documents provided by ETS. Follow-up email and phone communications were conducted to clarify the procedures and practices used to validate and develop the Praxis. A comprehensive evaluation of the documents was made to determine whether the following Praxis examination program components met professional guidelines and technical standards: (a) occupational analysis, (b) examination development, (c) passing scores, (d) test administration, (e) examination performance, and (f) test security. OPES found that the procedures used to establish and support the validity and defensibility of the components listed above meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* (2014) (*Standards*) and in California Business and Professions Code section 139.

In December 2017, OPES convened a panel of licensed California audiologists to serve as subject matter experts (SME). The SMEs were selected by the Board based on their geographic location, experience, and practice specialty. The SMEs were asked to review the American Speech-Language-Hearing Association's (ASHA) 2017 *Audiology Practice and Curriculum Analysis*, used to inform the Praxis, and to compare its content with the description of practice for California audiologists as based on the 2017 Occupational Analysis of the Audiologist Profession (2017 California Audiologist OA) performed by OPES.

The SMEs performed a comparison between the task and knowledge statements in the *Audiology Practice and Curriculum Analysis* that serves as the basis for the content categories of the Praxis and the 2017 California audiologist description of practice. They concluded that the content measured by the Praxis is congruent in assessing the general knowledge required for entry-level audiology practice in California.

The SMEs were also asked to link the job task and knowledge statements used to inform the Praxis, taken from the *Audiology Practice and Curriculum Analysis*, with the task and knowledge statements that make up the 2017 California examination plan for the audiologist profession. This linkage was performed to identify whether there were areas of California audiology practice not covered by the Praxis.

The results of the linkage study indicate that there are no areas of California audiology practice that a California audiologist is expected to have mastered at the time of licensure which are not covered by content tested by the Praxis.



MEMORANDUM

DATE	May 24, 2018
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Update from the Speech-Language Pathology Practice Committee

BACKGROUND

Committee Chair Patti Solomon-Rice will provide an oral report and possible recommendations from the Speech-Language Pathology Practice Committee meeting to be held on May 31, 2018.



MEMORANDUM

DATE	May 23, 2018
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Discussion and Possible Action Regarding Audiology Scope of Practice and Intraoperative Monitoring (IOM)

BACKGROUND

At its February 2018 meeting, the Board discussed California audiology scope of practice and the practice of IOM. Members of the audiology profession discussed the history of audiologists performing IOM and its current place in the field of audiology. Included in the presentation were position statements from the American Academy of Audiology, the American Speech-Language-Hearing Association, and the American Society of Electroneurodiagnostic Technologists.

ACTION REQUESTED

This item is a follow-up on the Board's previous discussion. The Board will review and possibly approve the draft letter of support for audiologists who perform IOM.

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board - 0376

FY 2017-18 BUDGET REPORT

FISCAL MONTH 10

OBJECT DESCRIPTION	FY 2016-17		FY 2017-18				
	ACTUAL	PRIOR YEAR	GOVERNOR'S	CURRENT YEAR	PERCENT	PROJECTIONS	UNENCUMBERED
	EXPENDITURES	EXPENDITURES	BUDGET	EXPENDITURES	SPENT	TO YEAR END	BALANCE
	(MONTH 13)	(MONTH 10)	2017-18	(MONTH 10)			
PERSONNEL SERVICES							
Salary & Wages (Staff)	463,473	377,521	536,000	417,983	78%	477,278	58,722
Statutory Exempt (EO)	87,141	72,511	82,000	76,030	93%	91,296	(9,296)
Temp Help Reg (Seasonals)	4,334	0	1,000	11,548	1155%	2,308	(1,308)
Temp Help (Exam Proctors)	517	517	0	0	0%	0	0
Board Member Per Diem	0	0	0	0	0%	0	0
Committee Members	5,200	3,800	6,000	4,600	77%	6,295	(295)
Overtime	17,204	13,611	5,000	12,608	252%	15,936	(10,936)
Staff Benefits	268,732	223,225	318,000	251,742	79%	303,063	14,937
TOTALS, PERSONNEL SVC	846,601	691,185	948,000	774,511	82%	896,175	51,825
OPERATING EXPENSE AND EQUIPMENT							
General Expense	12,187	9,813	45,000	6,107	14%	12,300	32,700
Fingerprint Reports	40,837	24,618	28,000	21,517	77%	35,693	(7,693)
Minor Equipment	4,400	4,400	0	2,045	0%	2,045	(2,045)
Printing	7,410	6,768	25,000	720	3%	5,984	19,016
Communication	5,297	4,053	18,000	4,579	25%	5,984	12,016
Postage	22,650	18,805	24,000	0	0%	19,000	5,000
Insurance	0	9	0	2,831	0%	2,831	(2,831)
Travel In State	36,347	26,338	24,000	13,060	54%	37,000	(13,000)
Travel, Out-of-State	0	0	0	0	0%	0	0
Training	451	451	7,000	0	0%	450	6,550
Facilities Operations	64,118	63,779	78,000	66,648	85%	191,648	(113,648)
C & P Services - Interdept.	0	0	24,000	0	0%	0	24,000
C & P Services - External	0	0	0	3,200	0%	7,534	(7,534)
DEPARTMENTAL SERVICES:							
Office of Information Services Pro Rata	179,270	154,170	185,000	107,500	58%	129,000	56,000
Administration Pro Rata	118,539	95,830	133,000	110,833	83%	133,000	0
DOI - Special Ops Unit Pro Rata	2,760	2,500	3,000	2,500	83%	3,000	0
Communication Division Pro Rata	16,372	14,170	8,000	6,667	83%	8,000	0
Public Policy Review Division Pro Rata	654	830	10,000	8,333	0%	10,000	0
INTERAGENCY SERVICES:							
Interagency Services	0	0	29,000	0	0%	0	29,000
IA w/ OPES	117,441	66,581	60,000	27,191	45%	27,191	32,809
Consolidated Data Center	484	437	10,000	3,226	32%	3,573	6,427
DP Maintenance & Supply	2,214	2,214	17,000	800	5%	1,240	15,760
EXAM EXPENSES:							
Exam Site Rental	3,950	3,950	8,000	4,000	50%	8,000	0
C/P Svcs-External Expert Administrative	12,594	12,594	25,000	0	0%	11,520	13,480
C/P Svcs-External Subject Matter	76,624	55,912	38,000	51,798	0%	70,986	(32,986)
ENFORCEMENT:							
Attorney General	144,505	107,842	97,000	104,825	108%	140,462	(43,462)
Office Admin. Hearings	35,406	22,111	22,000	31,285	142%	46,000	(24,000)
Court Reporters	1,243	568	0	2,485	0%	2,982	(2,982)
Evidence/Witness Fees	9,975	5,975	7,000	5,864	84%	9,790	(2,790)
DOI - Investigations	139,190	123,330	153,000	153,000	100%	153,000	0
MISC:							
Major Equipment	0	0	12,000	0	0%	12,000	0
TOTALS, OE&E	1,054,918	828,048	1,090,000	741,014	68%	1,090,214	(214)
TOTAL EXPENSE	1,901,519	1,519,233	2,038,000	1,515,525	74%	1,986,389	51,611
Sched. Reimb. - Fingerprints	(42,000)	(24,059)	(31,000)	0	0%	(31,000)	0
Sched. Reimb. - Other	(4,000)	(3,055)	(2,000)	0	0%	(2,000)	0
Unsched. Reimb. - Other	(30,846)	(18,304)	0				
NET APPROPRIATION	1,824,673	1,473,815	2,005,000	1,515,525	76%	1,953,389	51,611
SURPLUS/(DEFICIT):							2.6%

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

LICENSES ISSUED	FY12/13	FY13/14	FY14/15	FY15/16	FY16/17	FY17/18
						QTR 1-3
AU	76	57	89	48	53	56
DAU	19	UA	UA	26	24	17
AUT	1	0	0	0	0	1
SLP	1056	974	1143	1352	1457	1106
SPT	0	0	0	0	0	0
SLPA	407	325	550	606	501	451
RPE	727	702	836	834	897	795
AIDE	51	40	48	44	44	45
CPD	9	15	17	22	21	6
HAD Permanent	84	49	92	140	120	83
HAD Trainee	95	139	145	180	152	126
HAD Licensed in Another State	7	5	9	16	16	16
HAD Branch	132	282	426	407	315	259
TOTAL LICENSES ISSUED	2664	2588	3355	3675	3600	2961

LICENSEE POPULATION	FY12/13	FY13/14	FY14/15	FY15/16	FY16/17	FY17/18
					*	* QTR 1-3
AU	609	584	612	556	698	712
DAU	942	971	988	1,045	1,211	1,230
<i>Both License Types</i>	<i>1,551</i>	<i>1,555</i>	<i>1,600</i>	<i>1,601</i>	<i>1,909</i>	<i>1,942</i>
AUT	0	0	0	0	0	0
SLP	12,696	13,285	13,967	14,860	18,024	18,831
SPT	0	0	0	0	0	0
SLPA	1,771	1,969	2,343	2,795	3,752	4,043
RPE	682	768	802	806	1,174	1,359
AIDE	120	119	124	133	235	210
HAD	946	913	948	996	1,179	1,220
HAD Trainees	95	145	160	158	238	182
HAD Licensed in Another State	9	8	7	18	18	26
HAD Branch Office	653	710	821	963	1,409	1,282
TOTAL LICENSEES	18,523	19,472	20,772	22,330	27,938	29,095

* New Computation: includes delinquent, inactive, and valid licenses;
CE not adequate; cite/fine holds

February 24, 2018 Hearing Aid Dispensers Practical Examination

Candidate Type	Number of Candidates	Passed	%	Failed	%
Applicants with Supervision (Temporary License)					
HA	14	11	79%	3	21%
AU	3	2	67%	1	33%
RPE					
Aide					
Applicants Licensed in Another State (Temporary License)					
HA	2	1	50%	1	50%
AU	1	1	100%		
Applicants without Supervision					
HA	11	9	82%	2	18%
AU	20	18	90%	2	10%
RPE					
Total Number of Candidates		Passed	%	Failed	%
	51	42	82	9	18

Speech-Language Pathology Audiology Hearing Aid Dispensers Board

	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quarter 1-3 2017 - 2018	
COMPLAINTS AND CONVICTIONS	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Complaints Received	56	41	74	43	75	59	67	112
Convictions Received	4	27	27	58	15	84	17	72
Average Days to Intake	31	31	2	2	3	2	2	2
Closed	107	46	109	130	76	124	86	159
Pending	55	56	46	31	56	51	58	78

Average cycle time from complaint receipt, to an investigator. DCA Performance Measure:

	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quarter 1-3 2017 - 2018	
INVESTIGATIONS Desk	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Assigned	59	64	101	101	90	143	84	184
Closed	89	41	107	124	71	118	81	152
Average Days to Complete	339	250	107	138	132	91	265	80
Pending	46	48	42	30	45	39	44	68

	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quarter 1-3 2017 - 2018	
INVESTIGATIONS DOI	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Assigned	2	3	0	2	11	9	8	5
Closed	15	2	2	6	5	6	5	7
Average Days to Complete	722	527	392	382	148	709	435	505
Pending	6	3	4	1	11	12	14	10

	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quarter 1-3 2017 - 2018	
ALL TYPES OF INVESTIGATIONS	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Closed Without Discipline	83	37	93	112	69	111	81	147
Cycle Time - No Discipline	347	234	74	115	125	69	271	85

Average cycle time from complaint receipt to Does not include cases sent to the AG or other DCA Performance Measure: Target 90 Days.

	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quarter 1-3 2017 - 2018	
CITATIONS/Cease&Desist	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Issued	3	8	4	5	8	8	6	5
Avg Days to Complete Cite	292	188	195	305	98	44	9	401
Cease & Desist Letter	5	1	0	1	1	1	1	0

Speech-Language Pathology Audiology Hearing Aid Dispensers Board

	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quarter 1-3 2017 - 2018	
ATTORNEY GENERAL CASES	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Pending at the AG	17	13	18	16	8	6	6	6
Accusations Filed	5	6	8	19	2	3	2	3
SOI Filed	0	0	2	2	0	0	1	1
Acc Withdrawn, Dismissed, Declined	0	0	1	0	2	1	2	2
SOI Withdrawn, Dismissed, Declined	1	1	0	0	1	1	0	0
Average Days to Discipline	1336	234	888	507	1260	979	780	723

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and

	FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		FISCAL YEAR 2016 - 2017		Quarter 1-3 2017 - 2018	
ATTORNEY GENERAL FINAL OUTCOME	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Probation	1	1	1	5	6	7	2	1
Surrender of License	0	1	1	1	3	1	1	2
License Denied (SOI)	0	0	0	0	0	0	4	5
Suspension & Probation	0	0	0	1	0	0	0	0
Revocation-No Stay of Order	1	3	1	2	0	2	1	0
Public Reprimand/Reproval	0	0	0	0	0	0	0	1

Amend Sections Amend Section 1399.170, 1399.170.4, 1399.170.10, 1399.170.11, 1399.170.13, 1399.170.14 and 1399.170.15 of Article 12 of Division 13.4 of Title 16 as follows:

1399.170.Definitions.

As used in this article:

(a) "Accountability" means being legally responsible and answerable for actions and inactions of self or others during the performance of a task by the speech-language pathology assistant.

(b) "Client" shall have the same meaning and effect as the term "patient" and "student," when referring to services provided in a school or other setting, for purposes of interpreting the provisions in this Article.

(c) "Direct supervision" means on-site observation and guidance or live electronic observation and [real-time] guidance by the supervising speech-language pathologist while a clinical activity is performed by the speech-language pathology assistant. Direct supervision performed by the supervising speech-language pathologist may include, but is not limited to, the following: observation of a portion of the screening or treatment procedures performed by the speech-language pathology assistant, coaching the speech-language pathology assistant, and modeling for the assistant.

(d) "Immediate supervision" means the supervising speech-language pathologist is physically present during services provided to the client by the speech-language pathology assistant.

(e) "Indirect supervision" means the supervising speech-language pathologist is not at the same facility or in close proximity to the speech-language pathology assistant, but is available to provide supervision by electronic means—Indirect supervision activities performed by the supervising speech-language pathologist may include, but are not limited to, demonstration, record review, review and evaluation of audio or video-taped sessions, interactive television, and supervisory conferences that may be conducted by telephone or electronic mail.

(f) "Medically fragile" is the term used to describe a client that is acutely ill and in an unstable condition and if treated by a speech-language pathology assistant, immediate supervision by a speech-language pathologist is required.

(g) "Screening" is a pass-fail procedure to identify, without interpretation, clients who may require further assessment following specified screening protocols developed by the supervising speech-language pathologist.

(h) "Supervision" for the purposes of this article, means the provision of direction and evaluation of the tasks assigned to a speech-language pathology assistant. Methods for providing supervision include direct supervision, immediate supervision, and indirect supervision.

Discuss at meeting whether real-time should be included or not

(i) "Support personnel" means individuals who, following academic and/or on-the-job training, perform tasks as prescribed, directed and supervised by a speech-language pathologist. There are different levels of support personnel based on training and scope of responsibilities.

(j) "Qualifications deemed equivalent by the Board" means a person who holds a license or has legal authorization to practice.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference: Section 2538.1(b), Business and Professions Code.

1399.170.4. Application for Approval of Speech-Language Pathology Assistant Training Programs.

(a) To be eligible for approval by the Board as a speech-language pathology assistant training program (hereinafter referred to as "program"), the sponsoring institution shall be accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges.

(b) An educational institution seeking approval of a speech-language pathology assistant program shall:

(1) Notify the Board in writing, by submitting a request from the officially designated representative of the sponsoring institution and the speech-language pathology assistant program director, who must hold a current active license with no disciplinary action within the past five (5) years in speech-language pathology or must have qualifications deemed equivalent by the Board and have practiced under that legal authorization for at least five (5) years, of its intent to offer a new program.

(2) No later than six (6) months prior to the enrollment of students, submit a formal proposal to the Board demonstrating how the program will meet the requirements of Sections 1399.170.5 through 1399.170.10. The Board, at its sole discretion, may retroactively approve programs that enrolled students prior to the effective date of the regulations.

(c) The Board shall review the request and formal proposal and may thereafter grant or deny approval. The Board may request additional information to evaluate the request for approval and shall notify the program of its decision in writing within sixty (60) days from receipt of all requested documents.

(d) A material misrepresentation by the program of any information required to be submitted to the Board may be grounds for denial of approval or removal of the program from the approved list.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference: Section 2538.1(b)(2), Business and Professions Code.

1399.170.10. Required Curriculum.

(a) A program's curriculum shall not be implemented or revised until it has been approved by the Board.

(b) The curriculum shall be designed so that a speech-language pathology assistant who completes the program will have the knowledge and skills necessary to function

in accordance with the minimum standards set forth in Section 2538.1(b)(3) of the Business and Professions Code.

(c) The curriculum shall consist of not less than sixty (60) semester units or ninety (90) quarter units, which shall include the following:

(1) Twenty (20) to thirty (30) semester units or thirty (30) to forty-five (45) quarter units in general education requirements, including but not limited to, basic communication skills, knowledge of mathematics, liberal arts, and biological, behavioral and health sciences.

(2) Thirty (30) to forty (40) semester units or forty-five (45) to sixty (60) quarter units in course work that satisfies the competencies defined in the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants Appendix C - Speech-Language Pathology Assistant Suggested Competencies (1996, Spring) [Speech-Language Pathology Assistant Scope of Practice \(2013\)](#) including the following observation and field work experiences:

(A) A minimum of fifteen (15) clock hours of directed observation; and

(B) A minimum of ~~seventy (70)~~ one-hundred (100) clock hours of field work experience.

(d) The course of instruction shall be presented in semester or quarter units under the following formula:

(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

(2) Three (3) hours of field work practice each week throughout a semester or quarter equals one (1) unit.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference: Section 2538.1(b)(2), Business and Professions Code.

1399.170.11. Qualifications for Registration as a Speech-Language Pathology Assistant.

To be eligible for registration by the Board as a speech-language pathology assistant, the applicant must possess at least one of the following qualifications:

(a) An associate of arts or sciences degree from a speech-language pathology assistant program accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges, and approved by the Board; or

(b) Evidence of completion of a bachelor's degree program in speech-language pathology or communication disorders from an institution listed in the "Accredited Institutions of Postsecondary Education" handbook issued by the American Council on Education, and completion of the field work experience as required in Section 1399.170.10(c)(2)(B) from a Board-approved program, or completion of a minimum of ~~seventy (70)~~ one-hundred (100) hours of field work experience or clinical experience equivalent to that required in Section 1399.170.10(c)(2)(B) in a bachelor's degree program as recognized in this subsection.

(1) The equivalent field work hours or clinical experience completed in a bachelor's degree program in speech-language pathology or communication disorders shall be evaluated for verification by the current training program director.

(A2) In the event that the field work experience or clinical experience completed in the bachelor's degree program is deemed deficient by the authorized representative of a board-approved speech-language pathology assistant training program, the applicant may petition the Board for reconsideration.

(B3) In lieu of completion of the ~~seventy (70)~~ one-hundred (100) hours of field work experience or clinical experience in a bachelor's degree program as defined in subsection (b) above, the Board may consider the completion of thirty-six weeks nine months of full-time work experience performing the duties of a speech-language pathology assistant enumerated in paragraph (4) of subsection (b) of Section 2538.1 of the Business and Professions Code as equivalent to the required clinical training.

(2) In addition to completion of the bachelor's degree program, completion of a three (3)-unit (semester) or four (4)-unit (quarter) course specific to speech-language pathology assistants, the scope of practice for speech-language pathology assistants, and the California laws and regulations that govern speech-language pathology assistants.

(c) Evidence of completion of an equivalent speech-language pathology assistant associate of arts or science degree program, which includes the competencies defined in the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants Appendix C - Speech-Language Pathology—Assistant Suggested Competencies (1996, Spring)

Note: Authority cited: Sections 2531.95 and 2538.1, Business and Professions Code.
Reference: Section 2538.1(b)(2) and 2538.3(a), Business and Professions Code.

1399.170.13. Application and Fees.

(a) Each person desiring registration as a speech-language pathology assistant shall ~~file submit a completed application forms (SPA 100 Rev 2018) 77A-60 New 08/01 and, if applicable, 77A-61 New 12/99) and any required supporting documentation with the Board as provided in Section 1399.151.1. Upon receipt of the speech-language pathology assistant application, the Board will review the application for registration and notify the applicant of its approval or disapproval, hereby incorporated by reference, to the board.~~

(b) Each person desiring registration as a speech-language pathology assistant who has completed a board-approved speech-language pathology assistant program, shall also submit a completed "Fieldwork Experience Verification- Board Approved Speech-Language Pathology Assistant Program" form (FEV 100 Rev 2018), hereby incorporated by reference, with the application. ~~All applicants shall submit at the time of filing the speech-language pathology assistant application, a non-refundable fee of \$50.00, which includes a non-refundable \$25.00 application fee and a non-refundable \$25.00 registration fee pursuant to Section 2534.2 of the Code.~~

(c) Each person desiring registration as a speech-language pathology assistant who has completed a bachelor's degree program in speech-language pathology or communication disorders pursuant to section 1399.170.11 shall also submit a

If approved by the board, the application/form will need to be changed to verify completion of this class

completed, "Fieldwork Experience Verification- Bachelor's Degree" form (BA FEV 100 Rev 2018), or "Employment Work Experience- Bachelor's Degree" form (WEV 100 Rev 2018), hereby incorporated by reference, to the board with the application.

(d) Each person desiring registration as a speech-language pathology assistant who has completed an equivalent speech-language pathology assistant associate of arts or science degree program pursuant to section 1399.170.11 shall also submit a completed "Fieldwork Experience Verification- Equivalent SLPA Program" form (EP FEV 100 Rev 2018), hereby incorporated by reference, to the board.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.
Reference: Sections ~~2534.2(e) and (f)~~ and 2538.1 and 2538.3 Business and Professions Code.

1399.170.14. Requirements for Renewal.

~~(a) The renewal fee for registration as a speech-language pathology assistant is \$75.00 every two years pursuant to Section 2534.2 of the Code.~~

~~(b)~~ When applying for renewal, a speech-language pathology assistant shall certify in writing, by signing a statement under penalty of perjury that, during the preceding two years, the speech-language pathology assistant has completed twelve (12) hours of continuing professional development through state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication disorders.

Note: Authority cited: Sections 2531.95 and 2538.1, Business and Professions Code.
Reference: Sections ~~2534.2(f)~~, 2538.1 ~~and (5)~~, Business and Professions Code.

1399.170.15. Requirements for the Supervision of the Speech Language Pathology Assistant.

(a) The supervising speech-language pathologist (hereinafter called "supervisor") is responsible for designing and implementing a supervisory plan that protects client care and maintains the highest possible standards of quality. ~~The amount and type of supervision required should be consistent with the skills and experience of the speech-language pathology assistant, the needs of the clients, the service setting, the tasks assigned, and the laws and regulations that govern speech-language pathology assistants.~~ Treatment of the client remains the responsibility of the supervisor.

(b) Any person supervising a speech-language pathology assistant registered with the Board ~~on or after April 10, 2001, (hereinafter called "supervisor")~~ shall sign under penalty of perjury and submit, within thirty (30) business days of the commencement of such supervision, to the Board on a form prescribed by the Board that includes all of the following: ~~the "Responsibility Statement for Supervision of a Speech-Language Pathology Assistant" (77S-60, New 12/99), which requires that:~~

- (1) The speech-language pathology assistant's name and license number.

- (2) The supervisor's name, street addresses, telephone number, speech-language pathology license number or clear credential issue date.
- (3) The date supervision began
- (4) A statement as to whether the speech-language pathology assistant has more than one supervisor, and if so, if the supervisor submitting the form is the lead supervisor.
- (5) A statement affirming that the supervisor shall:
 - (A) ~~The supervisor shall~~ Possess and maintain a current valid California license as a speech-language pathologist as required in Section 2532 of the Code and Section 1399.160.3 of California Code of Regulations or may hold a valid and current professional clear, clear, or life clinical or rehabilitative services credential in language, speech and hearing issued by the California Commission on Teacher Credentialing, and have at least two years of full-time experience providing services as a speech-language pathologist. "Full-time experience" as used in this section means at least 36 weeks in a calendar year and a minimum of 30 hours per week.
 - (B) ~~The supervisor shall~~ Immediately notify the assistant of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license, or lapse in licensure, which affects the supervisor's ability or right to supervise.
 - (C) ~~The supervisor shall~~ Ensure that the extent, kind and quality of the clinical work performed is consistent with the training and experience of the person being supervised, and shall be accountable for the assigned tasks performed by the speech-language pathology assistant. The supervisor shall review client/patient records, monitor and evaluate assessment and treatment decisions of the speech-language pathology assistant, and monitor and evaluate the ability of the assistant to provide services at the site(s) where he or she will be practicing and to the particular clientele being treated, and ensure compliance with all laws and regulations governing the practice of speech-language pathology.
 - (D) During the first ninety (90) days, the supervisor shall provide immediate supervision at least 20% per week of the work schedule.
 - (E) ~~The supervisor shall~~ Complete not less than six (6) hours of continuing professional development in supervision training in the initial two-year period from prior to the commencement of supervision, and three (3) hours in supervision training of continuing professional development every two four (4) years thereafter.
 - (F) The supervisor shall maintain records of course completion in supervision training for a period of two years from the speech-language pathology assistant's renewal date.
 - (G) The supervisor ~~has read~~ knows and understands the laws and regulations pertaining to supervision of speech-language pathology assistants.
 - (H) As the professional development advisor, the supervisor shall assist in the development of a plan for the speech-language pathology assistant to complete twelve (12) hours of continuing professional development every two years through state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication disorders.
 - (I) ~~The supervisor shall~~ Communicate to the speech-language pathology assistant the manner in which emergencies will be handled.

If the supervisor now needs to do it prior to supervising, does the board want documentation with the application to verify?

(J) Upon written request of the Board, the supervisor shall provide the Board with any documentation which verifies the supervisor's compliance with the requirements set forth in this article.

(K) Provide a copy of the form to the assistant within 45 business days of from the commencement date of supervision.

(L) Not supervise more than three (3) support personnel, not more than two of which hold the title of Speech-Language Pathology Assistant.

(M) assume responsibility for all services provided to clients by the Speech-Language Pathology Assistant that is being supervised.

(c) Continuing professional development training obtained by a Board-approved provider that meets the course content listed below, may be applied towards the continuing professional development requirement for licensees set forth in Section 1399.160.3 of the California Code of Regulations. The content of such training shall include, but is not limited to:

(A1) Familiarity with supervision literature through reading assignments specified by course instructors; and

(B2) Improving knowledge and understanding of the relationship between the speech-language pathologist and the assistant, and the relationship between the speech-language pathologist and the client.

(C3) Structuring to maximize supervision, including times and conditions of supervision sessions, problem solving ability, and implementing supervisor interventions within a range of supervisory modalities including live, videotape, audiotape, and case report methods;

(D4) Knowledge of contextual variables such as culture, gender, ethnicity, and economic issues; and

(E5) The practice of clinical speech-language pathology including the mandated reporting laws and knowledge of ethical and legal issues.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code. Reference: Sections 2530.2(f), 2538.1(b)(5), (6), (7) and (9), Business and Professions Code.

The form had this language but I added a time-frame in which the form had to be given to the SLPA. Is this time-frame reasonable? Addtl. 15 days after due to the Board.



Application Checklist

Speech- Language Pathology Assistant

If you need assistance, please email the Board at
speechandhearing@dca.ca.gov

1. Application

- Complete entire Application (SPA 100/Rev 2018). Please remember to submit a 2x2 passport quality photograph.

2. Fees

- Please submit a check or money order to the Board in the amount of \$150.00, made payable to SLPAHADB.

3. Course Syllabi

- Please include a course catalog or program syllabi with full descriptions of coursework taken.

4. Official Paper Transcripts

- Must be in an envelope sealed by the institution.

5. Photocopy of Diploma (unless posted on transcripts) or Evidence of Completion of Bachelor's Degree

- To evidence completion of a bachelor's degree program in speech-language pathology or communication disorders a letter sent directly from your college's training program director to the Board verifying completion of the bachelor's degree program.

6. Verification Form – Attach One of the Following (A, B, C, or D)

- A. Fieldwork Experience Verification- Board Approved Speech-Language Pathology Assistant Program form (FEV 100 Rev 2018)
- B. Fieldwork Experience Verification- Bachelor's Degree form (BA FEV 100 Rev 2018)
- C. Employment Work Experience- Bachelor's Degree form (WEV 100 Rev 2018)
- D. Fieldwork Experience Verification- Equivalent SLPA Program form (EP FEV 100 Rev 2018)

7. Fingerprints

- California applicants are **required** to use Live Scan for fingerprinting; please submit a copy of the completed form to the Board. Fees are paid directly to the Live Scan operator.
- Out-of-State applicants are **required** to submit two fingerprint cards (FD-258) and a check or money order to the Board for \$49.00 (DOJ and FBI processing fee). You may request fingerprint cards be sent to you via email at speechandhearing@dca.ca.gov.
 - One (1) check or money order in the amount of \$99 (\$50 licensing fee and \$49 fingerprint card processing fees) may be submitted. Please make check or money order payable to SLPAHADB.

Additional Documentation Required Prior to performing SLPA duties:

- **Supervisor Responsibility Statement-** This form is to be completed by the supervisor and sent to the Board within thirty (30) days of the commencement of supervision.
 - *Please note, although the Board may issue your SLPA license, you cannot perform the duties and functions of an SLPA until you have an approved supervisor on file with the Board.*



Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants

Task Force on Support Personnel

These guidelines are an official statement of the American Speech-Language-Hearing Association. They provide guidance on the training, credentialing, use, and supervision of one category of support personnel in speech-language pathology: speech-language pathology assistants. Guidelines are not official standards of the Association. They were developed by the Task Force on Support Personnel: Dennis J. Arnst, Kenneth D. Barker, Ann Olsen Bird, Sheila Bridges, Linda S. DeYoung, Katherine Formichella, Nena M. Germany, Gilbert C. Hanke, Ann M. Horton, DeAnne M. Owre, Sidney L. Ramsey, Cathy A. Runnels, Brenda Terrell, Gerry W. Werven, Denise West, Patricia A. Mercaitis (consultant), Lisa C. O'Connor (consultant), Frederick T. Spahr (coordinator), Diane Paul-Brown (associate coordinator), Ann L. Carey (Executive Board liaison). The 1994 guidelines supersede the 1981 guidelines entitled, "Guidelines for the Employment and Utilization of Supportive Personnel" (Asha, March 1981, 165-169). Refer to the 1995 position statement on the "Training, Credentialing, Use, and Supervision of Support Personnel in Speech-Language Pathology" (Asha, 37 [Suppl. 14], 21).

Preamble

Changes in the service delivery system, increasing numbers of persons who need communication and related services, ever-rising costs of providing services in both health care and education, and technological and scientific advances have resulted in an expanding scope of practice for the profession of speech-language pathology. Speech-language pathologists have by necessity expanded their roles

so that they are not only service providers, but also managers of service delivery. As managers, responsibilities include oversight of service delivery programs and supervision of personnel. Qualified professionals possess the knowledge and skills necessary to make clinical judgments and decisions.

Speech-language pathology must respond to the spiraling costs of health care and education and the increase in managed care systems. There is a need to be more cost-effective and to better allocate limited resources. The exclusive use of a one-on-one service model with a certified, licensed professional may not be an option in an ever-increasing managed care environment. At the same time, quality and access to service must be maintained for all those in need. One possible way to accomplish these diverse goals is by incorporating a nonprofessional level of personnel who can support speech-language pathologists. These guidelines present a model for the training, use, and supervision of one category of support personnel in speech-language pathology: speech-language pathology assistants.

Support personnel are people who, following academic and/or on-the-job training, perform tasks as prescribed, directed, and supervised by certified speech-language pathologists. There are different levels of support personnel based on training and scope of responsibilities. Support personnel can be used to increase the frequency, efficiency, and availability of services; they can assist the supervising speech-language pathologist with generalization of learned skills to multiple settings; and they can assist with habilitation and restorative programs. The use of support personnel can increase access to care for diverse and underserved patient/client populations, and increase diversity in the work force by having different levels of entry into the profession. The use of well-trained and -supervised support personnel is one way to increase the frequency of services while maintaining the quality of services provided. These guidelines present a model for establishing and

Reference this material as: American Speech-Language-Hearing Association. (1996, Spring). Guidelines for the training, credentialing, use, and supervision of speech-language pathology assistants. *Asha*, 38 (Suppl. 16, pp. 21-34)

Index terms: Assistants-speech-language pathology, credentialing, support personnel-speech-language pathology, supervision

credentialing assistant-level support personnel in speech-language pathology. The use of credentialed assistants is already a well-established practice for other core rehabilitation professions, such as occupational and physical therapy.

Some tasks, procedures, or activities used with individuals with communication disorders can be performed successfully by persons other than speech-language pathologists if the persons conducting the activity are properly trained and supervised by ASHA-certified speech-language pathologists. The decision to shift responsibility for implementation of the more repetitive, mechanical, or routine clinical activities to assistants should be made only by qualified professionals and only when the quality of care and level of professionalism will not be compromised. Professional judgment should be at the heart of the selection, management, supervision, and use of support personnel.

The guidelines are consistent with the principles of ASHA's Code of Ethics (American Speech-Language-Hearing Association, 1994a). Recognizing the diversity of service delivery settings (e.g., schools, clinics, hospitals) and populations served, the guidelines were designed to be flexible enough to allow variations in support services, yet definitive enough to provide a model for qualifications, training, supervision, credentialing, and use of assistant-level support personnel.

Most important, these guidelines were developed to respond to the consumer's right to know about the level of service provided (i.e., professional or support level). Speech-language pathologists must inform consumers when services are provided by support personnel. Professionals may delegate certain tasks to support personnel, but the professionals retain the legal and ethical responsibility for all services provided or omitted. Although ASHA endorses the use of trained and supervised support personnel (American Speech-Language-Hearing Association, 1995), it is important to emphasize that ASHA does not mandate the use of support personnel. ASHA condemns the inappropriate use of support personnel and will impose sanctions accordingly. Support personnel may be an appropriate option in some settings, particularly when administrative support and supporting licensure laws exist. In other settings, the use of support personnel may be inappropriate. Speech-language pathologists should never be obliged to use support personnel, particularly if they feel that quality of service may be compromised.

The foundation for successfully using an assistant-level support personnel service delivery model may include:

- Administrative understanding that will support the use of assistants in speech-language pathology.
- Administrative understanding of the benefits and restrictions of using assistants.
- Availability of speech-language pathologists with an understanding and commitment to the use of assistants.
- Appropriate target population for use of assistants.
- Availability of qualified people to work as assistants.
- Sufficient education so other personnel (e.g., teachers) are aware of the role of assistants when they are used.
- Availability of preparation for speech-language pathologists in the area of supervision of speech-language pathology assistants.
- Availability of appropriate training programs for speech-language pathology assistants.
- Provision of sufficient resources and empowerment of speech-language pathologists to decide whether to use assistants.
- Provision of sufficient time to adequately train and supervise speech-language pathology assistants.

It must be stressed that the optional use of assistants does not preclude active recruitment of speech-language pathologists to the workforce.

Key Word Definitions

Support personnel: Support personnel in speech-language pathology are people who, following academic and/or on-the-job training, perform tasks as prescribed, directed, and supervised by certified speech-language pathologists. There are different levels of support personnel based on training and scope of responsibilities.

Supervising speech-language pathologist: A speech-language pathologist certified by the American Speech-Language-Hearing Association and licensed by the state (where applicable), who has been practicing for at least 2 years following ASHA certification.

Direct supervision: Direct supervision means on-site, in-view observation and guidance by a speech-language pathologist while an assigned activity is performed by support personnel.

Indirect supervision: Indirect supervision means those activities other than direct observation and guidance conducted by a speech-language pathologist that may include demonstration, record review, review and evaluation of audio- or video-taped sessions, and/or interactive television.

Credentialing: Mechanism for formal recognition. May take different forms such as recognition, registration, or certification. Certification is the type of credential ASHA awards professionals. Another type of credential, such as registration (with specified requirements), will be developed for speech-language pathology assistants.

Screening: A pass-fail procedure to identify people who may require further assessment.

Plan of care (treatment plan): This terminology is meant to include, but not be limited to, the "Plan of Care," "Individualized Education Program (IEP)," or "Individualized Family Service Plan (IFSP)," and other titles that outline the care of the patient/client.

Interpreter: A person who conveys information from one language to another and who has the minimum linguistic competencies necessary to accurately interpret for speech-language pathologists during conference sessions, assessments, and treatment, and who has been adequately trained in the underlying principles and procedures specific to the activity. (These guidelines do not address the use of interpreters as support personnel in speech-language pathology. Additional training is required. See the question and answer section in Appendix A.)

Translator: A person who uses the written modality to convey information from one language to another, has the minimum linguistic competencies necessary to accurately interpret for speech-language pathologists during conference sessions, assessments, treatments and correspondences, and who has been adequately trained in the underlying principles and procedures specific to the activity. (These guidelines do not address the use of translators as support personnel in speech-language pathology. Additional training is required. See the question and answer section in Appendix A.)

Introduction

These guidelines provide a model for the use of speech-language pathology assistants and specify the accepted title, credentials, required training, responsibilities and restrictions, and level of supervision. The guidelines address these considerations for one category of support personnel: the speech-language pathology assistant. Guidelines for the training, use, and supervision of assistants in speech-language pathology were established to be applicable in a variety of work settings. Training requirements for speech-language pathology assistants are based on the type of tasks specified in their scope of responsibility. Specific education and on-the-job training may be necessary to prepare assistants for unique roles in certain settings (e.g., hospitals and schools). Separate guidelines are being developed by ASHA for the use of interpreters and translators as support personnel. Monolingual supervisors working with bilingual assistants should evaluate the assistant's skills in the language shared by both. A question and answer section is included in Appendix A to provide the rationale for the guidelines.

Different Levels of Support Personnel

The specific training and credentialing requirements established by ASHA for the speech-language pathology assistant do not preclude use of appropriately trained and supervised support personnel at another level (e.g., less skilled aide level). However, official recognition through an ASHA credentialing program is limited to the speech-language pathology assistant. Other support personnel models have a different, often narrower scope of responsibilities (e.g., multiskilled practitioner, rehabilitation aide) and a different, often narrower training base relative to speech-language pathology assistants. The availability of speech-language pathology assistants is not feasible in some work settings, yet the use of some level of support personnel may still be appropriate. The use of personnel at this level is acknowledged. For personnel at this level, the term "aide" is appropriate. Aides differ from assistants in their degree of training and, correspondingly, in the types of responsibilities that can be assigned to them (e.g., set up treatment room, prepare materials, order supplies, record data). Training for aides is most accurately described as "on the job," is provided by a supervising speech-language pathologist, and furnishes task-specific knowledge and skills. Any individual assisting the speech-language pathologist should

have a general knowledge base similar to that described in these guidelines, with the amount and type of supervision determined by the specific responsibilities (see "Guidelines for Caseload Size and Speech-Language Service Delivery in the Schools," American Speech-Language-Hearing Association, 1993).

Individuals who hold a bachelor's degree in speech-language pathology are considered at the same level as assistants who meet the training requirements specified in this document. However, these distinctions could be viewed as separate rungs of a career ladder for support personnel that for some could culminate with a master's degree and ASHA certification in speech-language pathology. A bachelor's degree does not automatically qualify an individual as a speech-language pathology assistant. All training requirements apply, including supervised practicum, on-the-job training, and demonstrated competence through outcome-based measures.

Ethical Responsibilities

The guidelines attempt a balance between requiring specified direct supervision and creating a treatment system that is flexible and functionally managed based on individual patient/client needs. It is imperative that speech-language pathologists "... continually consider the Code of Ethics in their roles as supervisors of such personnel" (American Speech-Language-Hearing Association, 1994b). In accordance with the Code of Ethics, Principle of Ethics I states that "Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally," and Principle of Ethics II Rule D states that "Individuals shall delegate the provision of clinical services only to persons who are certified or to persons in the education or certification process who are appropriately supervised. The provision of support services may be delegated to persons who are neither certified nor in the certification process only when a certificate holder provides appropriate supervision" (American Speech-Language-Hearing Association, 1994a).

The consumer must be informed about the use of support personnel. The supervising professional and support personnel "... must exercise extreme caution to avoid misrepresentation by implying that the aide is a speech-language pathologist or audiologist"

(American Speech-Language-Hearing Association, 1994b).

Principle of Ethics III Rule A states that "Individuals shall not misrepresent their credentials, competence, education, training, or experience" (American Speech-Language-Hearing Association, 1994a).

As a manager of services, the supervisor has direct responsibility for correction of inappropriate actions by support personnel. The speech-language pathology assistant does not exist without the supervisor. Support personnel are an accessory rather than an alternative to professional service. Supervisors who fail to provide appropriate supervision of assistants are in violation of ASHA's Code of Ethics.

Recommended Requirements for a Speech-Language Pathology Assistant

1. Responsibilities for a speech-language pathology assistant may be designated to an individual:

- who meets the expected training requirements,
- who demonstrates proficiency in skills required for a speech-language pathology assistant,
- who holds the current credential from ASHA as a speech-language pathology assistant,
- who is supervised by an ASHA-certified speech-language pathologist who has practiced for at least 2 years (following ASHA certification).
- who adheres to ASHA's scope of responsibilities for speech-language pathology assistants,
- who performs tasks as prescribed by the supervising speech-language pathologist, and
- who adheres to applicable state licensure laws and rules regulating the practice of speech-language pathology such as those requiring licensure or registration of support personnel.¹

2. Minimum requirements to function as a speech-language pathology assistant are to:

¹ State laws and rules, in particular those relating to licensure, may differ from ASHA guidelines. Fully qualified professionals and support personnel are legally bound to follow the licensure laws and rules that regulate them and their practice in the state in which they work. Use of support personnel is not permitted in every state. In states with less stringent requirements, ASHA members should follow ASHA guidelines.

a. Complete a minimum of an associate's degree in an ASHA-approved speech-language pathology assistant training program, a college-based speech-language pathology assistant certificate program, or an equivalent course of study with a major emphasis in the area of speech-language pathology. (See Appendix B for a sample curriculum.)

b. Complete practicum under the supervision of an ASHA-certified speech-language pathologist.

c. Complete and file with ASHA an application listing preparation (i.e., training) and signed by the speech-language pathologist who has agreed to provide supervision in the employment setting.

d. Successfully complete a uniform, functionally based proficiency evaluation developed by ASHA that checks the minimum skills necessary for fulfilling responsibilities as a speech-language pathology assistant. (See Appendix C for suggested competencies.)

e. Possess, within 6 months of employment, written confirmation of a current support personnel credential from ASHA.

f. Be employed in a setting in which direct and indirect supervision are provided on a regular and systematic basis by an ASHA-certified speech-language pathologist.

Scope of Responsibilities for a Speech-Language Pathology Assistant

Although the speech-language pathologist may delegate specific tasks to the speech-language pathology assistant, the legal (e.g., professional liability) and ethical responsibility to the patient/client for all services provided or omitted cannot be delegated; it must remain the full responsibility of the supervising speech-language pathologist. The speech-language pathology assistant may execute specific components of a speech and language program as specified in an individualized treatment plan composed by the speech-language pathologist. Tasks listed on the treatment plan and executed by the speech-language pathology assistant are only those that are within the scope of responsibilities for the speech-language pathology assistant and are tasks that the speech-language pathologist has determined the speech-language pathology assistant has the training and expertise to perform. The speech-language pathologist must provide at least the minimum specified level of supervision to ensure quality of care to all persons served. The amount of supervision may vary and must depend on the complexity of the case

and the experience of the assistant. The speech-language pathologist must maintain documentation of preservice training, in-service training, and supervision of the assistant. Under no circumstance may the intent of these guidelines, particularly in relation to the ASHA Code of Ethics, be diluted or circumvented by the use of a speech-language pathology assistant. Again, the use of a speech-language pathology assistant should be considered optional, and a speech-language pathology assistant should be used only when appropriate.

Provided that the training, supervision, documentation, and planning are appropriate (i.e., consistent with the guidelines), the following tasks may be designated to a speech-language pathology assistant:

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

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

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

d. Document patient/client progress toward meeting established objectives as stated in the treatment plan, and report this information to the supervising speech-language pathologist.

e. Assist the speech-language pathologist during assessment of patients/clients, such as those who are difficult to test.

f. Assist with informal documentation (e.g., tallying notes for the speech-language pathologist to use), prepare materials, and assist with other clerical duties as directed by the speech-language pathologist.

g. Schedule activities, prepare charts, records, graphs, or otherwise display data.

h. Perform checks and maintenance of equipment.

i. Participate with the speech-language pathologist in research projects, in-service training, and public relations programs.

Activities Outside the Scope of Responsibilities of a Speech-Language Pathology Assistant

There is a potential for possible misuse of the speech-language pathology assistant, particularly when responsibilities are delegated by administrative staff or nonclinical staff without the knowledge and approval of the supervising speech-language pathologist. Therefore, the speech-language pathology assistant should not perform any task without the express knowledge and approval of the supervising speech-language pathologist.

An individual's communication or related disorder or other factors may preclude the use of services from anyone other than an ASHA-certified speech-language pathologist.

The speech-language pathology assistant may not:

- a. Perform standardized or nonstandardized diagnostic tests, formal or informal evaluations, or interpret test results.
- b. Participate in parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising speech-language pathologist or other ASHA-certified speech-language pathologist designated by the supervising speech-language pathologist.
- c. Provide patient/client or family counseling.
- d. Write, develop, or modify a patient/client's individualized treatment plan in any way.
- e. Assist with patients/clients without following the individualized treatment plan prepared by the speech-language pathologist or without access to supervision (see Supervision Guidelines).
- f. Sign any formal documents (e.g., treatment plans, reimbursement forms, or reports; the assistant should sign or initial informal treatment notes for review and co-signature by the supervising professional).
- g. Select patients/clients for services.
- h. Discharge a patient/client from services.
- i. Disclose clinical or confidential information either orally or in writing to anyone not designated by the supervising speech-language pathologist.
- j. Make referrals for additional services.

k. Communicate with the patient/client, family, or others regarding any aspect of the patient/client status or service without the specific consent of the supervising speech-language pathologist.

1. Represent himself or herself as a speech-language pathologist.

Exclusive Responsibilities of the Speech-Language Pathologist²

1. Complete initial supervision training prior to accepting an assistant for supervision and upgrade supervision training on a regular basis.
2. Participate significantly in hiring the assistant.
3. Document preservice training and credentials of the assistant.
4. Inform patients/clients and families about the level (professional vs. support personnel), frequency, and duration of services as well as supervision.
5. Represent the speech-language pathology team in all collaborative, interprofessional, interagency meetings, correspondence, and reports. This would not preclude the assistant from attending meetings along with the speech-language pathologist as a team member or drafting correspondence and reports for editing, approval, and signature by the speech-language pathologist.
6. Make all clinical decisions, including determining patient/client selection for inclusion/exclusion in the case load, and dismissing patients/clients from treatment.
7. Communicate with patients/clients, parents, and family members about diagnosis, prognosis, and treatment plan.
8. Conduct diagnostic evaluations, assessments, or appraisals, and interpret obtained data in reports.
9. Review each treatment plan with the assistant at least weekly.
10. Delegate specific tasks to the assistant while retaining legal and ethical responsibility for all patient/client services provided or omitted.

² See Idaho State Board for Vocational Education. (1994). *Technical committee report and curriculum guide for speech-language pathology assistant*. Vo. Ed. 292.

11. Prepare an individualized treatment plan and make modifications prior to or during implementation.

12. Discuss the case with or refer the patient/client to other professionals.

13. Sign all formal documents (e.g., treatment plans, reimbursement forms, reports; the supervisor should indicate on documents that the assistant performed certain activities).

14. Review and sign all informal progress notes prepared by the assistant.

15. Provide ongoing training to the assistant on the job.

16. Provide and document appropriate supervision of the assistant.

17. Ensure that the assistant only performs tasks within the scope of responsibility of the speech-language pathology assistant.

18. Participate in the performance appraisal of the speech-language pathology assistant.

NOTE: The speech-language pathologist should not supervise a speech-language pathology assistant until the speech-language pathologist has completed the ASHA certification examination, the Clinical Fellowship, and 2 additional years of clinical experience after receiving the Certificate of Clinical Competence in Speech-Language Pathology from ASHA.

Supervision Guidelines for a Speech-Language Pathology Assistant

The variety of roles and responsibilities involved in clinical supervision are described in the position statement developed by the ASHA Committee on Supervision in Speech-Language Pathology and Audiology (American Speech-Language-Hearing Association, 1985). Additional guidance for the supervising speech-language pathologist comes from the ASHA Code of Ethics.

Even though this document provides essential guidance, it is the speech-language pathologist's responsibility to design and implement a supervision system that protects patient/client care and maintains the highest possible standards of quality. The amount and type of supervision required should be based on the skills and experience of the speech-language pathology assistant, the needs of patients/clients served, the service setting, the tasks assigned, and other factors. More intense supervision, for example, would be required in such instances as the orientation of a new speech-language pathology assistant, initiation of a new program, equipment, or task; or a

change in patient/client status (e.g., medical complications).

As the supervisory responsibility of the speech-language pathologist increases, the clinical responsibilities of the speech-language pathologist must decrease. Functional assessment of the speech-language pathology assistant's skills with assigned tasks should be an ongoing, integral element of supervision.

Treatment for the patient/client served remains the responsibility of the supervisor. Therefore, the level of supervision required is considered the minimum level necessary for the supervisor to retain direct contact with the patient/client.

The speech-language pathology assistant must be supervised by a speech-language pathologist who holds a Certificate of Clinical Competence in Speech-Language Pathology from ASHA, has state licensure (where applicable), who has an active interest and wants to use support personnel, and who has practiced speech-language pathology for at least 2 years following ASHA certification. In addition, completion of at least one preservice course or continuing education unit in supervision is required. Periodic updating of supervision skills through in-service training is also considered highly desirable (see American Speech-Language-Hearing Association, 1989). Because the clinical supervision process is such a close, interpersonal experience, the supervising speech-language pathologist should participate in the selection of the speech-language pathology assistant.

A total of at least 30% direct and indirect supervision is required and must be documented for the first 90 workdays. (For a 40-hour workweek this would be 12 hours for both direct and indirect supervision.) Documented direct supervision of patient/client care shall be required no less than 20% of the actual patient/client contact time weekly for each speech-language pathology assistant. This ensures that the supervisor will have direct contact time with the speech-language pathology assistant as well as with the patient/client. During each week, data on every patient/client seen by the speech-language pathology assistant must be reviewed by the supervisor. In addition, the 20% direct supervision should be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the speech-language pathologist at least once every 2 weeks. Direct supervision means on-site, in-view observa-

tion and guidance while a clinical activity is performed. Supervision should provide information about the quality of the speech-language pathology assistant's performance of assigned tasks and should verify that clinical activity is limited to tasks specified in the speech-language pathology assistant's scope of responsibilities. Information obtained during direct supervision may include data relative to (a) agreement (reliability) between the assistant and the supervisor on correct/incorrect recording of target behavior, (b) accuracy in implementation of screening and treatment procedures, (c) accuracy in recording data, and (d) ability to interact effectively with the patient/client.

In addition, indirect supervision is required no less than 10% of the actual patient/client contact time and may include demonstration, record review, review and evaluation of audio- or videotaped sessions, interactive television, and/or supervisory conferences that may be conducted by telephone. Additional direct and indirect supervision, beyond the minimum 30% required in the first 90 workdays, may be necessary depending on the skills of the assistant and the needs of the patient/client. The speech-language pathologist will review each plan of care as needed for timely implementation of modifications.

After the initial 90-day work period, the amount of supervision may be adjusted depending on the competency of the assistant, the needs of the patients/clients served, and the nature of the assigned tasks. The minimum is 20% supervision, with no less than 10% being direct supervision. (For a 40-hour workweek, this is 8 hours of supervision, at least 4 of which is direct supervision.)

At no time may a speech-language pathology assistant perform tasks when a supervising speech-language pathologist cannot be reached by personal contact, phone, pager, or other immediate means. If for any reason (i.e., maternity leave, illness, change of jobs) the supervisor is no longer available to provide the level of supervision stipulated, the speech-language pathology assistant may not perform tasks until an ASHA-certified speech-language pathologist has been designated as the speech-language pathology assistant's supervisor.

Although more than one speech-language pathologist may provide supervision of a speech-language pathology assistant, at no time may a speech-language pathologist supervise or be listed as a supervisor for more than three (3) speech-language pathology assistants. The supervising speech-language pathologist should be the only professional to

decide the number of assistants to use (i.e., 0, 1, 2, or 3). When multiple supervisors are used, the supervisors are encouraged to coordinate and communicate with each other.

The purpose of the assistant level position is not to increase the caseload size for speech-language pathologists (see American Speech-Language-Hearing Association, 1993, for caseload size guidelines in school settings). Assistants should be used to manage the existing caseloads of speech-language pathologists.

Individualized Treatment Plan for Speech-Language Pathology Services

The individualized treatment plan serves as the specific clinical instruction from the speech-language pathologist to the speech-language pathology assistant. It is to be followed as written and may only be adjusted, modified, or amended by the speech-language pathologist. It contains identifying information about the patient/client, the measurable goals and objectives of treatment, and the tasks and/or assessments that are to be used to meet those objectives and goals and measure progress. Periodic review of the treatment plan (usually weekly) shall be done by the speech-language pathologist in consultation with the speech-language pathology assistant. The patient's/client's progress will be documented and changes in goals, objectives, and tasks made as deemed appropriate.

Conclusion

Support personnel may be used to supplement, enhance, and extend speech-language pathology services in all practice settings, including schools, hospitals, clinics, home-health, long-term care, and others. In no setting is the use of support personnel obligatory. The use of appropriately trained and supervised support personnel provides an opportunity for speech-language pathologists to develop and refine management skills by serving as managers of service delivery. Professionals perform at a management level, corresponding with trends in health care and education. In allied health professions, qualified professionals are moving toward managerial positions. In such a capacity they are responsible for developing plans of care and supervising personnel. In education, the move toward the use of support personnel is increasing. Affirmation of this trend was provided in a recent report, "Issues and Trends in Special Education" for the Office of Special Edu-

cation Programs (Hales & Carlson, 1992). This report, based on responses of 137 representatives in the field of special education, projected that paraprofessionals will have an increasing role in service delivery because of the critical shortage of special education personnel at all levels.

Varying service delivery models in schools and clinical settings also provide opportunities for the use of support personnel with professionals serving in a managerial role. For example, a collaborative/consultation model, as one service delivery option (i.e., when the speech-language pathologist, teacher, and parents work together to facilitate a student's communication and learning in educational environments), could be enhanced through the use of support personnel who could assist in the classroom with practice and generalization of learned skills (see American Speech-Language-Hearing Association, 1993).

The fact that the profession of speech-language pathology has identified certain tasks that can be performed by assistant-level support personnel should be the primary rationale for their use. The use of appropriately trained and supervised assistants is seen as a mechanism to achieve effective

patient/client outcomes within a cost-effective system of quality care. The guidelines provide a means for standardization, uniformity, and evaluation of the use of one level of support personnel—speech-language pathology assistants.

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Appendix A — Rationale for Guidelines

Question and Answer Section

During the peer review process for these guidelines, respondents asked a number of pertinent questions about the decisions made on issues such as supervision, credentialing, and training requirements. This section attempts to address major areas of concern and provides the rationale for decisions made by the Task Force on Support Personnel in the course of developing these guidelines.

1. Do the majority of audiologists and speech-language pathologists perceive a need for support personnel?

There are differences in perceived need for support personnel between the professions of speech-language pathology and audiology, and between employment settings. Whereas 72% of speech-language pathologists reported a moderate or high degree of need for support personnel, 59% of audiologists reported a moderate or high degree of need. In addition, speech-language pathologists working in hospitals reported the greatest need for support personnel; those in residential health care facilities reported the least need. In contrast, hospital-based audiologists reported the least degree of need, and those in colleges and universities perceived the greatest need (ASHA Omnibus Survey, 1992). Separate guidelines are being developed for the use of support personnel in audiology.

According to the 1991 ASHA Omnibus Survey, 15% of respondents employed three or more support personnel in their facilities. Up to 31% of speech-language pathologists and audiologists were assisted by support personnel.

2. Are these guidelines applicable to assistants in all work settings?

The guidelines are intended to be applicable in any health care or educational setting. In health care settings, Medicare policies and managed care systems have created a need for assistants. The use of assistants may not be immediately feasible in some school systems, but there is a strong potential for future use as assistants become trained and incorporated into the service delivery system. Consideration was given to the special needs of service providers in rural settings. Feasible supervisory guidelines were established to allow some indirect supervision and to recognize that the supervisor may not be on-site at all times.

3. Why is there a need for ASHA to credential assistants in the area of speech-language pathology?

Although many states have some regulatory mechanism that deals with support personnel, they are far from uniform. As stated in this document, the speech-language pathology assistant is a specific level of support personnel and is very clearly defined. The ASHA credential will provide the unity of definition that is now lacking from state to state. Further, it will place the credentialing process in a single national location, using the single standard for training programs as well as for these specific levels of support personnel. Third party payers, as well as state and national governmental and service organizations, often look for ASHA credentials when considering the areas of communication disorders; credentialing through ASHA is consistent with that current practice.

4. Will ASHA have an accreditation process for training programs offering an associate's degree for speech-language pathology assistants?

A mechanism will be established for ASHA to review curricula. ASHA plans to develop a credentialing process for individuals with the training necessary to be speech-language pathology assistants. Any credentialing process will include outcome-based performance measures. ASHA may develop an accreditation process for training programs for assistants in the future.

5. Did you consider requiring a national examination for assistants?

Consideration was given to requiring successful completion of a standardized examination testing requisite knowledge for competence as a speech-language pathology assistant. However, the final guidelines instead require use of a functional, outcome-based proficiency checklist (see Appendix C) that is related directly to the assistants' scope of responsibilities. Any credentialing program established will involve outcome-based measures.

6. What if an employer hires an assistant instead of a qualified professional, or insists that someone other than the speech-language pathologist supervise the assistant?

Employers need to be informed of the supervisory requirements and limited scope of responsibilities for assistants. They need to know that the

credential of the speech-language pathologist will be in jeopardy if the decision to use assistants or extend their responsibilities is made by someone other than an ASHA-certified speech-language pathologist. ASHA will support the professional as the only responsible agent for making supervisory decisions regarding assistants.

7. Why is more supervision required for individuals in Clinical Fellowship than assistants (following the initial 90-day period)?

It is important to emphasize that the amount of supervision required for assistants is only a minimum. Supervisors may determine that assistants need more supervision.

More supervision may be needed for clinical fellows than assistants because the supervisory goals are different. The goal for supervisors of clinical fellows is to bring fellows to a level of independence in the same scope of practice as the professional. The duties of an assistant are more restricted and narrower in scope than a clinical fellow. Furthermore, independent practice is contradictory to the role of assistants. Assistants can work only under the supervision of an ASHA-certified speech-language pathologist. Some assistants may work for a number of years and may be experienced with their scope of responsibilities. Supervisors need to evaluate the assistant's ability to implement directions as received. In contrast, clinical fellows, typically in their first work experience, are supervised for a relatively short period of time (i.e., 9 months to 1 year) and supervisors need to evaluate their independent clinical decision-making skills.

8. Why are there documentation requirements for assistants?

The documentation required for assistants has been specified for four primary reasons: (a) mechanism for consumer protection; (b) practice for responsible management; (c) accountability to employers; and (d) protection to professionals if litigation or ethical practice concerns occur. The documentation required by states with licensure laws would be acceptable in fulfilling the requirements for documentation in these guidelines for assistants.

9. How should professionals handle reimbursement of services provided by speech-language assistants?

The use of assistants can improve access to and reduce costs of quality services. It is appropriate to bill for the service provided; whether conducted by a professional or trained and supervised assistant, the level of care should remain the same.

10. Should continuing education be required for speech-language pathology assistants?

It is the professional's responsibility to ascertain the continuing training needs of assistants. The proficiency checklist may be used by supervisors to determine whether the assistants' skills are current.

11. Should speech-language pathology assistants be used as interpreters/translators?

These guidelines are limited to the specified scope of responsibilities for assistants. Additional training is needed for assistants to be used as interpreters/translators. ASHA's Multicultural Issues Board reviewed these guidelines for assistants from the perspective of culturally and linguistically diverse populations with communication disabilities. The Board suggested that there is a unique role for assistants and for interpreters/translators. Therefore, the Board recommended that the guidelines for assistants eliminate all references to interpreters/translators. Instead, they suggested that a separate paper be developed describing the use of support personnel as interpreters/translators for the following reasons:

- There is a paucity of bilingual speech-language pathologists. Persons who assist monolingual professionals should have training and minimum competencies to adequately serve the growing multicultural population.

- The assistant who serves as an interpreter/translator must receive training in interpretation and translation in order to provide the highest quality of service to multicultural populations.

- Professionals must be trained to use interpreters/translators when providing services to linguistically and culturally diverse populations.

Appendix B — Sample Curriculum for the Speech-Language Pathology Assistant

Any of the three training options for the speech-language pathology assistant (i.e., an associate's degree, certificate program, equivalent course of study) could include the following core coursework and practicum experience. The coursework may vary depending on the setting within which the assistant will be working. For example, the curriculum may include a course in neurogenic disorders for those assistants whose anticipated employment setting is a hospital or clinic. Multicultural information should be integrated in all points of the curriculum for assistants. A mechanism for ASHA approval of the curriculum will be established.

Coursework pertaining to clinical populations, clinical management, or any of the duties to be assumed by the assistant should be taught by ASHA-certified speech-language pathologists (e.g., survey of disabilities, normal development, clinical methods, acquired disorders) or audiologists (e.g., introduction to audiology). Practicum supervision must be provided by ASHA-certified speech-language pathologists.

Suggested Course	Suggested Number of Credit Hours
English Composition/Grammar	6
Math	3
Psychology/Sociology/Multicultural Studies (some combination)	9
Phonetics	3
Human Anatomy and Physiology	6
Survey of Disabilities	3
Normal Speech, Language, and Hearing Development Across the Life Span	3
Articulation Disorders and Rehabilitation	3
Language Disorders and Rehabilitation	3
Clinical Methods/Procedures	3
Acquired Disorders and Rehabilitation	3
Practicum 1 – Program-Based Observation	4 *
Practicum 2 – Public School (on-the-job-training)	4
Practicum 3 – Hospital/Rehabilitation (on-the-job training)	4
Introduction to Audiology/Aural Rehabilitation	3
	<hr/> 60 hours plus electives**

* This practicum consists of extensive observation in at least two different sites selected by the training program.

** An elective in computer technology is strongly suggested.

Appendix C — Speech-Language Pathology Assistant Suggested Competencies

The functionally based proficiency evaluation may check competencies in the following areas:

I. Interpersonal Skills (communicates honestly, clearly, accurately, coherently, and concisely.)

1. Deals effectively with attitudes and behaviors of the patient/client

- a. Maintains appropriate patient/client relationships
- b. Communicates sensitivity to the needs of the patient/client and family
- c. Takes into proper consideration patient/client needs and cultural values
- d. Demonstrates an appropriate level of self-confidence when performing assigned tasks
- e. Establishes rapport with patient/client and family
- f. Demonstrates insight in patient/client attitudes and behaviors
- g. Directs patient/client, family, and professionals to supervisor for information regarding testing, treatment, and referral

2. Uses appropriate language (written and oral) in dealing with patient/client and others

- a. Uses language appropriate for patient/client and other's age and educational level
- b. Is courteous and respectful at all times
- c. Maintains appropriate pragmatic skills

3. Deals effectively with supervisor

- a. Is receptive to constructive criticism
- b. Requests assistance from supervisor as needed
- c. Actively participates in interaction with supervisor

II. Personal Qualities

1. Manages time effectively

- a. Arrives punctually and prepared for patient/client appointments
- b. Arrives punctually for work-related meetings (e.g., meetings with supervisor, staff, etc.)
- c. Turns in all documentation on time

2. Demonstrates Appropriate Conduct

- a. Respects/maintains confidentiality of patients/clients
- b. Maintains personal appearance appropriate for the work setting
- c. Uses appropriate language for the work setting
- d. Evaluates own performance
- e. Recognizes own professional limitations and performs within boundaries of training and job responsibilities

III. Technical-Assistant Skills

1. Maintains a facilitating environment for assigned tasks

- a. Adjusts lighting and controls noise level
- b. Organizes treatment space

2. Uses time effectively

- a. Performs assigned tasks with no unnecessary distractions
- b. Completes assigned tasks within designated treatment session

3. Selects, prepares, and presents materials effectively

- a. Prepares and selects treatment materials ahead of time
- b. Chooses appropriate materials based on treatment plan
- c. Prepares clinical setting to meet the needs of the client for obtaining optimal performance
- d. Selects materials that are age- and culturally appropriate as well as motivating

4. Maintains documentation

- a. Documents treatment plans and protocols accurately and concisely for supervisor
- b. Documents and reports patient/client performance to supervisor
- c. Signs documents reviewed and co-signed by the supervisor
- d. Prepares and maintains patient/client charts, records, graphs for displaying data

5. Provides assistance to speech-language pathologist

- a. Assists speech-language pathologist during patient/client assessment
- b. Assists with informal documentation
- c. Schedules activities
- d. Participates with speech-language pathologist in research projects
- e. Participates in in-service training
- f. Participates in public relations programs

IV. Screening

- 1. Demonstrates knowledge and use of a variety of screening tools and protocols
 - a. Completed training on screening procedures
 - b. Uses two to three screening instruments reliably
- 2. Demonstrates appropriate administration and scoring of screening tools
 - a. Differentiates correct versus incorrect responses
 - b. Completes (fills out) screening protocols accurately
 - c. Scores screening instruments accurately
- 3. Manages screenings and documentation
 - a. Reports any difficulty encountered in screening
 - b. Schedules screenings
 - c. Organizes screening materials
- 4. Communicates screening results and all supplemental information to supervisor
 - a. Seeks supervisor's guidance should adaptation of screening tools and administration be in question
 - b. Provides descriptive behavioral observations that contribute to screening results

V Treatment

- 1. Performs tasks as outlined and instructed by the supervisor
 - a. Accurately and efficiently implements activities using procedures planned by the supervisor
 - b. Uses constructive feedback from supervisor for modifying interaction (interpersonal or otherwise) with patient/client
- 2. Demonstrates skills in managing behavior and treatment program
 - a. Maintains on-task behavior
 - b. Provides appropriate feedback as to the accuracy of patient/client response
 - c. Uses feedback and reinforcement that are consistent, discriminating, and meaningful to the patient/client
 - d. Gives directions and instructions that are clear, concise, and appropriate to the patient's/client's age level and level of understanding
 - e. Applies knowledge of behavior modification during interaction with the patient/client
 - f. Implements designated treatment objectives/goals in specified sequence
- 3. Demonstrates knowledge of treatment objectives and plan
 - a. Demonstrates understanding of patient/client disorder and needs
 - b. Identifies correct versus incorrect responses
 - c. Describes behaviors demonstrating a knowledge of the patient's/client's overall level of progress
 - d. Verbally reports and provides appropriate documentation of assigned activities



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Speech-Language Pathology Assistant Scope of Practice

Speech-Language Pathology Assistant Scope of Practice ad hoc committee

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About This Document

This scope of practice for the speech-language pathology assistant (SLPA) was developed by the American Speech-Language-Hearing Association (ASHA) Speech-Language Pathology Assistant Scope of Practice ad hoc committee. It was approved by ASHA's Board of Directors (January 2013). Members of the committee were DeAnne Wellman Owre (chair), Diane L. Eger, Ashley Northam, Mary Jo Schill, Rosemary Scott, Monica Marruffo, and Lemmietta McNeilly (ex officio). Gail J. Richard, vice president for speech-language pathology practice, served as the monitoring vice president. The composition of the ad hoc committee included ASHA-certified speech-language pathologists with specific knowledge and experience working with support personnel in clinical practice in schools, health care, and/or private practice, as well as two members who have served on the ASHA Board of Ethics (Diane L. Eger and Mary Jo Schill).

The document is intended to provide guidance for SLPAs and their supervisors regarding ethical considerations related to the SLPA practice parameters. The document addresses how SLPAs should be utilized and what specific responsibilities are within and outside their roles of clinical practice. Given that standards, licensure, and practice issues vary from state to state, this document delineates ASHA's policy for the use of SLPAs.

Dedication

In loving memory of Lisa Cabiale O'Connor (1937–2012), whose dedication, commitment, and perseverance contributed to ensuring integrity and quality in addressing the topic of SLPAs within the ASHA structure.

Executive Summary

This scope of practice presents a model for the training, use, and supervision of support personnel in speech-language pathology. Support personnel in speech-language pathology, or speech-language pathology assistants (SLPAs), perform tasks as prescribed, directed, and supervised by ASHA-certified speech-language pathologists (SLPs). Support personnel can be used to increase the availability, frequency, and efficiency of services.

Some tasks, procedures, or activities used to treat individuals with communication and related disorders can be performed successfully by individuals other than SLPs if the persons conducting the activity are properly trained and supervised by ASHA-certified and/or licensed SLPs. The decision to shift responsibility for implementation of the more repetitive, mechanical, or routine clinical activities to SLPAs should be made only by qualified professionals and only when the quality of care and level of professionalism will not be compromised. The utilization of evidence and ethical and professional judgment should be at the heart of the selection, management, training, supervision, and use of support personnel.

This scope of practice specifies the qualifications and responsibilities for an SLPA and indicates the tasks that are the exclusive responsibilities of the SLP. Additionally, the document provides guidance regarding ethical considerations when support personnel provide clinical services and outlines the supervisory responsibilities of the supervising SLP.

Introduction

The SLPA scope of practice provides information regarding the training, use, and supervision of assistants in speech-language pathology that was established by the American-Speech-Language-Hearing Association to be applicable in a variety of work settings. Training for SLPAs should be based on the type of tasks specified in their scope of responsibility. Specific education and on-the-job training may be necessary to prepare assistants for unique roles in professional settings (e.g., hospitals and schools).

ASHA has established an associate affiliation program for support personnel in speech-language pathology and audiology. Individuals who are working in this capacity under the direct supervision of ASHA-certified SLPs or audiologists are eligible for this category of affiliation with ASHA.

ASHA has addressed the topic of support personnel in speech-language pathology since the 1960s. In 1967, the Executive Board of ASHA established the Committee on Supportive Personnel and in 1969 the document *Guidelines on the Role, Training and Supervision of the Communicative Aide* was approved by the Legislative Council (LC). In the 1990s, several entities—including committees, a task force, and a consensus panel—were established and the LC passed a position statement, technical report, guidelines, and curriculum content for support personnel. In 2002, ASHA developed an approval process for SLPA programs, and in 2003 a registration process for SLPAs was established. Both were discontinued by vote of the LC because of fiscal concerns. In 2004, a position statement on the training, use, and supervision of support personnel in speech-language pathology was passed by the LC. Since then, the number of SLPAs has increased primarily in schools and private practice settings. Specific guidance from ASHA continues to be requested by ASHA members in many states.

This document does not supersede federal legislation and regulation requirements or any existing state licensure laws, nor does it affect the interpretation or implementation of such laws. The document may serve, however, as a guide for the development of new laws or, at the appropriate time, for revising existing licensure laws.

Statement of Purpose

The purpose of this document is to define what is within and outside the scope of responsibilities for SLPAs who work under the supervision of properly credentialed SLPs. The following aspects are addressed:

- a. parameters for education and professional development for SLPAs;
- b. SLPAs' responsibilities within and outside the scope of practice;
- c. examples of practice settings;
- d. information for others (e.g., special educators, parents, consumers, health professionals, payers, regulators, members of the general public) regarding services SLPAs perform;
- e. information regarding the ethical and liability considerations for the supervising SLP and the SLPA;
- f. supervisory requirements for the SLP and the SLPA.

**Qualification for a
Speech-Language
Pathology Assistant****Minimum Recommended Qualifications for a Speech-Language Pathology Assistant**

An SLPA must complete an approved course of academic study, field work under the supervision of an ASHA-certified and/or licensed SLP, and on-the-job training specific to SLPA responsibilities and workplace behaviors.

The academic course of study must include or be equivalent to

- a. an associate's degree in an SLPA program
- or
- a bachelor's degree in a speech-language pathology or communication disorders program
- and
- b. successful completion of a minimum of one hundred (100) hours of supervised field work experience or its clinical experience equivalent
- and
- c. demonstration of competency in the skills required of an SLPA.

Expectations of a Speech-Language Pathology Assistant

- a. Seek employment only in settings in which direct and indirect supervision are provided on a regular and systematic basis by an ASHA-certified and/or licensed SLP.
- b. Adhere to the responsibilities for SLPAs specified in this document and refrain from performing tasks or activities that are the sole responsibility of the SLP.
- c. Perform only those tasks prescribed by the supervising SLP.
- d. Adhere to all applicable state licensure laws and rules regulating the practice of speech-language pathology, such as those requiring licensure or registration of support personnel.
- e. Conduct oneself ethically within the scope of practice and responsibilities for an SLPA.
- f. Actively participate with the SLP in the supervisory process.
- g. Consider securing liability insurance.
- h. Actively pursue continuing education and professional development activities.

**Responsibilities
Within the Scope for
Speech-Language
Pathology Assistants**

The supervising SLP retains full legal and ethical responsibility for the students, patients, and clients he or she serves but may delegate specific tasks to the SLPA. The SLPA may execute specific components of a speech and language program as specified in treatment plans developed by the SLP. Goals and objectives listed on the treatment plan and implemented by the SLPA are only those within their scope of responsibilities and are tasks the SLP has determined the SLPA has the training and skill to perform. The SLP must provide at least the minimum specified level of supervision to ensure quality of care to all persons served. The amount of supervision may vary and must depend on the complexity of the case and the experience of the assistant. Under no circumstances should use of the ASHA Code of Ethics or the quality of services provided be diluted or circumvented by the use of an SLPA. Again, the use of an SLPA is optional, and an SLPA should be used only when appropriate.

Provided that the training, supervision, and planning are appropriate, tasks in the following areas of focus may be delegated to an SLPA.

Service Delivery

- a. Self-identify as SLPAs to families, students, patients, clients, staff, and others. This may be done verbally, in writing, and/or with titles on name badges.
- b. Exhibit compliance with The Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) regulations, reimbursement requirements, and SLPAs' responsibilities.
- c. Assist the SLP with speech, language, and hearing screenings **without** clinical interpretation.
- d. Assist the SLP during assessment of students, patients, and clients exclusive of administration and/or interpretation
- e. Assist the SLP with bilingual translation during screening and assessment activities exclusive of interpretation; refer to *Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists to Provide Culturally and Linguistically Appropriate Services* (ASHA 2004).
- f. Follow documented treatment plans or protocols developed by the supervising SLP.
- g. Provide guidance and treatment via telepractice to students, patients, and clients who are selected by the supervising SLP as appropriate for this service delivery model.
- h. Document student, patient, and client performance (e.g., tallying data for the SLP to use; preparing charts, records, and graphs) and report this information to the supervising SLP.
- i. Program and provide instruction in the use of augmentative and alternative communication devices.
- j. Demonstrate or share information with patients, families, and staff regarding feeding strategies developed and directed by the SLP.

- k. Serve as interpreter for patients/clients/students and families who do not speak English.
- l. Provide services under SLP supervision in another language for individuals who do not speak English and English-language learners.

Administrative Support

- a. Assist with clerical duties, such as preparing materials and scheduling activities, as directed by the SLP.
- b. Perform checks and maintenance of equipment.
- c. Assist with departmental operations (scheduling, recordkeeping, safety/maintenance of supplies and equipment).

Prevention and Advocacy

- a. Present primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups; promote early identification and early intervention activities.
- b. Advocate for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers.
- c. Provide information to emergency response agencies for individuals who have communication and/or swallowing disorders.
- d. Advocate at the local, state, and national levels for improved public policies affecting access to services and research funding.
- e. Support the supervising SLP in research projects, in-service training, public relations programs, and marketing programs.
- f. Participate actively in professional organizations.

Responsibilities Outside the Scope for Speech- Language Pathology Assistants

There is potential for misuse of an SLPA, particularly when responsibilities are delegated by administrative or nonclinical staff without the approval of the supervising SLP. It is highly recommended that the *ASHA Scope of Practice for Speech-Language Pathology Assistants* (ASHA, 2007) and the *ASHA Code of Ethics* (ASHA, 2010a) be reviewed with all personnel involved when employing an SLPA. It should be emphasized that an individual's communication or related disorder and/or other factors may preclude the use of services from anyone other than an ASHA-certified and/or licensed SLP. The SLPA should not perform any task without the approval of the supervising SLP. The student, patient, or client should be informed that he or she is receiving services from an SLPA under the supervision of an SLP.

The SLPA should NOT engage in the following:

- a. represent himself or herself as an SLP;
- b. perform standardized or nonstandardized diagnostic tests, formal or informal evaluations, or swallowing screenings/checklists;
- c. perform procedures that require a high level of clinical acumen and technical skill (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging and oral pharyngeal swallow therapy with bolus material);
- d. tabulate or interpret results and observations of feeding and swallowing evaluations performed by SLPs;
- e. participate in formal parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising SLP or other designated SLP;
- f. provide interpretative information to the student/patient/client, family, or others regarding the patient/client status or service;
- g. write, develop, or modify a student's, patient's, or client's treatment plan in any way;
- h. assist with students, patients, or clients without following the individualized treatment plan prepared by the certified SLP and/or without access to supervision;
- i. sign any formal documents (e.g., treatment plans, reimbursement forms, or reports; the SLPA **should** sign or initial informal treatment notes for review and co-sign with the supervising SLP as requested);
- j. select students, patients, or clients for service;
- k. discharge a student, patient, or client from services;
- l. make referrals for additional service;
- m. disclose clinical or confidential information either orally or in writing to anyone other than the supervising SLP (the SLPA must comply with current HIPPA and FERPA guidelines) unless mandated by law;
- n. develop or determine the swallowing strategies or precautions for patients, family, or staff;
- o. treat medically fragile students/patients/clients independently;
- p. design or select augmentative and alternative communication systems or devices.

Practice Settings

Under the specified guidance and supervision of an ASHA-certified SLP, SLPAs may provide services in a wide variety of settings, which may include, but are not limited to, the following:

- a. public, private, and charter elementary and secondary schools;
- b. early intervention settings, preschools, and day care settings;
- c. hospitals (in- and outpatient);
- d. residential health care settings (e.g., long-term care and skilled nursing facilities);
- e. nonresidential health care settings (e.g., home health agencies, adult day care settings, clinics);
- f. private practice settings;
- g. university/college clinics;
- h. research facilities;
- i. corporate and industrial settings;
- j. student/patient/client's residences.

Ethical Considerations

ASHA strives to ensure that its members and certificate holders preserve the highest standards of integrity and ethical practice. The *ASHA Code of Ethics* (2010a) sets forth the fundamental principles and rules considered essential to this purpose. The code applies to every individual who is (a) a member of ASHA, whether certified or not, (b) a nonmember holding the ASHA Certificate of Clinical Competence, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification.

Although some SLPAs may choose to affiliate with ASHA as associates, the Code of Ethics does not directly apply to associates. However, any individual who is working in a support role (technician, aide, assistant) under the supervision of an SLP or speech scientist must be knowledgeable about the provisions of the code. It is imperative that the supervising professional and the assistant behave in a manner that is consistent with the principles and rules outlined in the ASHA Code of Ethics. Since the ethical responsibility for patient care or for subjects in research studies cannot be delegated, the SLP or speech scientist takes overall responsibility for the actions of the assistants when they are performing assigned duties. If the assistant engages in activities that violate the Code of Ethics, the supervising professional may be found in violation of the code if adequate oversight has not been provided.

The following principles and rules of the ASHA Code of Ethics specifically address issues that are pertinent when an SLP supervises support personnel in the provision of services or when conducting research.

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

Guidance:

The supervising SLP remains responsible for the care and well-being of the client or research subject. If the supervisor fails to intervene when the assistant's behavior puts the client or subject at risk or when services or procedures are implemented inappropriately, the supervisor could be in violation of the Code of Ethics.

Principle of Ethics I, Rule A: Individuals shall provide all services competently.

Guidance:

The supervising SLP must ensure that all services, including those provided directly by the assistant, meet practice standards and are administered competently. If the supervisor fails to intervene or correct the actions of the assistant as needed, this could be a violation of the Code of Ethics.

Principle of Ethics I, Rule D: Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.

Guidance:

The supervising SLP must ensure that clients and subjects are informed of the title and qualifications of the assistant. This is not a passive responsibility; that is, the supervisor must make this information easily available and understandable to the clients or subjects and not rely on the individual to inquire about or ask directly for this information. Any misrepresentation of the assistant's qualifications or role could result in a violation of the Code of Ethics by the supervisor.

Principle of Ethics I, Rule E: Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

Guidance:

The supervising SLP is responsible for monitoring and limiting the role of the assistant as described in these guidelines and in accordance with applicable licensure laws.

Principle of Ethics I, Rule F: Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.

Guidance:

The supervising SLP is responsible for providing appropriate and adequate direct and indirect supervision to ensure that the services provided are appropriate and meet practice standards. The SLP should document supervisory activities and adjust the amount and type of supervision to ensure that the Code of Ethics is not violated.

Principle of Ethics II, Rule B: Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.

Guidance:

The supervising SLP is responsible for ensuring that he or she has the skills and competencies needed in order to provide appropriate supervision. This may include seeking continuing education in the area of supervision practice.

Principle of Ethics II, Rule D: Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.

Guidance:

The supervising SLP must ensure that the assistant only performs those activities and duties that are defined as appropriate for the level of training and experience and in accordance with applicable licensure laws. If the assistant exceeds the practice role that has been defined for him or her, and the supervisor fails to correct this, the supervisor could be found in violation of the Code of Ethics.

Principle of Ethics IV, Rule B: Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

Guidance:

Because the assistant provides services as “an extension” of those provided by the professional, the SLP is responsible for informing the assistant about the Code of Ethics and monitoring the performance of the assistant. Failure to do so could result in the SLP's being found in violation of the Code.

Liability Issues

Individuals who engage in the delivery of services to persons with communication disorders are potentially vulnerable to accusations of engaging in unprofessional practices. Therefore, liability insurance is recommended as a protection for malpractice. SLPAs should consider the need for liability coverage. Some employers provide it for all employees. Other employers defer to the employee to independently acquire liability insurance. Some universities provide coverage for students involved in practicum/fieldwork. Checking for liability insurance coverage is the responsibility of the SLPA and needs to be done prior to providing services.

Speech-Language Pathologist's Supervisory Role

Qualifications for a Supervising Speech-Language Pathologist

Minimum qualifications for an SLP who will supervise an SLPA include

- a. current ASHA certification and/or state licensure,
- b. completion of at least 2 years of practice following ASHA certification,
- c. completion of an academic course or at least 10 hours of continuing education credits in the area of supervision, completed prior to or concurrent with the first SLPA supervision experience.

Additional Expectations of the Supervising Speech-Language Pathologist

- a. Conduct ongoing competency evaluations of the SLPAs.
- b. Provide and encourage ongoing education and training opportunities for the SLPA consistent with competency and skills and needs of the students, patients, or clients served.
- c. Develop, review, and modify treatment plans for students, patients, and clients that SLPAs implement under the supervision of the SLP.
- d. Make all case management decisions.
- e. Adhere to the supervisory responsibilities for SLPs.
- f. Retain the legal and ethical responsibility for all students, patients, and clients served.
- g. Adhere to the principles and rules of the ASHA Code of Ethics.
- h. Adhere to applicable licensure laws and rules regulating the practice of speech-language pathology.

Guidelines for SLP Supervision of Speech-Language Pathology Assistants

It is the SLP's responsibility to design and implement a supervision system that protects the students', patients', and clients' care and maintains the highest possible standards of quality. The amount and type of supervision should meet the minimum requirements and be increased as needed based on the needs, competencies, skills, expectations, philosophies, and experience of the SLPA and the supervisor; the needs of students, patients, and clients served; the service setting; the tasks assigned; and other factors. More intense supervision, for example, would be required in such instances as the orientation of a new SLPA; initiation of a new program, equipment, or task; or a change in student, patient, or client status (e.g., medical complications). Functional assessment of the SLPA's skills with assigned tasks should be an ongoing, regular, and integral element of supervision. SLPs and SLPAs should treat each other with respect and interact in a professional manner.

As the supervisory responsibility of the SLP increases, overall responsibilities will change because the SLP is responsible for the students, patients, and clients as well as for supervision of the SLPA. Therefore, adequate time for direct and indirect supervision of the SLPA(s) and caseload management must be allotted as a critical part of the SLP's workload. The purpose of the assistant level position is not to significantly increase the caseload size for SLPs. Assistants should be used to deliver services to individuals on the SLP's caseload. Under no circumstances should an assistant have his or her own caseload.

Diagnosis and treatment for the students, patients, and clients served remains the legal and ethical responsibility of the supervisor. Therefore, the level of supervision required is considered the minimum level necessary for the supervisor to retain direct contact with the students, patients, and clients. The supervising SLP is responsible for designing and implementing a supervisory plan that protects consumer care, maintains the highest quality of practice, and documents the supervisory activities.

The supervising SLP must

- a. hold a Certificate of Clinical Competence in Speech-Language Pathology from ASHA and/or a state licensure (where applicable),
- b. have an active interest in use of and desire to use support personnel,
- c. have practiced speech-language pathology for at least 2 years following ASHA certification,
- d. have completed or be currently enrolled in at least one course or workshop in supervision for at least 1.0 CEUs (10 clock hours).

The relationship between the supervising SLP and the SLPA is paramount to the welfare of the client. Because the clinical supervision process is a close, interpersonal experience, the supervising SLP should participate in the selection of the SLPA when possible.

SLP to SLPA Ratio

Although more than one SLP may provide supervision of an SLPA, an SLP should not supervise or be listed as a supervisor for more than two full-time equivalent (FTE) SLPAs in any setting or combination thereof. The supervising SLP should assist in determining the appropriate number of assistants who can be managed within his or her workload. When multiple supervisors are used, it is critical that the supervisors coordinate and communicate with each other so that minimum supervisory requirements are met and that the quality of services is maintained.

Minimum Requirements for the Frequency and Amount of Supervision

First 90 workdays: A total of at least 30% supervision, including at least 20% direct and 10% indirect supervision, is required weekly. Direct supervision of student, patient, and client care should be no less than 20% of the actual student, patient, and client contact time weekly for each SLPA. This ensures that the supervisor will have direct contact time with the SLPA as well as with the student, patient, or client. During each week, data on every student, patient, and client seen by the SLPA should be reviewed by the supervisor. In addition, the direct supervision should be scheduled so that all students, patients, and clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all students, patients, and clients receive some direct contact with the SLP at least once every 2 weeks.

After first 90 workdays: The amount of supervision can be adjusted if the supervising SLP determines the SLPA has met appropriate competencies and skill levels with a variety of communication and related disorders.

Minimum ongoing supervision must always include documentation of direct supervision provided by the SLP to each student, patient, or client **at least every 60 calendar days**.

A minimum of 1 hour of direct supervision weekly and as much indirect supervision as needed to facilitate the delivery of quality services must be maintained.

Documentation of all supervisory activities, both direct and indirect, must be accurately recorded.

Further, 100% direct supervision of SLPAs for medically fragile students, patients, or clients is required.

The supervising SLP is responsible for designing and implementing a supervisory plan that ensures the highest standard of quality care can be maintained for students, patients, and clients. The amount and type of supervision required should be consistent with the skills and experience of the SLPA; the needs of the students, patients, and clients; the service setting; the tasks assigned; and the laws and regulations that govern SLPAs. Treatment of the student, patient, or client remains the responsibility of the supervisor.

Direct supervision means on-site, in-view observation and guidance while a clinical activity is performed by the assistant. This can include the supervising SLP viewing and communicating with the SLPA via telecommunication technology as the SLPA provides clinical services, because this allows the SLP to provide ongoing immediate feedback. Direct supervision does not include reviewing a taped session at a later time.

Supervision feedback should provide information about the quality of the SLPA's performance of assigned tasks and should verify that clinical activity is limited to tasks specified in the SLPA's ASHA-approved responsibilities. Information obtained during direct supervision may include, but is not limited to, data relative to (a) agreement (reliability) between the assistant and the supervisor on correct/incorrect recording of target behavior, (b) accuracy in implementation of assigned treatment procedures, (c) accuracy in recording data, and (d) ability to interact effectively with the patient, client, or student during presentation and application of assigned therapeutic procedures or activities.

Indirect supervision does not require the SLP to be physically present or available via telecommunication in real time while the SLPA is providing services. Indirect supervisory activities may include demonstration tapes, record review, review and evaluation of audio- or videotaped sessions, and/or supervisory conferences that may be conducted by telephone and/or live, secure webcam via the Internet. The SLP will review each treatment plan as needed for timely implementation of modifications.

An SLPA may not perform tasks when a supervising SLP cannot be reached by personal contact, phone, pager, or other immediate or electronic means. If for any reason (i.e., maternity leave, illness, change of jobs) the supervisor is no longer available to provide the level of supervision stipulated, the SLPA may not perform assigned tasks until an ASHA-certified and/or state-licensed SLP with experience and training in supervision has been designated as the new supervising SLP.

Conclusion

Any supervising SLP who will not be able to supervise an SLPA for more than 1 week will need to (a) inform the SLPA of the planned absence and (b) make other arrangements for the SLPA's supervision of services while the SLP is unavailable or (c) inform the clients/student/patients that services will be rescheduled.

It is the intent of this document to provide guidance for the use of speech-language pathology assistants in appropriate settings, thereby increasing access to timely and efficient speech-language services. It is the responsibility of the supervising speech-language pathologists to stay abreast of current guidelines and to ensure the quality of services rendered.

Definitions

Accountability: Accountability refers to being legally responsible and answerable for actions and inactions of self or others during the performance of a task by the SLPA.

Direct Supervision: Direct supervision means on-site, in-view observation and guidance by an SLP while an assigned activity is performed by support personnel. Direct supervision performed by the supervising SLP may include, but is not limited to, the following: observation of a portion of the screening or treatment procedures performed by the SLPA, coaching the SLPA, and modeling for the SLPA. The supervising SLP must be physically present during all services provided to a medically fragile client by the SLPA (e.g., general and telesupervision). The SLP can view and communicate with the patient and SLPA live viareal time telecommunication technology to supervise the SLPA, giving the SLP the opportunity to provide immediate feedback. This does not include reviewing a taped session later.

Indirect Supervision: Indirect supervision means the supervising SLP is not at the same facility or in close proximity to the SLPA, but is available to provide supervision by electronic means. Indirect supervision activities performed by the supervising SLP may include, but are not limited to, demonstration, record review, review and evaluation of audio or videotaped sessions, and interactive television and supervisory conferences that may be conducted by telephone, e-mail, or live webcam.

Interpretation: Summarizing, integrating, and using data for the purpose of clinical decision making, which may only be done by SLPs. SLPAs may summarize objective data from a session to the family or team members.

Medically Fragile: A term used to describe an individual who is acutely ill and in an unstable condition. If such an individual is treated by an SLPA, 100% direct supervision by an SLP is required.

Screening: A pass-fail procedure to identify, without interpretation, clients who may require further assessment following specified screening protocols developed by and/or approved by the supervising SLP.

Speech-Language Pathology Aides/Technician: Aides or technicians are individuals who have completed on-the-job training, workshops, and so forth and work under the direct supervision of ASHA-certified SLPs.

Speech-Language Pathology Assistant: Individuals who, following academic coursework, clinical practicum, and credentialing can perform tasks prescribed, directed, and supervised by ASHA-certified SLPs.

Supervising Speech-Language Pathologist: An SLP who is certified by ASHA and has been practicing for at least 2 years following ASHA certification, has completed not less than ten(10) hours of continuing professional development in supervision training prior to supervision of an SLPA, and who is licensed and/or credentialed by the state (where applicable).

Supervision: The provision of direction and evaluation of the tasks assigned to an SLPA. Methods for providing supervision include direct supervision, indirect supervision, and telesupervision.

Support Personnel: Support personnel in speech-language pathology perform tasks as prescribed, directed, and supervised by ASHA-certified SLPs. There are different levels of support personnel based on training and scope of responsibilities. Support personnel include SLPAs and speech-language pathology aides/technicians. ASHA is operationally defining these terms for ASHA resources. Some states use different terms and definitions for support personnel.

Telepractice: This refers to the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation.

Telesupervision: The SLP can view and communicate with the patient and SLPA in real time via Skype, webcam, and similar devices and services to supervise the SLPA, providing the opportunity for the SLP to give immediate feedback. This does not include reviewing a taped session later.

References

American Speech-Language-Hearing Association. (2004). *Knowledge and skills needed by speech-language pathologists and audiologists to provide culturally and linguistically appropriate services* [Knowledge and Skills]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2007). *Scope of practice in speech-language pathology* [Scope of Practice]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2010a). *Code of ethics* [Ethics]. Available from www.asha.org/policy.

FIELDWORK EXPERIENCE VERIFICATION FORM- BOARD APPROVED SPEECH-LANGUAGE PATHOLOGY ASSISTANT PROGRAM

INSTRUCTIONS: This form must be completed by the speech-language pathology assistant program where the fieldwork was obtained. **All signatures must be in blue ink. Do not use white out on this form.**

APPLICANT'S NAME: _____

UNIVERSITY OR COLLEGE: _____

SUPERVISOR'S FULL NAME & LICENSE NUMBER	LOCATION WHERE EXPERIENCE WAS OBTAINED	DATES OF EXPERIENCE FROM (MO/YR) TO (MO/YR)		TOTAL HOURS EARNED
<u>GRAND TOTAL:</u>				

This is to certify that: _____
PRINT NAME OF APPLICANT

has completed _____ hours of fieldwork experience in the speech-language pathology assistant program. I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the above:

NAME OF CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR (PRINT)

DATE

SIGNATURE OF CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR

DATE

NAME OF FIELDWORK PROGRAM DIRECTOR/COORDINATOR (PRINT)

DATE

SIGNATURE OF FIELDWORK PROGRAM DIRECTOR/COORDINATOR

DATE

FIELDWORK EXPERIENCE VERIFICATION FORM- BACHELOR'S DEGREE

INSTRUCTIONS: This form must be completed by the current training program director of the university or college where the fieldwork was obtained. **All signatures must be in blue ink. Do not use white out on this form.**

APPLICANT'S NAME: _____

UNIVERSITY OR COLLEGE: _____

LOCATION WHERE EXPERIENCE WAS OBTAINED	DATES OF EXPERIENCE FROM (MO/YR) TO (MO/YR)		HOURS EARNED
GRAND TOTAL:			

This is to certify that: _____
PRINT NAME OF APPLICANT

has completed _____ hours of fieldwork experience or clinical experience equivalent to that required in title 16, California Code of Regulations Section 1399.170.10(c)(2)(B) in the bachelor's degree program.

I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the above:

SIGNATURE OF CURRENT TRAINING PROGRAM DIRECTOR (BLUE INK)

DATE

PRINT NAME OF CURRENT TRAINING PROGRAM DIRECTOR

DATE

EMPLOYMENT WORK EXPERIENCE VERIFICATION FORM- BACHELOR'S DEGREE

INSTRUCTIONS: Do not print this form double-sided. This form must be completed by the employer and/or responsible supervisor of the employer where the work experience was obtained. A separate form for each employer must be submitted. **All signatures must be in blue ink. Do not use white out on this form.**

APPLICANT'S NAME: _____

ADDRESS: _____

POSITION TITLE: _____

DATES OF EMPLOYMENT: FROM (MO/YR): _____ TO (MO/YR) _____

TOTAL HOURS PER WEEK WORKED _____

*EMPLOYER'S NAME AND ADDRESS: _____

*IF THIS IS A NON-PUBLIC AGENCY OR NON-PUBLIC SCHOOL YOU MUST ATTACH VERIFICATION.

RESPONSIBLE SUPERVISOR:

*If you hold a valid and current professional clear, clear, or life clinical or rehabilitative services credential in language, speech, and hearing **you must attach a copy of the credential (front and back).** If you hold a license in another state or ASHA certification you must attach proof.

PLEASE PRINT SUPERVISORS FULL NAME _____

*LICENSE NUMBER OR
CREDENTIAL NUMBER

ADDRESS OF RECORD _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____

Breanne- What would verification be?

LIST ALL DUTIES/TASKS PERFORMED BY THE APPLICANT BE VERY SPECIFIC	TYPE OF SUPERVISION PROVIDED* FOR EACH DUTY/TASK PERFORMED, E.G. IMMEDIATE, DIRECT, INDIRECT, OR NO SUPERVISION

***EXPLANATION OF SUPERVISION TYPES:**

Immediate Supervision - In view and with supervising speech-language pathologist physically present.

Direct Supervision - Onsite/available for in-person consultation and oversight.

Indirect Supervision - Available for consultation via telephone contact or other electronic means.

This is to certify that: _____
PRINT NAME OF APPLICANT

has completed _____ weeks of full-time work experience performing the duties of a speech-language pathology assistant enumerated in paragraph (4) of subsection (b) of Section 2538.1 of the Business and Professions Code as a supervised employee.

I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the above:

SIGNATURE OF EMPLOYER/ HUMAN RESOURCES DIRECTOR (BLUE INK)

DATE

SIGNATURE OF RESPONSIBLE SUPERVISOR (BLUE INK)
IF SAME AS EMPLOYER PLEASE INDICATE "SAME AS ABOVE".

DATE

FIELDWORK EXPERIENCE VERIFICATION FORM- EQUIVALENT SPEECH-LANGUAGE PATHOLOGY ASSISTANT PROGRAM

INSTRUCTIONS: This form must be completed by the speech-language pathology assistant program where the fieldwork was obtained. **All signatures must be in blue ink. Do not use white out on this form.**

APPLICANT'S NAME: _____

UNIVERSITY OR COLLEGE: _____

SUPERVISOR'S FULL NAME & LICENSE NUMBER	LOCATION WHERE EXPERIENCE WAS OBTAINED	DATES OF EXPERIENCE FROM (MO/YR) TO (MO/YR)		TOTAL HOURS EARNED
<u>GRAND TOTAL:</u>				

This is to certify that: _____
PRINT NAME OF APPLICANT

has completed _____ hours of fieldwork experience in the speech-language pathology assistant program. I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the above:

NAME OF CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR (PRINT)

DATE

SIGNATURE OF CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR

DATE

NAME OF FIELDWORK PROGRAM DIRECTOR/COORDINATOR (PRINT)

DATE

SIGNATURE OF FIELDWORK PROGRAM DIRECTOR/COORDINATOR

DATE



**SPEECH-LANGUAGE PATHOLOGY
AND AUDIOLOGY AND HEARING
AID DISPENSERS BOARD**

DISCIPLINARY GUIDELINES

Revised 2018

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INTRODUCTION

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) is a consumer protection agency with the primary mission of protecting consumers of speech-language pathology, audiology, and hearing aid dispenser services from potentially harmful licensees. In keeping with its obligation to protect the consumer, the Board has adopted the following Disciplinary Guidelines for disciplinary orders, terms and conditions of probation for violations of the laws governing speech-language pathology, audiology, and hearing aid dispensing.

The Board carefully considers all facts and circumstances associated with each case in its efforts to protect consumers. Subsequently, the Administrative Law Judge ("ALJ") shall provide in all proposed decisions a detailed basis of his or her decision in the "Findings of Fact" particularly when there is a deviation from the Guidelines. The deviation shall be clearly outlined in the decision to enable the Board to understand the reasons for the deviation and evaluate the suitability of the decision

If at the time of hearing the ALJ finds that the Respondent, for any reason, is not capable of safe practice, the ALJ shall order outright revocation of the license. This is particularly important in cases of patient sexual abuse or bodily harm. Suspension of a license may also be appropriate where the public may be better protected if the practice of the licensee is suspended to correct deficiencies in skills, education or rehabilitation.

Disciplinary Guidelines

Guidelines to Consider When Rendering Discipline

In determining whether revocation, suspension or probation is to be imposed in a given case, factors such as the following should be considered:

1. Nature and severity of the act(s), offense(s), or crime(s) under consideration.
2. Actual or potential harm to the public.
3. Actual or potential harm to any patient.
4. Prior disciplinary record.
5. Number and/or variety of current violations and/or offenses.
6. Mitigation evidence.
7. Rehabilitation evidence.
8. In case of a criminal conviction, compliance with conditions of sentence or court-ordered probation.
9. Criminal record.
10. Time passed since the act(s) or offense(s) occurred.
11. If applicable, evidence of expungement proceedings pursuant to Penal Code Section 1203.4, 1203.4(a), or 1203.41.
12. Whether or not the Respondent cooperated with the Board's investigation, other law enforcement, or regulatory agencies and/or the injured parties
13. Recognition by Respondent of his or her wrongdoing and demonstration of corrective action to prevent recurrence.

Model Disciplinary Orders and Conditions

License or registration types: Speech-Language Pathologist (SLP), Audiologist (AU), Dispensing Audiologist (DAU), Speech-Language Pathology Assistant (SLPA), Speech-Language Pathology Aide (SLP Aide), Audiology Aide (AU Aide), Required Professional Experience (RPE), Hearing Aid Dispenser (HAD), Hearing Temporary License (HTL), Hearing Aid Trainee (HT)

- **Licensee Revocation:** It is hereby ordered, [license or registration type] number [enter license/registration number] issued to Respondent [enter name] is hereby revoked.
- **Licensee Stay Order:** It is hereby ordered, [license or registration type] number [license/registration number] issued to Respondent [name] is hereby revoked; however, the revocation is stayed and Respondent's license is placed on probation for [enter number] years on the following terms and conditions.
- **Applicant Denied:** It is hereby ordered, the [license or registration type] application of Respondent [name] for licensure is hereby denied.
- **Applicant Granted with Probation:** It is hereby ordered, that upon successful completion of all licensing requirements Respondent [name] be issued a [license or registration] as a [license or registration type].. The license shall immediately be revoked; however the revocation will be stayed, and Respondent placed on probation for a period of [number] years on the following terms and conditions.
- **Surrender:** It is hereby ordered, [Insert license or registration type: Speech-Language Pathologist (SLP), Audiologist (AU), Dispensing Audiologist (DAU), Speech-Language Pathology Assistant (SLPA), Speech-Language Pathology Aide (SLP Aide), Audiology Aide (AU Aide), Required Professional Experience (RPE), Hearing Aid Dispenser (HAD), Hearing Temporary License (HTL), Hearing Aid Trainee (HT)] license or registration number [enter license/registration number] issued to Respondent [enter name] is hereby surrendered.

Respondent may re-apply for a license by petitioning for reinstatement of surrendered license. Respondent must meet all current requirements for licensure including, but not limited to, filing a current application, meeting all current educational and experience requirements. Any outstanding cost recovery balance must be paid by the Respondent prior to the issuance of a new license.

In cases where a petitioner for reinstatement has let his or her Speech-Language Pathology, Speech-Language Pathology Assistant, or Audiology license expire in the State of California for five (5) years, or Hearing Aid Dispenser license expire in the State of California for three (3) years, he or she must take and pass the licensing examinations(s) before being issued a new license.

- **Public Reprimand:** It is hereby ordered that a public reprimand be issued against [name].

- **Reinstatements:** It is hereby ordered that the petition of [enter name] for reinstatement of the [insert license/registration type] [license/registration] is hereby GRANTED, as follows.
- [License/registration type] number [enter number] is reinstated. The license will be immediately revoked; however, the revocation is stayed for [enter amount] years on the following terms and conditions:**Reinstatement Option (Condition Precedent):** (In cases where a petitioner for reinstatement has not had an active Speech-Language Pathology, Speech-Language Pathology Assistant, or Audiology for five (5) years, or an active Hearing Aid Dispenser license for three (3) years) Petitioner shall take and pass the current examination for licensure within one year of the effective date of this order. Failure to take and pass the current examination for licensure shall constitute a failure of the conditions precedent for licensure and shall invalidate the order granting the petition for reinstatement. Petitioner's [license/registration] shall remain [revoked/surrendered].
- **Reinstatement Option (Condition Precedent):** Petitioner shall pay the Board's cost recovery owed to the Board in the amount of \$[amount]. Upon completion of the foregoing conditions precedent, Petitioner's license shall be reinstated and immediately revoked, the revocation will be stayed, and Petitioner placed on probation for a period of [number] years on the following terms and conditions.

Probationary Considerations

As part of the Board's mission to protect consumers, any disciplinary order in which probation is imposed should include terms and conditions that ensure consumer protection.

For purposes of implementation of these terms and conditions of probation, any reference to the Board shall include Board designees and/or Board staff.

If the ALJ deviates from the guidelines, the ALJ shall include an explanation of the deviations or omissions, including all mitigating factors considered by the ALJ in the Proposed Decision so that the circumstances can be better understood by the Board during its review and consideration of the Proposed Decision.

Probationary Term

The probationary term imposed may vary depending upon the severity of the violation(s), and/or aggravating/mitigating factors.

Probationary Conditions

Conditions of probation are divided into two categories:

1. **Standard** conditions to be included in all probation orders;
2. **Optional** conditions which are applicable to the nature of the violation(s)

List of Probation Terms and Conditions

Standard Probation Terms and Conditions

Model introductory language and terms and conditions 1-15 to be included in all probation orders:

- | | |
|---|--|
| 1) Severability Clause | 8) Recovery of Costs |
| 2) Obey all Laws | 9) Probation Monitoring Costs |
| 3) Comply with Probation Program | 10) Maintain a Valid License |
| 4) Change of Name and Contact Information | 11) Function in Licensed Capacity- Tolling |
| 5) Submit Quarterly Reports | 12) Voluntary License Surrender |
| 6) Notice to Employers | 13) Violation of Probation |
| 7) Notice to Employees | 14) Completion of Probation |

Optional Probation Terms and Conditions

In addition to the standard terms and conditions (1-14), optional terms and conditions (15-31), are to be included in any proposed decision where the facts deem them appropriate. The terms are not mutually exclusive, but can and should be combined with each other, as appropriate to a particular case. Additional optional terms may be included in the probation order where the facts of a particular case require it for public protection.

- | | |
|--|---|
| 15) Educational Course | 25) Clinical Diagnostic Evaluation |
| 16) Consumer Restitution | 26) Attend Chemical Dependency Support and Recovery Groups |
| 17) Submit to Examination by Physician | 27) Abstain from Drugs, Marijuana, and Alcohol and Submit to Drug and Alcohol Testing |
| 18) Psychotherapy | 28) Drug and/or Alcohol Testing |
| 19) Employment Limitations | 29) Billing System |
| 20) Serving as a Supervisor | 30) Billing System Audit |
| 21) Restrictions on Licensed Practice | |
| 22) Practice Monitor/ Billing Monitor | |
| 23) Actual Suspension of License | |
| 24) Take and Pass Licensure Examinations | |

STANDARD TERMS AND CONDITIONS OF PROBATION (1-15)

1. SEVERABILITY CLAUSE

Each term and condition of probation is a separate and distinct term and condition. If any term or condition of this Decision and Order (Decision), or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Decision, and all other applications thereof, shall not be affected. Each term and condition of this Decision shall separately be valid and enforceable to the fullest extent permitted by law.

Rationale: *The severability clause is required for all Decisions and stipulated agreements where there are terms and conditions of probation, to avoid the potential for all probation terms and conditions being invalidated upon a successful appeal.*

2. OBEY ALL LAWS:

Respondent shall obey all federal, state, and local laws, including all statutes and regulations governing the practice of the licensee, and remain in full compliance with any court ordered criminal probation. This condition applies to any jurisdiction with authority over Respondent, whether it is inside or outside of California.

Further, Respondent shall, within five (5) calendar days of any arrest and/or discipline by another state agency, submit to the Board or its designee in writing a full and detailed account of such arrest and/or violation, including the name and address of the arresting agency, if applicable. Failure to timely report shall be considered a violation of probation.

Rationale: *If there has been a violation of any law or regulation this would constitute a violation of Respondent's probation and allow the Board to revoke probation and impose the stayed disciplinary order.*

3. COMPLY WITH PROBATION PROGRAM AND COOPERATE WITH BOARD STAFF

Respondent shall fully comply with the Board's probation program and shall, upon notice, report to the assigned probation monitor within fifteen (15) calendar days of such notice. Respondent shall timely cooperate with the Board's staff regarding Respondent's probation, including but not limited to: responses for information; compliance with directives and deadlines from Board staff regarding requirements of any term or condition of probation; and submission of documentation relating to a term or condition of probation. Respondent shall not have any unsolicited or unapproved contact with victims or complainants associated with the case or persons serving the Board as expert consultants. Respondent shall appear in person for interviews with the Board, or its designee, upon request at various intervals and with reasonable notice. The cost of travel to the interviews shall be paid by the Respondent.

Rationale: *Respondent must understand and comply with the probation terms to ensure consumer protection is upheld. Respondent shall be prohibited from making*

contact with any persons involved in the complaint, with the exception of the Board staff or its legal representatives, to protect the victims, complainants and witnesses from harassment by the Respondent.

4. CHANGE OF NAME AND CONTACT INFORMATION

Respondent shall notify the Board or its designee, in writing, within five (5) business days of any of the following changes: a change of name; change of residence, mailing address, business address, or address of employment; change of personal or business telephone number, and/or email address.

Rationale: *Current contact information allows the Board to maintain contact with the probationer during the probationary period.*

5. SUBMIT QUARTERLY REPORTS

Respondent shall submit to the Board or its designee quarterly reports and verification of actions signed under penalty of perjury. These reports shall certify and document compliance with all the conditions of probation. If the final probation report is not submitted as directed, probation shall be extended until such time as the final report is submitted and accepted by the Board or its designee.

Rationale: *The Board shall hold the Respondent legally accountable for submitting false statements to the Board by requiring the Respondent to declare under penalty of perjury that all statements made to the Board are true and correct; Receiving quarterly reports, enables the Board to track the Respondent's compliance with the conditions of probation on a regular basis, and offers a process for determining whether or not his/her license should be restored at the completion of probation.*

6. NOTICE TO EMPLOYERS

Respondent shall notify his or her current employer, any subsequent employer, or potential employer of the probationary status of respondent's license. If contracted to provide services that require a license, Respondent shall notify contractor of probationary status of license. Respondent shall make this notification upon or before the effective date of the Decision placing respondent on probation. The Respondent shall notify any prospective employer of his or her probationary status with the Board prior to accepting such employment. The Respondent shall notify any contractor of probationary status before accepting such contract. Respondent shall notify the direct supervisor or site contact at any physical location Respondent is providing services of the Respondent's probationary status. Respondent shall ensure that each employer informs the Board or its designee, in writing within 30 calendar days, verifying that the employer or contractor has received a copy of Statement of Issues or Accusation, Decision, and Order.

Respondent shall give specific, written consent to the Board or its designee to allow the Board or its designee to communicate with the employer contractor regarding the licensee's work status, performance, and monitoring. Respondent shall cause each employer to submit quarterly written reports to the Board or its designee.

Respondent shall notify the Board or its designee, in writing, of any change in his or her employment status, within ten (10) calendar days of such change.

Rationale: Any license restriction, including probation is a matter of public record. The public interest is best served when employers have knowledge of a licensee's conduct and need for rehabilitation so that employers may make informed choices to protect his or her consumers.

7. NOTICE TO EMPLOYEES

If Respondent is an employer or supervisor, Respondent shall, upon or before the effective date of this Decision, post or circulate a notice which recites the actual offenses for which the Respondent has been disciplined and the terms and conditions of probation, to all employees. Within fifteen (15) calendar days of the effective date of this Decision, Respondent shall cause his/her employees to report to the Board in writing, acknowledging the employees have read the Accusation and Decision in the case and understand Respondent's terms and conditions of probation. The Respondent shall notify any prospective employee of his or her probationary status with the Board prior to offering employment. This notification shall include a copy of the Board's Decision placing Respondent on probation. Respondent shall cause new employees upon being hired to report to the Board in writing within fifteen (15) calendar days of employment, acknowledging the employees have read the Accusation and Decision in the case and understand Respondent's terms and conditions of probation.

Rationale: Any license restriction, including probation is a matter of public record. The public interest is best served when employees have knowledge of a licensee's conduct and need for rehabilitation so that employees may make informed employment decisions.

8. RECOVERY OF COSTS

Respondent shall pay to the Board its cost of investigation and enforcement in the amount of \$[amount] within thirty (30) calendar days of the effective date of the Decision. Costs shall be payable to the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board and are to be paid regardless of whether probation is tolled. All requests for a payment plan shall be submitted in writing by the Respondent and approved by the Board or its designee. Full payment of all costs under an approved payment plan must be received by the Board no later than six (6) months prior to the scheduled completion of probation.

Failure to pay such costs shall be considered a violation of the probation order. The filing of bankruptcy by respondent shall not relieve respondent of his/her responsibility

to reimburse the Board for its investigation and prosecution costs.

Rationale: *The Board incurs costs associated with the investigation and disciplinary process; this requires the Respondent to reimburse the Board for those expenditures.*

9. PROBATION MONITORING COSTS

Respondent shall pay the costs associated with probation monitoring each year of probation. Probationary costs shall be payable to the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board quarterly. Failure to pay such costs shall be considered a violation of the probation order.

Rationale: *The Board incurs costs associated with probation monitoring; this requires the Respondent to reimburse the Board for those expenditures.*

10. MAINTAIN A VALID LICENSE

Respondent shall, at all times while on probation, maintain a current and active license with the Board, including any period during which suspension or probation is tolled.

Should Respondent's license, by operation of law or otherwise, expire, upon renewal or reinstatement, Respondent's license shall still be subject to any and all terms of this probation not previously satisfied. However, the period of time a licensee does not hold a current and active license shall not be counted towards satisfaction of the probationary period.

11. FUNCTION IN LICENSED CAPACITY

Respondent, during the period of probation, shall work in his/her licensed capacity in California. Respondent is required to immediately notify the probation monitor or Board designee in writing if he/she ceases working in his/her licensed capacity in California. This time shall not be counted towards the satisfaction of the probationary period, and the term of probation shall be extended for the period of time Respondent is not engaged in his/her licensed capacity. For the purpose of compliance with this section, "work in his/her licensed capacity" may also include, when approved by the Board or its designee, volunteer work or work in any non-direct patient position that requires licensure. Respondent shall be required to comply with the following conditions of probation as directed by the Board: obey all laws, submit quarterly reports, comply with probation program, consumer restitution, recovery of costs, probation monitoring costs, and maintain a valid license. As directed by the Board, and if listed as a condition of this Decision, Respondent shall be required to comply with the condition to abstain from drugs, marijuana, and alcohol and submit to drug and alcohol testing.

For purposes of this section, ceases working in his/her licensed capacity does not include the time school is out of session if Respondent is employed by and works in a school setting while engaged in his or her licensed capacity. Respondent shall

provide the Board proof of employment and the school calendar within a week of the school year commencing each year. Respondent shall continue to adhere to all other terms and conditions of probation during the time school is out of session.

For purposes of this term and condition, ceases working in his/her licensed capacity does not include a Board ordered suspension.

Rationale: *This provides the Board with an opportunity to monitor the Respondent and determine if he/she can perform the functions and duties of his/her licensing category in a competent manner. It also prevents Respondent from merely “waiting out” the period of probation and avoiding the necessity of demonstrating competence and compliance with probation terms and conditions.*

12. TOLLING OF PROBATION FOR OUT-OF-STATE PRACTICE OR RESIDENCE

In the event that Respondent should leave California to reside or to practice outside the State and will not be practicing in California, Respondent shall notify the Board or its designee in writing within ten (10) days of the dates of departure and return to California. This time period shall not apply to the reduction of the probationary period, or of any suspension. The term of probation shall be extended during this time, and Respondent will be required to comply with the following conditions of probation, as directed by the Board: obey all laws, comply with probation program, submit quarterly reports, consumer restitution, recovery of costs, probation monitoring costs, and maintain a valid license. All requirements of probation shall resume upon receipt of written notice to the Board of the resumption of practice in California.

It is a violation of probation to remain tolled pursuant to this provision of this condition for a total exceeding thirty-six (36) total consecutive or non-consecutive months.

Rationale: *This provides the Board with an opportunity to keep in contact with and monitor the Respondent. It also prevents Respondent from merely “waiting out” the period of probation and avoiding the necessity of demonstrating competence and compliance with probation terms and conditions.*

13. VOLUNTARY LICENSE SURRENDER

During Respondent's term of probation, if he/she wishes to cease practice, Respondent may submit a request, in writing, to surrender the license(s) to the Board or its designee. The Board or its designee shall evaluate the request based on the factual circumstances surrounding that particular request, and notify Respondent, in writing, whether it has been granted. Upon formal acceptance of the license surrender, Respondent's license will no longer be subject to the terms and conditions of probation, with the exception that any outstanding cost recovery is owed to the Board, and the Board may take action to collect the outstanding amount. Respondent shall return the pocket license(s) and wall certificate(s) to the Board within ten (10) calendar days of the effective date of the surrender.

Surrender of Respondent's license shall be considered a disciplinary action and shall

become a part of Respondent's license history with the Board. Respondent may not reapply for a license with the Board for three (3) years from the effective date of the decision. Respondent must meet all current requirements for licensure including, but not limited to, filing a current application, meeting all current educational and experience requirements, and taking and passing any and all examinations required of new applicants. Any outstanding cost recovery balance must be paid by the Respondent prior to the issuance of a new license.

Rationale: *If Respondent feels he/she cannot follow any one of the terms and conditions of the probation order, this term and condition provides him/her the option to voluntarily surrender his/her license.*

14. VIOLATION OF PROBATION

If Respondent violates probation in any respect, the Board may seek to revoke probation and carry out the disciplinary order that was stayed. The Respondent shall receive prior notice and the opportunity to be heard. If a Petition to Revoke Probation, an Accusation, a Petition to Vacate Stay or other formal disciplinary action is filed against Respondent during probation, the Board shall have continuing jurisdiction and the period of probation shall be extended until the matter is final. No petition for modification or termination of probation shall be considered while there is an accusation or petition to revoke probation pending against Respondent.

Rationale: *This allows the Board to carry out the disciplinary order stated in the Decision when a Respondent fails to comply with any of his/her probation terms and conditions.*

15. COMPLETION OF PROBATION

Respondent's license or registration will be fully restored upon successful completion of probation.

Rationale: *When the Respondent has completed his/her term of probation by successfully fulfilling all of the terms and conditions, he/she has demonstrated his/her ability to practice unrestricted.*

OPTIONAL TERMS AND CONDITIONS OF PROBATION (16-33)

16. EDUCATIONAL COURSE

Respondent shall take and successfully complete course work substantially related to the violation [option: an ethics course]. Within sixty (60) calendar days of the effective date of the Decision, Respondent shall submit a plan to comply with this requirement.

Respondent must obtain approval of such plan by the Board or its designee prior to enrollment in any course of study.

Respondent shall successfully complete the required ~~remedial education~~ course work no later than the end of the first year of probation or earlier as determined by the Board. ~~course~~ Respondent shall ~~cause the instructor to~~ furnish proof to the Board or its designee within five (5) business days of successful completion of each course.

Respondent shall not receive continuing education credit for license renewal for any educational course taken pursuant to a disciplinary order or settlement agreement.

The costs of such educational course work shall be paid by the Respondent.

Rationale: *In those instances where a licensee has demonstrated negligence or incompetence, or has been found to have performed work or attempted treatment beyond the scope of his/her training or experience, the Board will impose a plan of education. The plan shall specify the areas and hours of education required, and may also dictate the institution(s) where the education will be received. Such educational coursework is usually required prior to allowing the licensee to return to the identified deficient area of practice, and requires approval by the Board. The educational plan is for licensees who have demonstrated deficiencies in skill but do not constitute a present danger to patients in other areas of practice.*

17. CONSUMER RESTITUTION

Respondent shall make restitution to consumer(s) [insert consumer(s) initials], referenced in the Accusation, in the amount of \$[specify damage(s)] within sixty (60) calendar days of the effective date of the Decision and restitution shall be paid regardless of whether probation is tolled. Respondent shall provide the Board or its designee copies of the cancelled checks to each consumer within ten (10) calendar days of receiving said cancelled checks, or an alternate proof of payment approved in advance by the Board or its designee. The cost of providing copies of cancelled checks or other proof of payment shall be paid by the Respondent.

Failure to pay such costs shall be considered a violation of the probation order.

Request for a payment plan shall be submitted in writing by Respondent and approved by the Board or its designee.

Rationale: *Where there has been patient harm resulting from negligent or incompetent treatment or a determination has been made concerning fraudulent billing or failure to adhere to warranty requirements, restitution may be warranted. Careful scrutiny should be made to ensure that proper restitution is made to the consumer or any other applicable entity. Restitution may be made within a specific time frame or on a payment schedule. Restitution should cover those amounts that are a direct result of the actions of Respondent.*

18. SUBMIT TO EXAMINATION BY PHYSICIAN

Within thirty (30) calendar days of the effective date of the Decision, Respondent shall submit to a physical examination by a physician of his/her choice approved by the Board or its designee. The physician shall be licensed in California and Board Certified in Family Practice, Internal Medicine, or a related specialty. The purpose of this examination shall be to determine Respondent's ability to safely perform all professional duties. Respondent shall provide the examining physician a copy of the Board's Accusation or Statement of Issues and Decision prior to the examination. Respondent shall notify the Board if the evaluator has a familial relationship, has or previously had a financial, personal or business relationship or other relationship with the Respondent that could reasonably be expected to compromise the ability of the evaluator to render an impartial and unbiased report.

The Respondent shall, upon approval of the physician, furnish a copy of this Decision to the physician and execute a release authorizing the physician to provide to the Board or its designee a complete written medical report evaluating Respondent's status and progress as well as other information the Board or its designee deems appropriate within forty-five (45) calendar days of the effective date of the Decision. The release will also authorize the physician to notify the Board or its designee within one (1) business day if the physician determines that the Respondent cannot continue to practice safely.

The Board shall notify the respondent in writing of the examining physician's determination of unfitness to practice and shall order the Respondent to cease or restrict licensed activities as a condition of probation. Respondent shall comply with this condition until the Board is satisfied of Respondent's fitness to practice safely and has so notified the Respondent in writing. Respondent shall document compliance in the manner required by the Board.

The cost of such examination(s) shall be paid by the Respondent.

Rationale: *This permits the Board to require the Respondent to obtain appropriate treatment for physical problems/disabilities which could affect safe practice. The physical examination can also be conducted to ensure that there is no physical evidence of alcohol/drug abuse.*

19. PSYCHOLOGICAL EVALUATION

Respondent shall participate in a psychiatric or psychological evaluation. This evaluation shall be for the purpose of determining Respondent's current mental, psychological and emotional fitness to perform all professional duties with safety to self and to the public. Respondent shall provide the evaluator with a copy of the Board's Accusation or Statement of Issues and Decision prior to the evaluation. The evaluation shall be performed by a California licensed psychiatrist or clinical psychologist approved by the Board or its designee.

Respondent shall submit to the Board for its approval the name and qualifications of one or more proposed evaluators to conduct the psychological evaluation. Respondent shall notify the Board or its designee if the evaluator has a familial relationship, has or previously had a financial, personal or business relationship or

other relationship with the Respondent that could reasonably be expected to compromise the ability of the evaluator to render an impartial and unbiased report.

Respondent shall fully cooperate with the provision and undergo a psychiatric or psychological evaluation within thirty (30) calendar days of the effective date of the Decision. Psychiatric or psychological evaluations conducted prior to the effective date of the Decision shall not be accepted towards the fulfillment of this requirement. Respondent shall, upon approval of the evaluator, execute a release authorizing the evaluator to provide to the Board or its designee a written psychiatric or psychological report evaluating Respondent's status as well as such other information that may be requested by the Board or its designee. This report shall be submitted within forty-five (45) calendar days of the effective date of the Decision, or as determined by the Board or its designee.

If the evaluator finds that the Respondent is not psychologically fit to practice safely, or can only practice with restrictions, the evaluator shall notify the Board within one (1) working day. The Board shall notify the Respondent in writing of the evaluator's determination of unfitness to practice and shall notify the Respondent to cease or restrict licensed activities as a condition of probation. Respondent shall comply with this condition until the Board is satisfied of Respondent's fitness to practice safely and has so notified the Respondent in writing. Respondent shall document compliance in the manner required by the Board or its designee.

If not otherwise ordered herein, if ongoing psychotherapy is recommended in the psychological evaluation, the Board will notify Respondent in writing to submit to such therapy and to select a psychotherapist for approval by the Board or its designee within thirty (30) days of such notification. The therapist shall (1) be a California-licensed psychologist with a clear and current license; and (2) have no previous business, professional, personal or other relationship with Respondent. Frequency of psychotherapy shall be determined upon recommendation of the treating psychotherapist with approval by the Board or its designee; however, psychotherapy shall, at a minimum, consist of one one-hour session per week. Respondent shall continue psychotherapy until released by the approved psychologist and approved by the Board or its designee. The Board or its designee may order a re-evaluation upon receipt of the therapist's recommendation.

The Respondent shall, upon approval of the therapist, furnish a copy of this Decision to the therapist and execute a release authorizing the therapist to provide to the Board or its designee a written psychiatric or psychological report evaluating Respondent's status and progress as well as other information the Board or its designee deems appropriate, including quarterly reports of Respondent's therapeutic progress. The release will also authorize the therapist to notify the Board or its designee within one (1) day if the therapist determines that the Respondent cannot continue to practice safely.

Respondent shall pay all costs associated with the psychological evaluation and ongoing psychotherapy. Failure to pay costs will be considered a violation of the probation order.

Option of Evaluation as a Condition Precedent:

(NOTE: In some cases, the psychological evaluation may be imposed as either a condition precedent to the stay of revocation, or to the issuance or reinstatement of a license, so that the Respondent or petitioner is not entitled to begin or continue practice until found to be safe to do so. In such cases, the following language shall be used as the first sentence of the first paragraph of this term:)

As a condition precedent to the [stay of revocation] [issuance] [re-issuance] of a license, within ninety (90) days of the effective date of this Decision, and on a periodic basis thereafter as may be required by the Board or its designee, Respondent shall undergo a psychological evaluation (and psychological testing, if deemed necessary) by a Board-approved California-licensed psychologist.

(In addition, the following language shall also be used as the first sentence of the second paragraph of this term:)

If the Board concludes from the results of the evaluation that Respondent is unable to practice independently and safely, upon written notice from the Board [Respondent shall, in accordance with professional standards, appropriately refer/terminate existing patients within thirty (30) days and shall not resume practice until a Board-appointed evaluator determines that Respondent is safe to practice] [Respondent shall not be issued or re-issued a license until a Board-approved evaluator determines that Respondent or Petitioner is safe to practice].

Rationale: *Psychological evaluations shall be utilized when an offense calls into question the judgment and/or emotional and/or mental condition of the Respondent or where there has been a history of abuse or dependency on alcohol or controlled substances. When appropriate, Respondent shall be restricted from rendering services under the terms and conditions of probation until he/she has undergone an evaluation, the evaluator has recommended resumption of practice, and the Board has accepted and approved the evaluation.*

20. PSYCHOTHERAPY

Respondent shall participate in ongoing psychotherapy with a California licensed psychiatrist who is, certified in Psychiatry, or a clinical psychologist, or a licensed marriage and family therapist, or licensed clinical social worker approved by the Board. Respondent must notify the Board if the evaluator has a familial relationship, has or previously had a financial, personal or business relationship or other relationship with the Respondent that could reasonably be expected to compromise the ability of the evaluator to render an impartial and unbiased report. Counseling shall be at least once a week unless otherwise determined by the Board. Respondent shall continue in such therapy at the Board's discretion.

Within twenty (20) calendar days of the effective date of the Decision, Respondent shall submit to the Board for its approval the name and qualifications of one or more proposed therapists to provide on-going therapy. Respondent shall commence psychotherapy within ten (10) calendar days of receiving notification by the Board of

the names of approved therapists.

The Respondent shall, upon approval of the therapist, furnish a copy of this Decision to the therapist and execute a release authorizing the therapist to provide to the Board or its designee a written psychiatric or psychological report evaluating Respondent's status and progress as well as other information the Board or its designee deems appropriate, including quarterly reports of Respondent's therapeutic progress. The release will also authorize the therapist to notify the Board or its designee within one (1) day if the therapist determines that the Respondent cannot continue to practice safely.

The Board shall notify the Respondent in writing of the therapist's determination of unfitness to practice and shall notify the Respondent to cease or restrict licensed activities as a condition of probation. Respondent shall comply with this condition until the Board is satisfied of Respondent's fitness to practice safely and has so notified the Respondent in writing.

Respondent shall cause the therapist to submit quarterly written reports to the Board concerning Respondent's fitness to practice and progress in treatment.

The cost of such therapy shall be paid for by the Respondent. Failure to pay costs will be considered a violation of the probation order.

Rationale: *This should be imposed whenever there is evidence that the Respondent may have a psychological problem that impacts his/her ability to provide safe and efficacious services to the public. If the Respondent is already in therapy this condition should be imposed to ensure that he/she continues to receive help.*

21. EMPLOYMENT LIMITATIONS

While on probation, Respondent may not work as a faculty member or instructor in an accredited or approved school of speech-language pathology or school of audiology or as a continuing education instructor.

Rationale: *A licensee who has been disciplined and is currently serving probation has not modeled best practices and should not be allowed to provide instruction to the next generation of providers.*

22. SERVING AS A SUPERVISOR

Respondent may not function as a supervisor for any required professional experience (RPE) candidate or any registered or licensed assistant, trainee, or aide during the period of probation ~~or until~~ unless a written request is submitted to the probation monitor and that request is approved by the Board or its designee in writing.

23. RESTRICTIONS ON LICENSED PRACTICE

During probation Respondent is prohibited from [insert restriction].

Within thirty (30) calendar days from the effective date of the Decision and Order, Respondent shall submit to the Board or its designee, for its approval, a plan to implement this restriction. Within thirty (30) calendar days from the effective date of the Decision and Order, Respondent, if employed or supervised, shall cause the employer or supervisor to report to the Board or its designee a written plan which implements this restriction.

Rationale: *In cases, wherein some factor of the patient population at large (e.g. age, gender, practice setting, limited practice procedures) may put a patient at risk if in treatment with the Respondent, this term and condition should be utilized. Additional language can be added for clarification. Additionally, Respondent may be prohibited from engaging in solo practice as well as being required to work in a monitored environment.*

24. PRACTICE MONITOR/BILLING MONITOR

Within thirty (30) calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval, the name and qualifications of an individual who has agreed to serve as a [practice monitor] [billing monitor] [practice & billing monitor].

The [practice monitor][billing monitor] [practice & billing monitor] shall (1) hold a current and valid California license in the same field of practice as Respondent, (2) have held the license for a minimum of three (3) years; (3) have had no disciplinary action taken against his/her license by the Board; and (4) be independent, with no prior or current business, professional, personal, or other relationship that could reasonably be expected to compromise the ability of the monitor to provide impartial and unbiased supervision of the Respondent. An administrative citation and fine does not constitute discipline and therefore, in and of itself, is not a reason to deny an individual as a monitor.

Once approved, the monitor(s) shall submit to the Board or its designee a plan for approval by which Respondent's practice shall be monitored. The Respondent shall provide the monitor with a copy of this Decision and Accusation or Statement of Issues. The monitoring shall be: (choose one)

- general and not require the physical presence of the monitor during the time services are performed, but does require an occasional, unrestricted review of the work performed as well as quarterly monitoring visits at the office or place of practice
- direct and require the physical presence of the monitor at the actual location during the time services are performed
- [insert other option].

Additionally, the monitor shall have full and unrestricted access to patient and billing records of Respondent. The monitor may evaluate all aspects of Respondent's practice regardless of Respondent's areas of deficiencies. Respondent shall obtain any necessary patient releases to enable the monitor to review all client and fiscal records and to make direct contact with clients, if necessary. Respondent shall

execute a release authorizing the monitor to divulge any information that the Board may request.

The approved monitor shall submit written reports to the Board on a quarterly basis, or other frequency as determined by the Board, verifying that monitoring has taken place as required and include an evaluation of Respondent's performance, compliance with his/her probationary conditions, and existing laws governing the practice. It shall be the Respondent's responsibility to assure that the required reports are filed in a timely manner.

If the monitor terminates his/her monitoring or is no longer available to serve in the monitor role, Respondent must submit to the Board the name or names of a new monitor, including qualifications and supervision plan within fifteen (15) calendar days from the date of resignation. If a new monitor is not approved by the Board within thirty (30) calendar days from the date of resignation of the previous monitor, Respondent shall be suspended from practice until a new monitor has been approved by the Board and the necessary documents are filed with the Board.

All costs of monitored practice shall be paid by the Respondent. Failure to pay costs will be considered a violation of the probation order.

Rationale: *This allows the Board to monitor the competency of Respondent by use of a fellow practitioner. It is most appropriate in cases involving incompetence, negligence, billing and/or document fraud. The type of monitoring needs to be clearly defined relative to the necessity for the presence of the monitor. Direct monitoring would require the physical presence of the monitor during all time services are performed. General monitoring does not require the physical presence of the monitor and may be appropriate for violations that do not involve direct patient harm.*

25. ACTUAL SUSPENSION OF LICENSE

As part of probation, Respondent is suspended from practice for [amount of time] [days/months/years] beginning the effective date of this Decision. Respondent shall be responsible for informing his/~~or~~-her employer of the Board's Decision and shall provide his/her employer with a copy of the Decision and Accusation or Statement of Issues.

If Respondent operates his or her own office as a solo practitioner or as a one-person professional corporation, said office is to be closed except for administrative purposes (making future appointments when suspension is over, opening mail, referring patients, accepting payments on account, and general office administration); and Respondent shall not lease the office nor make any monetary gain from the practice earned during the period of time that the office is closed. Respondent shall post a notice of the Board's Order of Suspension in a place clearly visible to the public. The notice, provided by the Board, shall remain posted during the entire period of actual suspension.

Prior to the lifting of the actual suspension of license, if applicable, the Board shall receive documentation from the professionals evaluating the Respondent, confirming

that Respondent is safe to return to practice under specific terms and conditions as determined by the Board.

Rationale: *This should be imposed when it is appropriate for the licensee to complete other terms and conditions to ensure consumer protection before the licensee is safe to resume practice.*

26. TAKE AND PASS LICENSURE EXAMINATIONS

Option:

Respondent shall take and pass the written and/or practical licensure examination(s) currently required of new applicants for the license possessed by Respondent, within six (6) months of the effective date of the Decision and Order. If Respondent is required to take and pass both the written and practical examinations, the written examination must be taken and passed prior to taking the practical examination. The waiting period between repeat written examinations shall be at least two weeks, until the written examination is passed.

If the examinations are not passed within six (6) months of the effective date of the decision the license will be suspended until the respondent passes the required examination(s).

The cost of any examinations shall be paid by the Respondent.

Option (Condition Precedent):

Respondent shall take and pass the written and/or practical licensure examination currently required of new applicants prior to resuming practice.
The cost of all examinations shall be paid by the Respondent.

Rationale: *In cases involving evidence of extreme departures from the standard of care, as a result of a lack of knowledge and skill required to be minimally competent to practice, it may be appropriate to require the Respondent to take and pass licensing examination(s) during the course of the probation period. In some instances, it may be appropriate for practice to be suspended until the Respondent passes the examination(s) (condition precedent).*

27. CLINICAL DIAGNOSTIC EVALUATION

Respondent shall undergo a clinical diagnostic evaluation within thirty (30) calendar days of the effective date of this decision. The board or its designee shall select or approve an evaluator holding a valid, unrestricted license to practice, with a scope of practice that includes the conduct of clinical diagnostic evaluations. Respondent shall provide the evaluator with a copy of the Board's Accusation, Statement of Issues, Petition to Revoke, or other charging document, and Decision prior to the evaluation. Respondent shall sign a release authorizing the evaluator to furnish a written report and a current diagnosis to the Board.

The clinical diagnostic evaluation report shall set forth, in the evaluator's opinion, whether respondent has a substance abuse problem, whether respondent is a threat to himself or herself or others, and recommendations for substance abuse treatment, practice restrictions, or other recommendations related to respondent's rehabilitation and ability to practice safely.

The evaluator shall submit to the Board a written CDE report within ten (10) calendar days from the date the evaluation was completed, unless an extension, not to exceed thirty (30) calendar days, is granted, in writing, to the evaluator by the Board.

Respondent shall comply with any restrictions or recommendations made as a result of the CDE. Respondent's license may be suspended until the Board determines that he/she is able to safely practice.

Option of Evaluation as a **Condition Precedent:**

(NOTE: In some cases, the psychological evaluation may be imposed as either a condition precedent to the stay of revocation, or to the issuance or reinstatement of a license, so that the Respondent or petitioner is not entitled to begin or continue practice until found to be safe to do so. In such cases, the following language shall be used as the first sentence of the first paragraph of this term:)

As a condition precedent to the [stay of revocation] [issuance] [re-issuance] of a license, within ninety (90) calendar days of the effective date of this Decision, and on a periodic basis thereafter as may be required by the Board or its designee, Respondent shall undergo a psychological evaluation (and psychological testing, if deemed necessary) by a Board-approved California-licensed psychologist.

(In addition, the following language shall also be used as the first sentence of the second paragraph of this term:)

If the Board concludes from the results of the evaluation that Respondent is unable to practice independently and safely, upon written notice from the Board [Respondent shall, in accordance with professional standards, appropriately refer/terminate existing patients within thirty (30) calendar days and shall not resume practice until a Board-appointed evaluator determines that Respondent is safe to practice] [Respondent shall not be issued or re-issued a license until a Board-approved evaluator determines that Respondent or Petitioner is safe to practice].

Rationale: *This provision should be included when a Respondent's license is placed on probation for a substance or alcohol issue so that the Board has the ability to order at any time during the probation period a Respondent to undergo an evaluation to determine if he/she is currently safe to practice.*

28. ATTEND CHEMICAL DEPENDENCY SUPPORT AND RECOVERY GROUPS

Within five (5) calendar days of the effective date of the Decision, Respondent shall begin attendance at a chemical dependency support group (e.g., Alcoholics

Anonymous, Narcotics Anonymous). Documentation of attendance shall be submitted by the Respondent with each quarterly written report. Respondent shall continue attendance in such a group for the duration of probation unless notified by the Board in writing that attendance is no longer required.

Rationale: Alcohol and/or other drug abuse treatment shall be required in addition to other terms of probation in cases where the use of alcohol or other drugs by Respondent has impaired Respondent's ability to practice safely. This condition must be accompanied by condition #31.

29. ABSTAIN FROM DRUGS AND ALCOHOL AND SUBMIT TO DRUG AND ALCOHOL TESTING

Respondent shall completely abstain from the personal use or possession of alcohol, marijuana, controlled substances, illicit drugs, dangerous drugs, and/or dangerous devices except when lawfully prescribed by a licensed practitioner used as a necessary part of treatment.

30. DRUG AND/OR ALCOHOL TESTING

Respondent shall immediately submit to biological fluid testing, at Respondent's expense, upon request of the Board or its designee. "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the Board or its designee. Respondent shall make daily contact with the Board or its designee to determine whether biological fluid testing is required. Respondent shall be tested on the date of the notification as directed by the Board or its designee. The Board may order a respondent to undergo a biological fluid test on any day, at any time, including weekends and holidays. Except when testing on a specific date as ordered by the Board or its designee, the scheduling of biological fluid testing shall be done on a random basis. The cost of biological fluid testing shall be borne by the respondent.

Failure to pay testing costs, contact test facilitator daily, or submit to testing will be considered a violation of the probation order.

31. BILLING SYSTEM

Within fifteen (15) calendar days from the effective date of the Decision, Respondent shall submit to the Board or its designee, for its approval, the name of one or more independent billing systems which monitor and document the dates and times of client visits. Respondent shall obtain the services of the independent billing system monitoring program within fifteen (15) calendar days after notification of the Board's approval of such program. Clients are to sign documentation stating the dates and time of services rendered by Respondent and no bills are to be issued unless there is a corresponding document signed by the client in support thereof. The billing system service shall submit quarterly written reports concerning Respondent's cooperation with this system. The cost of the service shall be paid by Respondent. Failure to pay

costs will be considered a violation of the probation order.

Additionally, the billing system monitoring program shall have full and unrestricted access to patient and billing records of Respondent. The monitor may evaluate all aspects of Respondent's practice regardless of Respondent's areas of deficiencies. Respondent shall obtain any necessary patient releases to enable the billing system monitoring program to review all client and fiscal records, and to make direct contact with clients, if necessary. Respondent shall execute a release authorizing the monitor to divulge any information that the Board may request.

32. BILLING SYSTEM AUDIT

Within sixty (60) calendar days of the effective date of this Decision, Respondent shall provide to the Board for its approval the names and qualifications of three auditors who are licensed in California as Certified Public Accountants (CPAs). The Board or its designee shall select one of the three (3) auditors to annually audit Respondent's billings for compliance with the Billing System condition of probation. During said audit, randomly selected client billing records shall be reviewed in accordance with accepted auditing/accounting standards and practices. The cost of the audits shall be paid by Respondent. Failure to pay for the audits in a period as prescribed by the Board shall constitute a violation of the probation order.

Additionally, the billing system auditor shall have full and unrestricted access to patient and billing records of Respondent. The monitor may evaluate all aspects of Respondent's practice regardless of Respondent's areas of deficiencies. Respondent shall obtain any necessary patient releases to enable the billing system auditor to review all client and fiscal records, and to make direct contact with clients, if necessary. Respondent shall execute a release authorizing the monitor to divulge any information that the Board may request.

Recommended Action by Violation

The Business and Professions Code section 2530 et. seq., and general provision sections of the Business and Professions Code specify the offenses for which the Board may take disciplinary action. Below are the code sections with the recommended disciplinary actions listed by the degree of the offense.

When filing an Accusation or Statement of Issues, the Office of the Attorney General may also cite additional related statutes and regulations.

**Note: Under Terms and Conditions of Probation you will find the applicable numbered terms and conditions to include in a Decision and Order.*

PENALTIES FOR DISCIPLINARY ACTIONS

UNPROFESSIONAL CONDUCT (GENERAL)

Sections 480 & 2533 of the Business and Professions Code

MAXIMUM Revocation or Denial

MINIMUM Public Reproval

UNPROFESSIONAL CONDUCT -- CONVICTION OF A CRIME OR ACT INVOLVING DISHONESTY, FRAUD, OR DECEIT

Sections 480(a)(1), 480(a)(2), 490, 2533(a), & 2533(e)
of the Business and Professions Code

Section 1399.156.1 California Code of Regulations, Title 16

MAXIMUM Revocation or Denial

MINIMUM ~~18 Months~~ 3 Year Probation
Standard Terms of Probation (1-136)
Optional Terms of Probation (17-32), if warranted

UNPROFESSIONAL CONDUCT -- SECURING LICENSE UNLAWFULLY

Sections 498 & 2533(b) of the Business and Professions Code

MINIMUM Revocation or Denial

Note: The severity of this offense warrants revocation or denial in all cases.

PRACTICING WITHOUT A VALID LICENSE

Section 2532, 2535, 2538.7, 2538.20, 2538.30(b), and 2538.48 of the
Business and Professions Code

MAXIMUM Revocation or Denial

MINIMUM 3 Year Probation
Standard Terms of Probation (1-16)
Optional Terms of Probation (17-32), if warranted

UNLAWFUL REFERRALS

Section 650 of the Business and Professions Code

MAXIMUM	Revocation or Denial
MINIMUM	18 Month Probation Standard Terms of Probation (1-16) Optional Terms of Probation (17-32), if warranted

MENTAL OR PHYSICAL ILLNESS AFFECTING COMPETENCY

Section 820 of the Business and Professions Code

MAXIMUM	Revocation or Denial
MINIMUM	5 Year Probation Standard Terms of Probation (1-16) Optional Terms of Probation (17-32), if warranted

Note: In some instances, public safety can only be assured by removing the licensee from practice.

UNPROFESSIONAL CONDUCT – USE, CONSUMPTION, OR SELF-ADMINISTRATION OF, OR MORE THAN ONE MISDEMEANOR OR ANY FELONY CONVICTION INVOLVING DRUGS OR ALCOHOL

Section 2533(c)(1)-(4) of the Business and Professions Code

MAXIMUM	Revocation or Denial
MINIMUM	3 Years Probation Standard Terms of Probation (1-136) Submit to Examination by Physician (19) Psychological Evaluation (20) Attend Chemical Dependency Support and Recovery Groups (29) Abstain from drugs and alcohol and submit to drug and alcohol testing (30) Optional Terms of Probation (17-18, 21-29, and 31-32), if warranted

Note: In some instances, public safety can only be assured by removing the licensee from practice. Factors to be considered are: insufficient evidence of rehabilitation, denial of problem, unstable employment history, a significant diversion of patients' medications, prior disciplinary action, multiple violations, and patient harm.

UNPROFESSIONAL CONDUCT -- ADVERTISING

Section's 1399.127 and 1399.156.4 of the California Code of Regulations,
Title 16

MAXIMUM	Revocation or Denial
MINIMUM	18 Months Probation Standard Terms (1-136) Optional Terms of Probation (17-32), if warranted

UNPROFESSIONAL CONDUCT AIDING AND ABETTING IN THE COMMISSION OF A VIOLATION OF AN ACT OR REGULATION

Section 1399.156(a) of the California Code of Regulations, Title 16

MAXIMUM	Revocation or Denial
MINIMUM	18 24 Months Probation Standard Terms of Probation (136) Optional Terms of Probation (17-32), if warranted

UNPROFESSIONAL CONDUCT-CORRUPT OR ABUSIVE ACT AGAINST A PATIENT

Sections 2533(f), and 2533(g) of the Business and Professions Code
1399.156(b) of the California Code of Regulations, Title 16

MAXIMUM	Revocation or Denial
MINIMUM	3 -5 Years Probation Standard Terms of Probation (1-136) Psychological Evaluation (20) Serving As A Supervisor (23) Optional Terms of Probation (17-19, 21-22, 24-32), if warranted

Note: In some instances, public safety can only be assured by removing the licensee from practice. Factors to be considered are; insufficient evidence of rehabilitation, denial of problem, prior disciplinary action, multiple violations, and patient harm.

**UNPROFESSIONAL CONDUCT- INCOMPETENCE
OR NEGLIGENCE**

Section 2533(f) of the Business and Professions Code
1399.156(c) of the California Code of Regulations, Title 16

MAXIMUM	Revocation or Denial
MINIMUM	3 Years Probation Standard Terms of Probation (1-136) Educational Course (17) Serving As A Supervisor (23) Practice Monitor/Billing Monitor (25) Optional Terms of Probation (18-22, 24, 26-32), if warranted

Note: In some instances, public safety can only be assured by removing the licensee from practice. Factors to be considered are; insufficient evidence of rehabilitation, denial of problem, prior disciplinary action, multiple violations, and patient harm.

**UNPROFESSIONAL CONDUCT BY SPEECH-LANGUAGE PATHOLOGY
CORPORATION OR AUDIOLOGY CORPORATION**

Section 2537, 2537.2, 2537.3 & 2537.4 of the Business and Professions Code

MAXIMUM	Revocation or Denial
MINIMUM	18 Months 3 Year Probation Standard Terms of Probation (1-136) Optional Terms of Probation (17-32), if warranted

**DISCIPLINARY ACT BY ANOTHER BOARD/BUREAU
OF THE DEPARTMENT OR FOREIGN JURISDICTION**

Section 141 of the Business and Professions Code

MAXIMUM	Revocation or Denial
MINIMUM	Public Reproval

SEXUAL ABUSE OR MISCONDUCT WITH PATIENT OR CLIENT

Section 726 of the Business and Professions Code

MAXIMUM	Revocation or Denial
MINIMUM	3 5 Years Probation Standard Terms of Probation (1- 136) Psychological Evaluation (20) Serving As A Supervisor (23) Optional Terms of Probation (17-19, 21-22, 24-32), if warranted

VIOLATION OF REQUIRED PROFESSIONAL EXPERIENCE (RPE) REGULATIONS

Sections 1399.153 – 1399.153.10 of the California Code of Regulations, Title 16

MAXIMUM	Revocation or Denial
MINIMUM	18 Months Probation Standard Terms of Probation (1- 136) Optional Terms of Probation (17-32), if warranted

VIOLATION OF LAWS AND REGULATIONS RELATING TO SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AIDES

Section 2530.6 of the Business and Professions Code

Sections 1399.154 – 1399.154.7 of the California Code of Regulations, Title 16

MAXIMUM	Revocation or Denial
MINIMUM	18 Months Probation Standard Terms of Probation (1- 136) Optional Terms of Probation (17-32), if warranted

VIOLATION OF LAWS AND REGULATIONS RELATING TO SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

Sections 2533 & 2538.1 of the Business and Professions Code

Sections 1399.170.19 of the California Code of Regulations, Title 16

MAXIMUM	Revocation or Denial
MINIMUM	18 Months Probation Standard Terms of Probation (1- 136) Optional Terms of Probation (17-32), if warranted

PRACTICING WITHOUT PROPERLY POSTING LICENSE

Section 2532.5 of the Business and Professions Code

MAXIMUM	2 Year Probation Standard Terms of Probation (1-16) Optional Terms of Probation (17-32), if warranted
MINIMUM	Public Reprimand

TEMPORARY LICENSEE AS SOLE PROPRIETOR, MANAGER, OR OPERATOR

Section 2538.30(a) of the Business and Professions Code

MAXIMUM	Revocation or Denial
MINIMUM	License Issued, 12 Month Probation or Life of License Standard Terms of Probation (1-16) Optional Terms of Probation (17-32), if warranted

PRACTICING WITHOUT NOTIFYING THE BOARD OF BUSINESS ADDRESS; PRACTICING FROM A BRANCH OFFICE WHICH IS NOT LICENSED

Sections 2538.33, 2538.34, and 2538.51 of the Business and Professions
Code Section 1399.105 California Code of Regulations

MAXIMUM	2 Year Probation Standard Terms of Probation (1-16) Optional Terms of Probation (17-32), if warranted
MINIMUM	18 Months

FAILURE TO DELIVER PROPER RECEIPT

Sections 2538.35 and 2539.4 of the Business and Professions Code

MAXIMUM	Revocation
MINIMUM	18 Month Probation Standard Terms of Probation (1-16) Optional Terms of Probation (17-32), if warranted

FAILURE TO MAKE PHYSICIAN REFERRAL

Sections 2538.36 and 2539.6 of the Business and Professions Code

MAXIMUM	Revocation
MINIMUM	3 Year Probation Standard Terms of Probation (1-16) Optional Terms of Probation (17-32), if warranted

UNAUTHORIZED SELLING OF A HEARING AID TO A PERSON UNDER SIXTEEN (16) YEARS OF AGE

Sections 2538.37 and 2539.8 of the Business and Professions Code

MAXIMUM	Revocation
MINIMUM	3 Year Probation Standard Terms of Probation (1-16) Optional Terms of Probation (17-32), if warranted

FAILURE TO MAINTAIN REQUIRED RECORDS

Sections 2538.38 and 2539.10 of the Business and Professions Code

MAXIMUM	3 Year Probation Standard Terms of Probation (1-16) Optional Terms of Probation (17-32), if warranted
MINIMUM	Public Reproval

THE IMPROPER OR UNNECESSARY FITTING OF A HEARING AID

Sections 2533(f) and 2538.11 of the Business and Professions Code

MAXIMUM	Revocation
MINIMUM	3 Year Probation Standard Terms of Probation (1-16) Optional Terms of Probation (17-32), if warranted

HEARING SCREENINGS—UNAUTHORIZED SERVICES

Section 2538.12 of the Business and Professions Code

MAXIMUM	3 Year Probation
MINIMUM	Public Reproval

**UNAUTHORIZED DISPENSING OF A HEARING AID –
REMOTE ACQUISITION**

Sections 2538.23 and 2539.2 of the Business and Professions Code

MAXIMUM	Revocation
MINIMUM	3 Year Probation Standard Terms of Probation (1-16) Optional Terms of Probation (17-32), if warranted

**USING THE TERM "DOCTOR", "PHYSICIAN" OR "AUDIOLOGIST"
UNLESS AUTHORIZED**

Section 2533(h) of the Business and Professions Code

MAXIMUM	Revocation
MINIMUM	3 Year Probation Standard Terms of Probation (1-16) Optional Terms of Probation (17-32), if warranted

**VIOLATION OF SECTION 1689.6 OR 1793.02 OF THE CIVIL CODE
(HOME SOLICITATION CONTRACT OR SONG-BEVERLY
CONSUMER WARRANTY ACT- HEARING AID WARRANTY)**

Section 2533(k) of the Business and Professions Code

MAXIMUM	Revocation
MINIMUM	18 Month Probation Standard Terms of Probation (1-16) Optional Terms of Probation (17-32), if warranted

**SALE OR BARTER OF A LICENSE OR OFFER TO SELL
OR BARTER A LICENSE**

Section 2538.43 of the Business and Professions Code

MAXIMUM	Revocation
MINIMUM	3 Year Probation Standard Terms of Probation (1-16) Optional Terms of Probation (17-32), if warranted

**PURCHASE OR PROCURE BY BARTER A LICENSE
WITH THE INTENT TO PRACTICE**

Section 2538.44 of the Business and Professions Code

MINIMUM	Denial of right to seek licensure as a hearing aid dispenser pursuant to B&P 480(a)
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**ALTER WITH FRAUDULENT INTENT ANY MATERIAL ISSUED
BY THE BOARD**

Section 2538.45 of the Business and Professions Code

If done by a temporary licensee:

MINIMUM	Revocation of temporary license and denial of permanent licensure
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If done by a permanent licensee:

MAXIMUM	Revocation
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MINIMUM	5 Year Probation Standard Terms of Probation (1-16) Optional Terms of Probation (17-32), if warranted
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**USE OR ATTEMPTED USE OF LICENSE PURCHASED,
FRAUDULENTLY ISSUED, COUNTERFEITED, OR MATERIALLY
ALTERED**

Section 2538.46 of the Business and Professions Code

If done by a temporary licensee:

MINIMUM	Revocation of temporary license and denial of permanent licensure
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If done by a permanent licensee:

MAXIMUM	Revocation
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MINIMUM	5 Year Probation Standard Terms and Conditions of Probation (1-16) Optional Terms of Probation (17-32), if warranted
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WILLFULLY MAKING FALSE STATEMENT ON THE LICENSE APPLICATION

Section 2538.47 of the Business and Professions Code

MINIMUM	Revocation/License denial pursuant to B&P 480 (c)
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UNLAWFUL PRACTICE – FAILURE TO COMPLY WITH LAWS RELATED TO FITTING AND SELLING; DIRECT OBSERVATION OF PURCHASER’S EAR CANALS; INFORMING PURCHASER OF ADDRESS AND OFFICE HOURS FOR FITTING AND POST FITTING SERVICES

Section 2538.49 of the Business and Professions Code

MAXIMUM	Revocation
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MINIMUM	5-year 18 Month Probation Standard Terms of Probation (1-16) Optional Terms of Probation (17-32), if warranted
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IMPROPER SUPERVISION OF A TRAINEE

California Code of Regulations, Title 16, Section 1399.116

MAXIMUM	Revocation
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MINIMUM	18 Month Probation Standard Terms of Probation (1-16) Optional Terms of Probation (17-32), if warranted
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UNPROFESSIONAL CONDUCT BY A TRAINEE

California Code of Regulations Sections 1399.117 & 1399.119

MINIMUM	Revocation of trainee license and denial of permanent licensure
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AB-2138 Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction. (2017-2018)

Senate:

Assembly: 1st Cmt

Bill Status	
Measure:	AB-2138
Lead Authors:	Chiu (A) , Low (A)
Principal Coauthors:	-
Coauthors:	-
Topic:	Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction.
31st Day in Print:	03/15/18
Title:	An act to amend Sections 480 and Sections 7.5, 480, 481, 482, 488, 490, 492, 493, 1005, and 11345.2 of of, to add Section 481.5 to, and to repeal Section 490.5 of, the Business and Professions Code, relating to professions and vocations.
House Location:	Assembly
Last Amended Date:	04/02/18
Voting Committee Location:	Asm Business and Professions
Committee Action Date:	04/24/18
Committee Motion:	Do pass and be re-referred to the Committee on [Appropriations]
Committee Vote Result:	(PASS) »» Ayes: 11; Noes: 5; Abstain: 0;

Type of Measure
Active Bill - In Committee Process
Majority Vote Required
Non-Appropriation
Fiscal Committee
Non-State-Mandated Local Program
Non-Urgency
Non-Tax levy

Last 5 History Actions	
Date	Action
05/23/18	In committee: Set, first hearing. Referred to APPR. suspense file.
04/24/18	From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 5.) (April 24). Re-referred to Com. on APPR.
04/03/18	Re-referred to Com. on B. & P.
04/02/18	From committee chair, with author's amendments: Amend, and re-refer to Com. on B. & P. Read second time and amended.
02/26/18	Referred to Com. on B. & P.


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Committee Action Date:	04/24/18
Committee Motion:	Do pass and be re-referred to the Committee on [Appropriations]
Committee Vote Result:	(PASS) »» Ayes: 11; Noes: 5; Abstain: 0;

Type of Measure
Active Bill - In Committee Process
Majority Vote Required
Non-Appropriation
Fiscal Committee
Non-State-Mandated Local Program
Non-Urgency
Non-Tax levy

Last 5 History Actions	
Date	Action
05/23/18	In committee: Set, first hearing. Referred to APPR. suspense file.
04/24/18	From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 5.) (April 24). Re-referred to Com. on APPR.
04/03/18	Re-referred to Com. on B. & P.
04/02/18	From committee chair, with author's amendments: Amend, and re-refer to Com. on B. & P. Read second time and amended.
02/26/18	Referred to Com. on B. & P.


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AB-1659 Healing arts boards: inactive licenses. (2017-2018)

Senate: 1st Cmt

Assembly: 1st Cmt 2nd Pass

Bill Status	
Measure:	AB-1659
Lead Authors:	Low (A)
Principal Coauthors:	-
Coauthors:	-
Topic:	Healing arts boards: inactive licenses.
31st Day in Print:	03/21/17
Title:	An act to add Sections 43020.2 and 43020.3 to, and to add Chapter 6 (commencing with Section 42370) to Part 3 of Division 30 of, the Public Resources Code, relating to recycling. <i>An act to amend Sections 701, 702, and 703 of the Business and Professions Code, relating to healing arts.</i>
House Location:	Senate
Last Amended Date:	01/03/18
Committee Location:	Sen Business, Professions and Economic Development

Type of Measure
Active Bill - In Committee Process
Majority Vote Required
Non-Appropriation
Fiscal Committee
Non-State-Mandated Local Program
Non-Urgency
Non-Tax levy

Last 5 History Actions	
Date	Action
04/19/18	Referred to Com. on B., P. & E.D.
01/29/18	In Senate. Read first time. To Com. on RLS. for assignment.
01/29/18	Read third time. Passed. Ordered to the Senate. (Ayes 75. Noes 0. Page 3868.)
01/22/18	Read second time. Ordered to Consent Calendar.
01/18/18	From committee: Do pass. To Consent Calendar. (Ayes 17. Noes 0.) (January 18).


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AB-1659 Healing arts boards: inactive licenses. (2017-2018)

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Date Published: 01/03/2018 02:29 PM

AMENDED IN ASSEMBLY JANUARY 03, 2018

AMENDED IN ASSEMBLY APRIL 04, 2017

CALIFORNIA LEGISLATURE— 2017–2018 REGULAR SESSION

ASSEMBLY BILL

No. 1659
Introduced by Assembly Member Low
February 17, 2017

~~An act to add Sections 43020.2 and 43020.3 to, and to add Chapter 6 (commencing with Section 42370) to Part 3 of Division 30 of, the Public Resources Code, relating to recycling. An act to amend Sections 701, 702, and 703 of the Business and Professions Code, relating to healing arts.~~

LEGISLATIVE COUNSEL'S DIGEST

AB 1659, as amended, Low. ~~Food Service Plastic Packaging Recovery and Recycling Stewardship Act. Healing arts boards: inactive licenses.~~

Existing law establishes healing arts boards in the Department of Consumer Affairs to ensure private businesses and professions deemed to engage in activities which have potential impact upon the public health, safety, and welfare are adequately regulated in order to protect the people of California. Existing law requires each healing arts board to issue inactive licenses to holders of active licenses whose license is not punitively restricted by that board. Existing law prohibits the holder of an inactive license from engaging in any activity for which an active license is required. Existing law requires the renewal fee for an active license to apply to an inactive license.

This bill would prohibit the holder of an inactive license from representing that he or she has an active license. The bill would also authorize a healing arts board to establish a lower inactive license renewal fee.

~~(1)The California Integrated Waste Management Act of 1989, administered by the Department of Resources Recycling and Recovery, generally regulates the disposal, management, and recycling of solid waste.~~

~~Existing law requires a manufacturer of carpets sold in the state, individually or through a carpet stewardship organization, to submit a carpet stewardship plan to the Department of Resources Recycling and Recovery for approval that would, among other things, increase the amount of postconsumer carpet that is diverted from landfills and recycled into secondary products. Existing law requires the carpet stewardship plan to include a funding mechanism that provides sufficient funding to carry out the plan and requires a manufacturer or carpet stewardship organization to pay the department an annual administrative fee. Existing law requires the~~

~~department to identify the direct development or regulatory costs incurred by the department prior to the submittal of the carpet stewardship plans, and to establish a fee in an amount adequate to cover these costs, that is paid by a carpet stewardship organization. Existing law imposes administrative civil penalties on a person who violates these provisions.~~

~~This bill, the Food Service Plastic Packaging Recovery and Recycling Stewardship Act, would authorize a city, county, or city and county to establish and implement a residential curbside collection program for the collection and recycling of a particular type of plastic packaging, defined to mean a container or single-use food service packaging product labeled with the same resin code. The bill would require a residential curbside collection program to impose certain requirements on the transportation of plastic packaging collected as a part of the program and on material recovery facilities to which waste that includes that plastic packaging is delivered.~~

~~The bill would require, by June 30, 2018, a manufacturer of plastic packaging sold in this state, individually or through a plastic packaging stewardship organization, to submit to the department one or more plastic packaging stewardship plans, similar to the carpet stewardship plans described above, collectively covering each particular type of plastic packaging distributed, sold, or used in the state by that manufacturer. The bill would require the plan to include a funding mechanism similar to that required in the carpet stewardship law. The bill would require the manufacturer or organization to, among other things, establish a plastic packaging stewardship fee that would be imposed on members of the organization and to determine the appropriate projects and programs to be funded by the stewardship fee that would further the efforts to recycle the particular type of plastic packaging. The bill would require each plastic packaging stewardship organization to make reasonable efforts to achieve specified rate of community access to residential curbside collection programs for each type of plastic packaging covered by the organization's plan, with an overall goal of a 75% rate of community access for each type of plastic packaging on or before January 1, 2043.~~

~~Similar to the carpet stewardship organization, a manufacturer or plastic packaging stewardship organization would be required to pay the department an annual administrative fee, as determined by the department. The bill would require the department to identify the direct development or regulatory costs incurred by the department prior to the submittal of plastic packaging stewardship plans and to establish a fee in an amount adequate in aggregate to cover those costs, to be paid by each plastic packaging stewardship organization that submits a plastic packaging stewardship plan. The bill would provide for the imposition of administrative civil penalties upon a person who violates the bill. The bill would establish the Plastic Packaging Stewardship Account in the Integrated Waste Management Fund and would require the fees collected by the department to be deposited in that account, for expenditure by the department, upon appropriation by the Legislature, to cover the department's cost to implement the bill's provisions. The bill would also establish the Plastic Packaging Stewardship Penalty Subaccount in the Integrated Waste Management Fund and would require that the civil penalties collected by the department pursuant to the bill's provisions be deposited in that subaccount, for expenditure by the department, upon appropriation by the Legislature, to cover the department's costs to implement the bill's provisions.~~

~~(2) Existing law requires the department to adopt regulations relating to waste management, including standards for the design, operation, maintenance, and ultimate reuse of solid waste facilities, and for solid waste handling, transfer, composting, transformation, and disposal.~~

~~This bill would authorize a material recovery facility to send residual materials containing plastic packaging to a secondary sorting facility with the capacity of sorting or separating plastic packaging material from the residual material for recycling. The bill would encourage a solid waste landfill that receives solid waste that contains plastic packaging to send the plastic packaging to a material recovery facility, secondary sorting facility, or to a recycling facility that has the capability to sort, separate, or recycle plastic packaging material.~~

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. *Section 701 of the Business and Professions Code is amended to read:*

~~701. Each healing arts board referred to in this division shall issue, upon application and payment of the normal renewal fee, an inactive license or certificate to a current holder of an active license or certificate whose license or certificate is not suspended, revoked, or otherwise punitively restricted by that board.~~

701. (a) As used in this article, "board" refers to any healing arts board, division, or examining committee which licenses or certifies health professionals.

(b) Each healing arts board referred to in this division shall issue, upon application and payment of the normal renewal fee, an inactive license or certificate to a current holder of an active license or certificate whose license or certificate is not suspended, revoked, or otherwise punitively restricted by that board.

SEC. 2. Section 702 of the Business and Professions Code is amended to read:

702. The holder of an inactive healing arts license or certificate issued pursuant to this article shall not ~~engage do~~ any of the following:

(a) Engage in any activity for which an active license or certificate is required.

(b) Represent that he or she has an active license.

SEC. 3. Section 703 of the Business and Professions Code is amended to read:

703. (a) An inactive healing arts license or certificate issued pursuant to this article shall be renewed during the same time period at which an active license or certificate is renewed. In order to renew a license or certificate issued pursuant to this article, the holder thereof need not comply with any continuing education requirement for renewal of an active license or certificate.

~~The~~

(b) The renewal fee for a license or certificate in an active status shall apply also for renewal of a license or certificate in an inactive ~~status-~~ *status, unless a lower fee has been established by the issuing board.*

~~SECTION 1. This act shall be known, and may be cited, as the Food Service Plastic Packaging Recovery and Recycling Stewardship Act.~~

~~SEC. 2. Chapter 6 (commencing with Section 42370) is added to Part 3 of Division 30 of the Public Resources Code, to read:~~

~~6. Food Service Plastic Packaging Stewardship Program~~

~~1. General Provisions~~

~~42370. The Legislature finds and declares the following:~~

~~(a) It is the intent of the Legislature, in adopting this chapter, to reduce the amount of food service packaging that is littered and improperly disposed of, to reduce the amount of food service plastic packaging that is disposed of in landfills, to increase opportunities for businesses or multifamily complexes to save money, to create jobs in California by providing materials for recycling manufacturing facilities, to reduce greenhouse gas emissions, to keep valuable materials out of landfills, and to create a healthy environment for the community and future generations by recovering natural resources by increasing the recycling rate of food service plastic packaging.~~

~~(b) California is home to a number of food service packaging manufacturers that produce a variety of products. These facilities employ thousands of Californians and are important components of the state's economy.~~

~~(c) All food service packaging, regardless of the material from which it is made, has environmental impacts, including, but not limited to, raw material acquisition, energy use, greenhouse gas emissions and other emissions associated with its manufacture, transportation, and disposal, consumption of increasingly scarce landfill capacity, and unsightly and environmentally damaging consequences of littering and other improper disposal.~~

~~(d) Manufacturers, distributors, and users of food service packaging have a shared responsibility to identify, finance, and implement food service packaging materials life cycle management solutions that are both environmentally responsible and economically sustainable. These solutions include, but are not limited to, reduction of food service packaging, reuse of food service packaging materials, enhanced material collection, sorting and recycling programs, antilitter, pollution prevention, and other public education programs, and developing and supporting emerging material recycling and conversion technologies to facilitate greater reuse and recycling of food service packaging materials.~~

~~(e)Manufacturers of each type of food service packaging material, transporters, solid waste haulers, recyclers, the State of California, local governments, and other stakeholders should work together to develop and implement programs to ensure all food service packaging materials are managed in an environmentally sound and economically sustainable manner.~~

~~(f)With the enactment of this chapter, the Legislature intends to encourage the development of recycling technologies for food service plastic packaging materials without favoring one type of food service packaging material, whether plastic or otherwise, over another. It is anticipated that the methods and programs that will be developed pursuant to this chapter will serve as models for similar programs addressing other types of food service packaging materials.~~

~~42370.1.The purpose of this chapter is to increase the amount of food service plastic packaging waste that is diverted from landfills and recycled into new products or otherwise managed in a manner that is consistent with the state's hierarchy for waste management practices pursuant to Section 40051.~~

~~42370.2.(a)For purposes of this chapter, and unless the context otherwise requires, the following definitions shall apply:~~

~~(1)"Community recycling access rate," for a particular type of plastic packaging, means the number of residents that have access to a residential curbside collection program that accepts that type of plastic packaging for recycling divided by the total number of residents in the State of California.~~

~~(2)"Department" means the Department of Resources Recycling and Recovery.~~

~~(3)"Manufacturer" means either of the following:~~

~~(A)The person or entity in the state that manufactures plastic packaging that is sold, offered for sale, or distributed for use in the state.~~

~~(B)If there is no person or entity that is a manufacturer of plastic packaging for purposes of subparagraph (A), the person or entity that imports the plastic packaging into the state for sale, distribution, or use in the state.~~

~~(4)"Material recovery facility" means a facility that sorts residential solid waste that includes recyclable materials for the purpose of separating recyclable materials from materials destined for disposal at a landfill.~~

~~(5)"Particular type of plastic packaging" or "type of plastic packaging" means all plastic packaging labeled with the same resin code pursuant to Section 18015.~~

~~(6)"Plastic packaging" means a container or other single-use food service packaging product labeled with a resin code pursuant to Section 18015 that is used by a food service provider to carry or contain food or beverages that are prepared onsite so that a customer may consume the food offsite if the customer wishes to do so.~~

~~(7)"Plastic packaging stewardship organization" or "organization" means either of the following:~~

~~(A)An organization appointed by one or more manufacturers of a particular type of plastic packaging to act as an agent on behalf of the manufacturer to design, submit, and administer a plastic packaging stewardship plan pursuant to this chapter.~~

~~(B)A plastic packaging manufacturer that complies with this chapter as an individual manufacturer.~~

~~(8)"Recycle" means to take a product or material that has been used and discarded and divert it from disposal in a landfill for the purpose of being transformed, regenerated, or reused in the production of a useful product.~~

~~(b)A term not specifically defined in this chapter shall be interpreted consistent with its meaning in this division.~~

~~2.Food Service Plastic Packaging Stewardship Organization~~

~~42371.On or before June 30, 2018, a manufacturer of plastic packaging distributed, sold, or used in this state shall, individually or through a plastic packaging stewardship organization formed pursuant to Section 42371.2, submit to the department one or more plastic packaging stewardship plans, collectively covering each particular type of plastic packaging distributed, sold, or used in this state by that manufacturer, that will do all of the following:~~

~~(a)Achieve the purposes of this chapter, as described in Section 42370.1, and meet the requirements of Section 42372.4.~~

~~(b) Establish goals that, to the extent feasible based on available technology and information, increase the recycling of plastic packaging, increase the diversion of plastic packaging from landfills, increase the recyclability of plastic packaging, and provide incentives for the market growth of secondary products made from recycled plastic packaging.~~

~~(c) Describe proposed measures that will be implemented by the organization that reduce the disposal of plastic packaging manufactured by the organization's members in a manner consistent with the state's solid waste management hierarchy, including, but not limited to, source reduction, source separation and processing to segregate and recover recyclable materials, and environmentally sound management of materials that cannot feasibly be recycled.~~

~~(d) Include a funding mechanism consistent with subdivision (b) of Section 42371.2.~~

~~(e) Include a process by which the financial activities of the plastic packaging stewardship organization that are related to implementation of the plastic packaging stewardship plan will be subject to an independent audit.~~

~~42371.2. Manufacturers of one or more than one particular type of plastic packaging may form an organization known as a plastic packaging stewardship organization. A plastic packaging stewardship organization may address a stewardship plan to more than one type of plastic packaging only if all of the manufacturers of that organization manufacture all of the types of plastic packaging to be covered by the plan. A plastic packaging stewardship organization shall do all of the following:~~

~~(a) Prepare a plastic packaging stewardship plan that meets the requirements of Section 42371.~~

~~(b) Establish a funding mechanism, consistent with Article 4 (commencing with Section 42374), that provides sufficient funding to carry out the plastic packaging stewardship plan, including the administrative, operational, and capital costs of the plan, payment of fees pursuant to Section 42374.6, and incentive payments that will advance the purposes of this chapter.~~

~~(c) Set the plastic packaging stewardship fee in accordance with Article 4 (commencing with Section 42374).~~

~~(d) Determine the projects and programs to be funded by the plastic packaging stewardship fee collected pursuant to Section 42374.4.~~

~~3. Food Service Plastic Packaging Recycling Program~~

~~42372.(a) A city, county, or city and county may establish and implement a residential curbside collection program pursuant to this article for the collection and recycling of a particular type of plastic packaging. If a city, county, or city and county establishes and implements a residential curbside collection program, the city, county, or city and county shall notify the department for purposes of tracking community access rates to residential curbside collection programs for each particular type of plastic packaging.~~

~~(b) To help ensure statewide consistency, the department may collaborate with any city, county, or city and county on the establishment and implementation of a residential curbside collection program for a particular type of plastic packaging, and may develop a list that identifies by resin code the particular types of plastic packaging materials accepted for recycling by each program.~~

~~42372.2.(a) A residential curbside collection program established pursuant to this article shall include the following requirements:~~

~~(1) Postconsumer untreated plastic packaging that is collected as part of a residential curbside collection program for a particular type of plastic packaging shall be transported only to a facility where it is feasible to recycle that type of plastic packaging or to a material recovery facility for the purpose of sorting that particular type of plastic packaging before recycling.~~

~~(2) A material recovery facility that receives material from a residential curbside collection program for a particular type of plastic packaging that is unable to separate at least 75 percent of that particular type of plastic packaging from the mixture of solid waste and recyclable materials collected in the residential curbside collection program shall send its residual material to a secondary sorting facility if the secondary sorting facility is reasonably available and willing to accept the residual material.~~

~~(b) For purposes of this section, the following definitions apply:~~

~~(1) "Reasonably available" means available at a cost, including the cost of transporting the residual material and any fee charged by the secondary sorting facility receiving the material, that does not exceed the cost of~~

~~transporting the residual material to a landfill and disposing of the material at that landfill.~~

~~(2)"Residual material" means any material collected through a residential curbside collection program by, or material delivered through a drop-off program to, a material recovery facility that remains after processing by the material recovery facility. "Processing" means the removal of recyclable material from other material to the extent a material recovery facility is equipped to do so.~~

~~(3)"Secondary sorting facility" means a facility equipped to sort a particular type of plastic packaging from other recyclable material and solid waste in residual material.~~

~~(c)The department shall adopt regulations establishing a mechanism by which the department will resolve disputes regarding whether a secondary sorting facility is reasonably available and under what circumstances the department may direct a residential curbside collection program, a recycling facility, or a solid waste facility to transfer residual material containing plastic packaging to a secondary sorting facility in order to further the purposes of this act.~~

~~42372.4.(a)On and before January 1, 2023, each plastic packaging stewardship organization shall make reasonable efforts to achieve a 15 percent rate of community access to residential curbside collection programs for each type of plastic packaging covered by the organization.~~

~~(b)On and before January 1, 2028, each plastic packaging stewardship organization shall make reasonable efforts to achieve a 30 percent rate of community access to residential curbside collection programs for each type of plastic packaging covered by the organization.~~

~~(c)On and before January 1, 2033, each plastic packaging stewardship organization shall make reasonable efforts to achieve a 45 percent rate of community access to residential curbside collection programs for each type of plastic packaging covered by the organization.~~

~~(d)On and before January 1, 2038, each plastic packaging stewardship organization shall make reasonable efforts to achieve a 60 percent rate of community access to residential curbside collection programs for each type of plastic packaging covered by the organization.~~

~~(e)On and before January 1, 2043, each plastic packaging stewardship organization shall make reasonable efforts to achieve a 75 percent rate of community access to residential curbside collection programs for each type of plastic packaging covered by the organization.~~

~~4.Plastic Packaging Stewardship Fees and Administrative Fees~~

~~42374.Each plastic packaging stewardship organization shall establish a plastic packaging stewardship fee for each particular type of plastic packaging covered by the organization, to be paid by members of the organization based on the amount of that particular type of plastic packaging of each member that is covered. The plastic packaging stewardship fee shall be calculated on a per pound basis by type of plastic packaging as follows:~~

~~(a)For each type of plastic packaging, if manufactured in the state, the organization member shall pay the applicable amount for its plastic packaging to be sold or used in the state.~~

~~(b)For each type plastic packaging, if manufactured out of state, the organization member shall pay the applicable amount for plastic packaging introduced into the state by the organization member.~~

~~42374.2.Each plastic packaging stewardship organization shall determine the rules and procedures that are necessary and proper to implement the collection of the charge in a fair, efficient, and lawful manner.~~

~~42374.4.The plastic packaging stewardship fee for each particular type of plastic packaging shall be collected by a plastic packaging stewardship organization and deposited in accounts, segregated by the type of plastic packaging, that are maintained and disbursed by the organization. Moneys collected pursuant to this article shall be used by a plastic packaging stewardship organization only for purposes of carrying out its duties under this chapter and for appropriate projects and programs that would further the efforts to recycle the particular type of plastic packaging for which the moneys were collected, pursuant to the plastic packaging stewardship plan. Those projects or programs may include, but are not limited to, investments in infrastructure that promote the recycling of the particular type of plastic packaging for which the moneys were collected, pursuant to the plastic packaging stewardship plan.~~

~~42374.6.(a)A plastic packaging stewardship organization submitting a plastic packaging stewardship plan shall pay the department a quarterly administrative fee. The department shall set the fee at an amount that, when paid by every plastic packaging stewardship organization that submits a plastic packaging stewardship plan, is~~

~~adequate to cover the department's full costs of administering and enforcing this chapter, including any program development costs or regulatory costs incurred by the department prior to plastic packaging stewardship plans being submitted. The department may establish a variable fee based on relevant factors, including, but not limited to, the portion of a particular type of plastic packaging sold in the state by members of the organization compared to the total amount of the same type of plastic packaging sold in the state by all organizations submitting a plastic packaging stewardship plan.~~

~~(b)The total amount of fees collected annually pursuant to this section shall not exceed the amount necessary to recover costs incurred by the department in connection with the administration and enforcement of the requirements of this chapter.~~

~~(c)The department shall identify the direct development or regulatory costs it incurs pursuant to this chapter prior to the submittal of a plastic packaging stewardship plan and shall establish a fee in an amount adequate to cover those costs, which shall be paid by a plastic packaging stewardship organization that submits a plastic packaging stewardship plan. The fee established pursuant to this subdivision shall be paid pursuant to the schedule specified in subdivision (d).~~

~~(d)A plastic packaging stewardship organization subject to this section shall pay a quarterly fee to the department to cover the administrative and enforcement costs of the requirements of this chapter pursuant to subdivision (a) on or before July 1, 2019, and every three months thereafter. The plastic packaging stewardship organization shall pay the applicable portion of the fee pursuant to subdivision (c) on July 1, 2019, and every three months thereafter through July 1, 2043. After the initial year of payment, the total amount of the administrative fees paid for a calendar year shall not exceed 5 percent of the total amount of stewardship fees collected for the preceding calendar year.~~

~~(e)The department shall deposit the fees collected pursuant to this section into the Plastic Packaging Stewardship Account created pursuant to Section 42377.~~

5. Member Reporting

~~42375.(a)Each plastic packaging stewardship organization shall submit annual reports on their efforts to recycle plastic packaging to the department. A plastic packaging stewardship organization submitting an annual report on behalf of its members shall identify the individual members of the organization but is not required to distinguish the individual recycling efforts of its members.~~

~~(b)A member of a plastic packaging stewardship organization shall be considered in compliance with this section with regards to the types of plastic packaging covered by the organization if the plastic packaging stewardship organization of which it is a member submits a report.~~

6. Enforcement

~~42376.(a)A civil penalty up to one thousand dollars (\$1,000) per day may be administratively imposed by the department on any person who is in violation of any provision of this chapter, or up to ten thousand dollars (\$10,000) per day if the violation is intentional, knowing, or negligent.~~

~~(b)In assessing or reviewing the amount of a civil penalty imposed pursuant to subdivision (a) for a violation of this chapter, the department or the court shall consider all of the following:~~

~~(1)The nature and extent of the violation.~~

~~(2)The number and severity of the violation or violations.~~

~~(3)The economic effect of the penalty on the violator.~~

~~(4)Whether the violator took good faith measures to comply with this chapter and the period of time over which these measures were taken.~~

~~(5)The willfulness of the violator's misconduct.~~

~~(6)The deterrent effect that the imposition of the penalty would have on both the violator and the regulated community.~~

~~(7)Any other factor that justice may require.~~

7. Financial Provisions

~~42377.(a)The Plastic Packaging Stewardship Account and the Plastic Packaging Stewardship Penalty Subaccount are hereby established in the Integrated Waste Management Fund.~~

~~(b)All fees collected by the department pursuant to this article shall be deposited in the Plastic Packaging Stewardship Account and may be expended by the department, upon appropriation by the Legislature, to cover the department's costs to implement this chapter.~~

~~(c)All civil penalties collected pursuant to this article shall be deposited in the Plastic Packaging Stewardship Penalty Subaccount and may be expended by the department, upon appropriation by the Legislature, to cover the department's costs to implement this chapter.~~

8.Antitrust Immunity

~~42378.(a)Except as provided in subdivision (b), an action relating to the establishment, administration, collection, or disbursement of the funds associated with implementation of this chapter that is taken by the plastic packaging stewardship organization or its members is not a violation of the Cartwright Act (Chapter 2 (commencing with Section 16700) of Part 2 of Division 7 of the Business and Professions Code), the Unfair Practices Act (Chapter 4 (commencing with Section 17000) of Part 2 of Division 7 of the Business and Professions Code), or the Unfair Competition Law (Chapter 5 (commencing with Section 17200) of Part 2 of Division 7 of the Business and Professions Code).~~

~~(b)Subdivision (a) shall not apply to an agreement that does any of the following:~~

~~(1)Fixes a price of or for plastic packaging.~~

~~(2)Fixes the output or production of plastic packaging.~~

~~(3)Restricts the geographic area in which, or customers to whom, plastic packaging will be sold.~~

~~SEC. 3.Section 43020.2 is added to the Public Resources Code, to read:~~

~~43020.2.(a)A solid waste landfill that receives solid waste that contains plastic packaging material may landfill the plastic packaging material, but is encouraged to send solid waste containing plastic packaging material received to a material recovery facility, a secondary sorting facility, or a recycling facility that has the capability to sort, separate, or recycle plastic packaging material.~~

~~(b)For purposes of this section, the definitions of Chapter 6 (commencing with Section 42370) of Part 3 shall apply.~~

~~SEC. 4.Section 43020.3 is added to the Public Resources Code, to read:~~

~~43020.3.(a)A material recovery facility may send residual materials containing plastic packaging to a secondary sorting facility with the capability of sorting or separating plastic packaging material from the residual material for recycling.~~

~~(b)For purposes of this section, the definitions of Chapter 6 (commencing with Section 42370) of Part 3 shall apply.~~

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board CALENDAR - FISCAL YEAR 2018/2019

Rev. 3/8/18

Month	Date	Description
July 2018	4 21	State Holiday – Office Closed - Fourth of July Practical Examination
August 2018	9-10	Board & Committee Meetings – San Diego
September 2018	3 14-15	State Holiday – Office Closed – Labor Day CAA Convention – Anaheim, CA
October 2018	4-6 13	National Council of State Boards of Examiners for Speech-Language Pathology and Audiology – Tysons Corner, VA Practical Examination
November 2018	8-9 15-17 12 22-23	Board & Committee Meeting – Sacramento ASHA Convention – Boston, MA State Holiday – Office Closed – Veteran's Day Observed State Holiday – Office Closed – Thanksgiving Holiday
December 2018	25	State Holiday – Office Closed - Christmas Day
January 2019	1 21	State Holiday – Office Closed – New Year's Day State Holiday – Office Closed – Martin Luther King Jr. Day
February 2019	7-8 18	Board & Committee Meeting – Los angeles State Holiday – Office Closed – Presidents Day
March 2019	27-30 31	American Academy of Audiology – Columbus, OH State Holiday – Caesar Chavez Day
April 2019	1	State Holiday – Office Closed - Caesar Chavez Day Observed
May 2019	2-3 TBD 27	Board & Committee Meeting - TBD HHP Convention - TBD State Holiday – Office Closed – Memorial Day
June 2019		